

# Review of the CY 17 HHPPS with HHQRP & HHVBP

VNAA Town Hall  
November 7, 2016

# Rate

- \$130 million a year for Medicare HHAs
  - 2.5 update percentage
  - 2.3 rebasing, per visit payment rates, non-routine medical supplies, case-mix, etc
  - .9 estimated decrease in home health payments
  - .7% overall payment reduction
- Overall the rate was reduced .7%

# Low Utilization Payment Adjustment / LUPA rate

- The LUPA per-visit rates are not adjusted by the case-mix relative weights. Therefore, there is no case-mix weight budget neutrality factor needed to ensure budget neutrality for LUPA payments.
- The rebasing adjustments are then applied to the per-visit rates for each discipline.
- Finally, the per-visit rates for each discipline are updated by the CY 2017 HH payment update percentage of 2.5 percent.
- The national per-visit rates are adjusted by the wage index based on the site of service of the beneficiary.
- The per-visit payments for LUPAs are separate from the LUPA add-on payment amount, which is paid for episodes that occur as the only episode or initial episode in a sequence of adjacent episodes.



# Outlier Payments

- New move to 15 minute increments
- Cap of 32 units a day / 8 hours a day
- *Only* 8300 cases in 2015

# Negative Pressure Wound Therapy

- The Consolidated Appropriations Act of 2016 requires a separate payment to be made to HHAs for disposable NPWT devices when furnished on or after January 1, 2017
- The separate payment amount for an applicable disposable device will be set equal to the amount of the payment that would otherwise be made under the Medicare Hospital Outpatient Prospective Payment System (OPPS)



Visiting Nurse Associations of America

# NPWT Example – Entirely New Device

All the services associated with NPWT—for example, conducting a wound assessment, changing dressings, and providing instructions for ongoing care—must be reported on TOB 34x with the corresponding CPT<sup>®</sup> code (that is, CPT code 97607 or 97608); they may not be reported on the home health claim (TOB 32x).

The reimbursement for all of these services is included in the OPPS reimbursement amount for those two CPT<sup>®</sup> codes



# NPWT – Follow up care, no new device

Any follow-up visits for wound CMS-1648-F 105 assessment, wound management, and dressing changes where a new disposable NPWT device is **not applied** must be included on the home health claim (TOB 32x).

# Looking Forward

- Home Health Groupings Model
- Technical report in the future



CY 2017 HHPPS:  
Provisions regarding the Home  
Health Quality Reporting Program  
(HH QRP)

# Key Proposed Provisions

- Adopted four measures to meet the requirements of the IMPACT ACT--FINALIZED
- Allows review/correct assessment-based and claims-based measure data before they are made public—FINALIZED
- Continued increased compliance thresholds for reporting both admission and discharge OASIS assessments from 70 to 90% of all patients--FINALIZED
- Removed from HHQI 28 “topped out measures” --FINALIZED
- Removed 6 process measures--FINALIZED

# Added Four IMPACT Act Measures

- Potentially Preventable 30-Day Post-Discharge Readmission Measure for Post-Acute Care Home Health Quality Reporting Program;
- Total Medicare Spending per Beneficiary - Post Acute Care Home Health Quality Reporting Program (MSPB-PAC HH QRP);
- Discharge to Community- Post Acute Care Home Health Quality Reporting Program; and
- Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post-Acute Care Home Health Quality Reporting Program.



# Review data before made public

- Individual HHAs will be allowed to review/correct assessment-based measure data before the data are made public
  - Includes information on IMPACT Act measures
- Individual HHAs will be allowed to review/correct claims-based measure data before the data are made public through the finalized process

# Continued to increase OASIS compliance thresholds

- Previously established pay-for-reporting performance for OASIS submission
  - 70% of patients in 2017
  - 80% of patients in 2018
  - 90% of patients in 2019
- Failure to submit data=subject to a 2% point reduction in market basket update for reporting period

# Removed 28 “topped out” measures

- A full list of topped out measures can be found at:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>

# Removed 6 process measures

- Pain Assessment Conducted;
- Pain Interventions Implemented during All Episodes of Care;
- Pressure Ulcer Risk Assessment Conducted;
- Pressure Ulcer Prevention in Plan of Care;
- Pressure Ulcer Prevention Implemented during All Episodes of Care; and
- Heart Failure Symptoms Addressed during All Episodes of Care.



# CY 2017 HPPPS: Provisions regarding the Home Health Value-Based Purchasing Demo (HHVBP)



# Key Proposed Provisions

- Remove the definition for “starter set” for the measures set; FINALIZED
- Calculate benchmarks and achievement thresholds at the state level; FINALIZED
- Propose a minimum requirement of eight HHAs in a cohort; FINALIZED
- Propose to increase the time frame for submitting New Measure data; FINALIZED
- Remove four measures from the set of applicable measures; FINALIZED
- Adjust the reporting period and submission date for one of the New Measures; FINALIZED
- Add an appeals process that includes the existing recalculation process; FINALIZED
- Provide an update on the progress towards developing public reporting of performance under the HHVBP Model. SOUGHT AND RECEIVED COMMENT. WILL CONTINUE TO DEVELOP PROPOSAL



# Revised the definition for “benchmark”

- Calculate the benchmarks and achievement thresholds at the STATE level only (and not with by small and large cohorts)
- Beginning with CY2016

# A minimum requirement of eight HHAs in a cohort

- A small cohort must have a minimum of 8 HHAs in order for that cohort to be compared only against each other (and not against the large cohort)
- If less than 8, those HHAs will be included in the larger-volume cohort for the purposes of calculating the LEF and payment adjustment percentages.

# Removed four measures

- Remove four measures from measure set
  - Care Management: Types and Sources of Assistance
  - Prior Functioning ADL/IADL
  - Influenza Vaccine Data Collection Period: Does this episode of care include any dates on or between October 1 and March 31?; Reason Pneumococcal Vaccine Not Received

# Removed the definition of “starter set.”

- The measures set will be known as the Measures Set and not the “starter set” of measures

# Annual Reporting of Measure

- HHAs will annual report Influenza Vaccination Coverage for Home Health Personnel (as opposed to quarterly)
- Beginning **APRIL** CY 2017

# Timeframe for Submitting New Measures

- Increase from 7 to 15 days the timeframe for submitting data on new measures

# Establishes 2<sup>nd</sup> Layer of Appeal

- 2<sup>nd</sup> layer “reconsideration” appeal if recalculation request is denied
- Reconsideration appeals for Annual TPS and Payment Adjustment report only
- Submitted within 15 days of outcome of recalculation request



# Public Display

CMS continues to develop public display options

- Public reporting for the HHVBP beginning in 2019
- Considering Home Health Compare and/or CMMI HHVBP website

# Moving Forward

- 83 comments from HHAs, national provider associations, patient and other advocacy organizations, nurses and device manufacturers
- **Increase engagement**

# Additional Tools (available 11/11)

- Recorded Webinar (with time notations)
- Crosswalk – proposed rule / VNAA comments / final
- HHVBP
- HHQRP
- Rate

# Questions?

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