

Contents

When will updates in SHP go live in system for tracking VBP?	2	What will they use as a baseline if a new agency does not have enough HHCAPS responses in the baseline year?	3
How current will the data in SHP be?	2	If our organization doesn't use SHP to administer HHCAHPS surveys, will the report redistribute the weighting even though we are a large agency?	3
What year will the baseline start for agencies accredited after 1/1/2019?	2	Feedback from agencies in pilot indicated that 3rd party reports were sometimes very different than official CMS preview reports. Any concerns for that issue with SHP reports?	3
If our agency was part of the demonstration project, we will not submit any HHVBP data until the national rollout occurs - correct?	2	Where is the data for Rehospitalization and ER Visits being pulled from for SHP reports?	4
I am concerned they are putting so much weight on rehospitalizations when that is not always something that we can control as a home health agency.	2	Will not choosing a full 12 months (CY) in the national preview report for Division give us any false scores? Should we keep most data pulls to a 12 month timespan? I noticed you put December 2021 in your example.	4
Does discharge to a community hospice count into the discharge to community measure?	2	Will the TNC Measures also be available in the CDE tools in 2022?	4
Will agencies ever know which agencies are actually in their own cohort?	2	Will the pilot states shift their baseline year to 2019, or will they stay with their original baseline year?	4
Where will we be able to obtain the IPR reports when they are available?	2	Will SHP begin providing Alerts for no improvement with the Feeding & Eating and Toilet Hygiene outcome measures? There are no Alerts for these at present nor are they included on the Dashboard.	4
Will SHP be sharing their prediction on how they think our individual agency may do, based on our prior experience?	2	Our HHVBP report from SHP that we've used up until now has been much lower than the actual HH VBP report. How confident can we be that the new one will be more accurate?	4
Can you clarify if the CCN (cohorts) will be branches compared to other branches nationally or branches in state based on size of the branch. Sounded like there was different scenarios. Thank you.	2	How will agencies with large Medicare Advantage population fair with HHVBP?	4
Chris, when you share data by states or regions, there is always variability. How are they adjusting for all that variability for all the states? Are some HHAs going to start out at the top right out of the gate because of how their states and local expectations are?	2	Can we have a list of acronyms for VBP?	4
Not sure if this was covered, but is the base payment less during the year, with an annual "adjustment" payment? Or is the model different?	3	Can you please explain the comparison between agencies with a census of 300 being compared to an agency with a census of 2000 (You had a slide regarding this)?	5
What is the desired range for the TPS to remain green?	3	Will the data that CMS reports always be behind or more up to date? I know Casper reports are always behind so just wondering if they will be reporting these things in more real-time?	5
If we didn't use SHP for 2019, how will you get our 2019 baseline scores accurately?	3	Will there no longer be any LUPA's? Any consideration for rural agencies, additional miles to cover? Need breakdown in Cohort sizes, and how many there will be. What happens if the HHA does not get 40 surveys back?	5
If the first reporting periods ends 3/22, do we choose that date for the VBP report in SHP?	3		
Did you mention that the scores are risk-adjusted?	3		
We noticed a branch wide decrease for all teams on Clinical Scorecard Quality Score% for October. Have there been adjustments in preparation for VBP that may have impacted October Clinical Scorecard Quality Score %?	3		

When will updates in SHP go live in system for tracking VBP?

SHP plans to release the VBP National Preview report before the end of October, 2021.

How current will the data in SHP be?

SHP will provide real-time data for the scores in the VBP report.

What year will the baseline start for agencies accredited after 1/1/2019?

Agencies baseline will be one full year after the year they are accredited (see slide 19). The only exception will be for agencies accredited in CY 2019, where the baseline year will be CY 2021.

If our agency was part of the demonstration project, we will not submit any HHVBP data until the national rollout occurs - correct?

With the national expansion, there are no “new measures” to submit.

I am concerned they are putting so much weight on rehospitalizations when that is not always something that we can control as a home health agency.

This is a concern that was addressed in the proposed rule. It is one of the reasons CMS is contemplating a Proposal to Replace the Acute Care Hospitalization During the First 60 Days of Home Health (NQF # 0171) Measure and Emergency Department Use Without Hospitalization During the First 60 Days of Home Health (NQF #0173) Measure with the Home Health Within Stay Potentially Preventable Hospitalization Measure Beginning with the CY 2023 HH QRP.

Does discharge to a community hospice count into the discharge to community measure?

No, discharge to hospice is not considered a community discharge.

Will agencies ever know which agencies are actually in their own cohort?

Most agencies will be in the large volume cohort. Only HHCAHPS exempt agencies will be in the small-volume cohort. Downloading the Care Compare agency data will provide some insights.

Where will we be able to obtain the IPR reports when they are available?

CMS noted the IPR reports will be made available on the iQIES system.

Will SHP be sharing their prediction on how they think our individual agency may do, based on our prior experience?

SHP will show each CCN’s percentile rank, as compared to other SHP clients, as one way to evaluate how your agency is performing.

Can you clarify if the CCN (cohorts) will be branches compared to other branches nationally or branches in state based on size of the branch. Sounded like there was different scenarios. Thank you.

The two national cohorts, large and small volume will be based on the size of each CCN. Enterprises with multiple CCNs can have agencies in both.

Chris, when you share data by states or regions, there is always variability. How are they adjusting for all that variability for all the states? Are some HHAs going to start out at the top right out of the gate because of how their states and local expectations are?

Based on the proposed rule the only variability CMS will address will be based on the size of the agency.

