



Value-Based Purchasing Risks and Tips

The Centers for Medicare and Medicaid Services (CMS) created the Home Health Value-Based Purchasing [HHVBP] model in 2016 to improve efficiency and quality in home health services and ensuring that the appropriate patients received these services. Measuring baseline performance began in 2023; in 2025, providers will see either a 5% increase or a 5% decrease in their reimbursement based on performance related to the baseline numbers. The following are common areas of risk and practical steps to abate them to ensure maximum payment for services rendered.

Risk: Agencies are not looking at individual IPR reports. CMS has indicated they are very concerned about the lack of attention home care organizations are giving to the IPR reports. CMS says few people are either reading them or taking action on the information reported.

Tip: [Download the report](#). While complex, CMS does provide guidance for interpreting the results. If you are still unsure, ask for help. Each deficient item should be addressed and added as a PIP to internal QAPI programs for immediate action. Remember 2023 became the baseline year for VBP and data received in 2024 will be used in the calculation in 2025.

Risk: Organizations do not believe VBP will actually happen. There are many organizations who believe CMS is not serious and will delay the implementation. CMS has not provided all the details that we should have, such as how bonuses will be paid out and how penalties will be applied.

Tip: VBP **will** happen. Organizations in denial need to take this seriously. Change your attitude and [deepen your education](#) about VBP.

Risk: Lack of OASIS item improvement at discharge. Certain OASIS items add a 35% value to the payment scoring. For instance, if there is no improvement in dyspnea, 1800 self-care and mobility, understanding meds, etc., there is a risk for losing value in these areas.

Tip: Education is essential. OASIS education is not a one-time exercise. Implement ongoing education that can improve the outcome of each patient serviced. Ongoing OASIS education is available through the [Axxess Training and Certification](#) program. A concentrated effort to understand how to answer VBP-related items should be a priority.

Risk: Ignoring the importance of information in discharge assessments. While the Start of Care assessment establishes payment and the baseline to build an individualized plan of care, the discharge assessment will determine scoring for VBP.

Tip: Assess and spend as much or more time on the OASIS discharge assessment as you do on the Start of Care assessment. Supporting team meetings (like IDG meetings in hospice) will ensure outcomes are documented to the highest degree of accuracy possible. Include all disciplines in these meetings-therapy, social worker, aides, as well as family members. If members cannot be present in person use technology to incorporate them virtually.

About The Author

Arlene Maxim is the Senior Vice President of Clinical Services for Axxess where she leads innovative change across the healthcare continuum.

Arlene has developed and implemented multiple post-acute care programs, working closely with multiple hospitals, home care and hospice agencies, accountable care organizations, etc.

With more than 40 years of nursing experience, Arlene previously co-founded regional multimillion-dollar Medicare certified home health care companies, hospital-based home care and hospice companies and transitional care programs. Early in her nursing career she combined her clinical knowledge with her home care and hospice interests and began working as a consultant in the home care and hospice field in 1986.



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