

The HHVBP Changes Experts Believe Home Health Providers Are ‘Overlooking’

By [Patrick Filbin](#) | December 5, 2023

Several of the biggest changes in the U.S. Centers for Medicare & Medicaid Services’ (CMS) CY 2024 final home health rule deal with the Home Health Value-Based Purchasing (HHVBP) model.

At face value, it may seem like the HHVBP process is being simplified in the way providers fill out OASIS forms.

However, there’s more to it than just that.

“What is true today is not what’s going to be true with the final rule,” Cindy Krafft, owner of K&K Health Care Solutions, said during a MedBridge webinar on Tuesday. “I do believe that many people were so concerned about the reimbursement piece that there was not enough feedback in the open comment period about some of these other things.”

For instance, Krafft pointed out the HHVBP change which saw a total normative composite turn to a discharge functional score.

Essentially, CMS will evaluate home health agencies with an emphasis on the functional status of patients at the time of discharge from their agencies, as opposed to a comprehensive measure of various factors — including patient outcomes, processes of care and patient experience.

“That sounds like a great concept, but we can’t oversimplify it,” Krafft said.

For example, OASIS measures like eating, oral hygiene, toileting hygiene and a number of physical functionality scores are included in the new calculation.

What's missing, Krafft pointed out, is bathing and dressing.

“There are some pretty heavy-hitting activities related to function that we have been focused on — and rightfully so — for a very long time,” Krafft said. “Even before OASIS, we knew our folks had to be able to manage bathing and dressing and meal prep and all of those things to be able to have patients be safe at home. But they're not on this list.”

The reason why the list is shortened is related to the Improving Medicare Post-Acute Care Transformation Act, also known as the IMPACT Act.

The IMPACT Act was enacted in 2014 to improve the quality of care for Medicare beneficiaries receiving post-acute care services. The four settings included in the legislation were home health agencies, skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs) and long-term care hospitals.

“Why is the list shortened? Because, in order to be selected for this measure, it has to be a GG item (Functional Abilities and Goals item) that is present in all four settings,” Krafft said. “If you think about it, if someone's in a long-term acute care hospital, how much are we working on bathing and dressing? So those measures didn't get put there — which means to select a cross-setting measure, again, an agency has to use ones that are in all four. So the ones that we've put a lot of effort in are not here.”

That being said, bathing and dressing scores are still major contributors to PDGM, STAR ratings and other scoring systems in home health care.

Those measures are also outcomes-focused, Krafft reiterated, so there's obviously no reason to spend less time focusing on those.

Understanding the new math will be a major key to a home health agency's success in the new age of HHVBP.

For example, the new HHVBP measure includes "head scratchers" like rolling left to right, lying to sitting and sitting to stand, Krafft said.

"The argument has been made that those are activities people usually have to do to go home," she said. "So are they going to come to us already able to do a bunch of this stuff? And then how am I going to show improvement? Because, if they're able to do these lower-level activities, then we're doomed. How am I ever going to be able to show that there was any change for this patient? And that's why the measurement calculation is very important. Because this is not a total normative composite. It's not a net gain anymore."