HOME HEALTH SUCCESS IN VALUE-BASED PURCHASING
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The Home Health Value-Based Purchasing Model was implemented by the Centers for Medicare & Medicaid Services on Jan. 1, 2016. HHVBP is a financially incentivized system designed to reward quality of care instead of quantity of care at home health agencies, which has up to this point been the traditional model of reimbursement. While HHVBP is currently a pilot program, having been adopted in nine states, it is important for all home health agencies across the country to begin making the shift to value-based purchasing, not only to comply with CMS mandates, but also to continue to provide the highest level of care possible to their patients.

**WHAT IS HOME HEALTH VALUE-BASED PURCHASING?**

As of Jan. 1, all Medicare-certified home health agencies in Massachusetts, Florida, Maryland, Washington, North Carolina, Nebraska, Arizona, Iowa and Tennessee are mandated to follow HHVBP. Each state represents each geographic area of the United States. CMS plans to expand the model to all home health agencies across the country after the completion of the pilot program.

This new value-based purchasing model determines whether home health agencies receive financial rewards or penalties based on their performance in a series of quality measures established by CMS. These metrics are both agency-reported and patient-reported. With the aim of improving transparency in care and prioritizing quality, CMS will offer a maximum reward or penalty of 3 percent in 2018, increasing to a maximum of 8 percent in 2022.
THE CRITERIA

In 2017, CMS will use a set of 20 criteria to evaluate the performance of each home health agency under HHVBP. These criteria are culled from several different reporting sources, including the Outcome and Assessment Information Set (OASIS) and the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS), and also includes several new measures that are self-reported by the home health agency. These criteria are designed to provide greater insight into the quality of care provided by a particular agency, and consist of:

- 3 OASIS process measures.
- 7 OASIS outcome measures.
- 2 outcome measures from claims data.
- 5 HHCAHPS consumer satisfaction measures.
- 3 new measures:
  - Influenza vaccine coverage for home health agency personnel.
  - Shingles vaccination ever received by patient.
  - Advance care planning.

HOW ARE SCORES CALCULATED?

Under the HHVBP program, a home health agency will receive a score in each of these measures, with points awarded for an agency’s achievement and improvement. An achievement score is calculated by comparing an agency’s performance during the HHVBP period to the performance of all other home health agencies during the baseline period, which is the year 2015. Alternatively, an improvement score is calculated by comparing an agency’s performance during the HHVBP period with its own performance during the baseline period. The agency’s Total Performance Score is then determined using the higher of either the achievement or improvement scores for each measure, which ranges from 0 to 100.
CHALLENGES TO HOME HEALTH VALUE-BASED PURCHASING

Home Health Value-Based Purchasing places a demand on the accuracy, comprehensiveness and quality of data collection and reporting done by home health agencies. With little room for error, home health agencies must be sure that they are collecting the necessary and accurate data to show their performance in each measure. They must also be sure that they can effectively submit this information to CMS for review, and that the data is interoperable with the EMR systems of other agencies across the healthcare network.

Compliance is key to home health success and their ability to continue to provide high quality care under this new model. If errors are made in data intake, documentation, payment or the like, home health agencies run the risk of being subject to Recovery Audits. The purpose of these audits is to “identify and correct Medicare and Medicaid improper payments,” according to CMS1. In 2014 alone, Recovery Audits corrected $34.9 million in home health payments, a report by CMS revealed2.

CHOOSING AN EMR FOR HOME HEALTH VALUE-BASED PURCHASING

A robust and advanced EMR system is essential to seamlessly adjusting to – and thriving in – a HHVBP world. Look for an EMR that is optimized to support compliance and is continually updated with changing regulatory requirements. It should also be capable of storing and analyzing vast, detailed amounts of data with intuitive navigation, and should have Certification Commission for Health Information Technology-certified interoperability so that agency data can be easily sent to or received across the continuum of care. A good EMR will make the shift to HHVBP easier for an agency, not harder – and under this new model, a bad one will jeopardize your ability to continue to provide high quality care.

THE NDOC® SOLUTION

Thornberry’s NDoc® software is designed to support and empower home health agencies under this new value-based purchasing model. It includes a variety of innovative, industry-leading features to support compliance while also allowing agencies to customize the system to their specific needs. These features include:

- **Mandatory fields**: NDoc® allows the CMS-required fields in the patient referral as well as revisits forms to be customized by the agency to ensure their policies and procedures are met.
- **Alerts and notifications**: NDoc® automatically alerts your staff to upcoming milestones directly in their workflow. The real-time alerts include unauthorized visits, recerts, therapy reassessments and supervisory visits.
- **Consistency checking**: NDoc®’s logic ensures consistency within a field’s response, between associated fields and between OASIS fields and non-OASIS fields including those that go to the MD POC.
- **Automated patient care plan**: The system’s logic automatically creates a customized plan of care for every patient.
- **Auto-filled POC**: Once the customized plan of care is created, that information automatically pulls to the MD POC, ensuring care is consistent.
- **OASIS to OASIS alerts**: Upon recertification, NDoc® alerts the clinician regarding patient improvement, decline and stabilization in real-time.
- **Frequency/Order checking**: NDoc® alerts staff if a visit is out of frequency, either when the visit is scheduled or when it is made. The alerts can be set up as a warning or a hard-stop.
- **Regulatory changes**: Thornberry monitors, analyzes, codes and releases regulatory changes prior to their effective dates. Once the effective date of the change is reached, training screens are automatically updated.

Ensure your agency can have better outcomes and continue to provide high-quality patient care under the new Home Health Value-Based Purchasing Model by adopting the NDoc® solution.

Contact Thornberry today to begin a conversation about upgrading your home health agency.
Sources:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/HHVBP.html
http://www.claconnect.com/resources/articles/value-based-purchasing-program-affects-home-health-agency-reimbursement