Not sure if this was covered, but is the base payment less during the year, with an annual “adjustment” payment? Or is the model different?

The payment adjustments will be applied to all Medicare FFS payments during the “Payment Year”.

What is the desired range for the TPS to remain green?

It will depend on how all agencies are scoring during the year. It will be important to track your percentile rank on a regular basis.

If we didn’t use SHP for 2019, how will you get our 2019 baseline scores accurately?

Most of the scores will come directly from Care Compare for the agency 2019 baseline. The exception will be the two TNC measures and Discharge to Community. SHP will evaluate if there is a way to update missing data.

If the first reporting periods ends 3/22, do we choose that date for the VBP report in SHP?

There are different report use cases to see how your agency is performing. Running as of 3/2022 will provide for a 12 month view ending in March of how your scores compare to your peers during the same time period.

Did you mention that the scores are risk-adjusted?

Several of the measures are risk adjusted as noted on the report. SHP is working to update the risk model for the two TNC measures.

We noticed a branch wide decrease for all teams on Clinical Scorecard Quality Score% for October. Have there been adjustments in preparation for VBP that may have impacted October Clinical Scorecard Quality Score %?

There are no changes to the Scorecard Quality score that have been made in preparation of releasing the new HHVBP report.

What will they use as a baseline if a new agency does not have enough HHCAPS responses in the baseline year?

CMS will use the first year that the agency has enough surveys to qualify for a baseline score.

If our organization doesn’t use SHP to administer HHCAHPS surveys, will the report redistribute the weighting even though we are a large agency?

Yes, HHCAHPS scores will only be reported for surveys administered by SHP. The scores will be redistributed if not survey data is present in our system.

Feedback from agencies in pilot indicated that 3rd party reports were sometimes very different than official CMS preview reports. Any concerns for that issue with SHP reports?

CMS is the ultimate source. SHP provides a prediction of scores and percentile rankings based on real-time OASIS data from our clients and is considered reasonably accurate.

Where is the data for Rehospitalization and ER Visits being pulled from for SHP reports?

60-day Hospitalization scores are observed values sourced from the transfer OASIS. ER visits without hospitalizations are sourced from the latest available and matching CMS Care Compare reports.

Will not choosing a full 12 months (CY) in the national preview report for Division give us any false scores? Should we keep most data pulls to a 12 month timespan? I noticed you put December 2021 in your example.

The VBP National Preview can only be run for a rolling 12 month period ending in the selected month.

Will the TNC Measures also be available in the CDE tools in 2022?

SHP will evaluate adding TNC measures to the Clinical suite of reports as well as adding to CDE.

Will the pilot states shift their baseline year to 2019, or will they stay with their original baseline year?

Initially, all agencies certified before 1/1/2019 will have CY 2019 as their baseline year.

Will SHP begin providing Alerts for no improvement with the Feeding & Eating and Toilet Hygiene outcome measures? There are no Alerts for these at present nor are they included on the Dashboard.

SHP will be evaluating the feasibility of creating new alerts related to “Magnitude of Change” (MoC) for the two VBP TNC measures, as well as additional functionality related to VBP on the SHP Dashboard and the Clinical Scorecard and Clinical Scorecard Overview reports.

Our HHVBP report from SHP that we’ve used up until now has been much lower than the actual HH VBP report. How confident can we be that the new one will be more accurate?

Since the version of the HHVBP reporting used during the pilot program had to utilize state-based cohorts for ranking and cal, the actual scores tended to be a little more volatile due to much smaller numbers of providers in some of the states. With the national expansion, there should be much less volatility since the pool of providers you are being compared to is significantly larger. This will help to increase the accuracy of the predicted scores that are presented in our reporting.

How will agencies with large Medicare Advantage population fair with HHVBP?

Medicare, Medicare Advantage and Medicaid outcomes are all included in your VBP measure scores other than the claims based measures. Your TPS scores will be based on your outcomes including Medicare Advantage.

Can we have a list of acronyms for VBP?

Here are the terms that were used in the presentation:

- **HHVBP** – Home Health Value-based Purchasing
- **PY** – Performance Year
- **CY** – Calendar Year
- **LEF** – Linear Exchange Function
- **TPS** – Total Performance Score
- **TNC** – Total Normalized Composite
- **CMMI** – Center for Medicare and Medicaid Innovations
- **HHQRP** – Home Health Quality Reporting Program
- **ACH** – Acute Care Hospitalizations (60-day)
- **IPR** – Interim Performance Report”

Can you please explain the comparison between agencies with a census of 300 being compared to an agency with a census of 2000 (You had a slide regarding this)?

It does not make a difference if you are a large or small agency to have the opportunity for bonuses or penalties under HHVBP. Agencies will just need to have enough applicable measure scores (20 episodes for OASIS and Claims; 40 surveys for HHCAHPS) to calculate a TPS. The amount of the agencies base operation payments will have an influence in the calculation of the LEF.

Will the data that CMS reports always be behind or more up to date? I know Casper reports are always behind so just wondering if they will be reporting these things in more real-time?

CMS will provide updates on agency scores through the IPR. See slide 31 for the dates and time-frames the scores will be available.

Will there no longer be any LUPA's? Any consideration for rural agencies, additional miles to cover? Need breakdown in Cohort sizes, and how many there will be. What happens if the HHA does not get 40 surveys back?

LUPA episodes will still be included in the data and there is no specific considerations for rural agencies. CMS did provide the number of large and small agency CCN's by state using 2019 data within the proposed rule.