

Technical Expert Panel (TEP) Charter

Project Title: Expanded Home Health Value-Based Purchasing (HHVBP) Model Implementation & Monitoring

TEP Expected Time Commitment

The TEP is expected to begin in October 2023 and continue meeting for several years. We expect to convene one in-person meeting and up to three teleconferences each year. We anticipate the first meetings to be scheduled around the following times:

- Introductory teleconference, late October 2023
- In-person 1-Day Meeting, mid-November 2023

Additional TEP time commitments will include:

- Reviewing materials in preparation for the TEP 1-Day Meeting, which will be sent to members one week prior to the meeting.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) contracted with Abt Associates, Inc. to support the implementation of the HHVBP Model, including the development of refinements to the measures and scoring methodology, first for the original Model and now for the expanded HHVBP Model. The contract name is Research, Measurement, Assessment, Design and Analysis: Home Health Value-Based Purchasing – Implementation/Monitoring. The contract number is HHSM-500-2014-00026I, Task Order number HHSM-500-T0002. During the original Model, as part of its process for refining measures and the scoring methodology, Abt convened a Technical Expert Panel who provided thoughtful input. Abt will convene a Technical Expert Panel to gain feedback during development and maintenance of the expanded HHVBP Model.

Project Objective:

To consider refinements to the measures and scoring methodology used in the expanded HHVBP Model.

Technical Expert Panel (TEP) Objectives:

Objectives of the TEP include providing input on the following focus areas:

1. Changes to the measures used in the expanded HHVBP Model.
2. Refinements to the scoring methodology, including changes to the relative weight given to different measures and/or measure categories.
3. Health equity considerations.
4. Ways to improve the performance reporting to HHAs.

TEP Requirements/Composition of the TEP:

A TEP of approximately 10 individuals will be charged with reviewing findings related to potential measures and scoring methodology refinements and providing input. Factors to be considered when choosing the TEP members:

- Subject matter expertise.
- Diversity of experience.
- Balance—Make a reasonable effort to have differing points of view represented.
- Availability—Select individuals who can commit to attending meetings, whether they are face-to-face or via telephone, and who can be accessible throughout their time participating on the TEP.
- Conflict of Interest.

Scope of Responsibilities:

The TEP's role is to provide input and advice to the implementation contractor on potential measures and scoring methodology refinements under consideration for the expanded HHVBP Model. The scope of responsibilities will include review of relevant materials (e.g., a summary of findings from analyses of measures, a summary of public comments in response to a Notice of Proposed Rulemaking), discussing quality measure concerns such as face validity and feasibility, and providing input on measure concepts and scoring methodology refinements and potential alternatives.

Guiding Principles:

Participation as a TEP member is voluntary. The implementation contractor will record the TEP input in meeting minutes, and a summary report of TEP input may be released to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers will answer any questions about confidentiality.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, there is no intent for the disclosure requirement to prevent individuals with perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the implementation contractor, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

The TEP is intended to provide expert input regarding the needs of the home health populations, especially those that have traditionally been underserved in these settings. Its members are committed to reducing inequities in access and quality of care. The TEP will help ensure that refinements to the measures and scoring methodology used in the expanded HHVBP Model are meaningful for the home health populations and transparent to providers in these settings.

In addition to the individual expertise of each of its members, the TEP will collaboratively consider previously gathered relevant information and public comments to assess the validity and feasibility of proposed refinements to the expanded HHVBP Model. The TEP will be responsive to project timelines. Its members will provide timely responses to requests for input, insights, and feedback.

Estimated Number and Frequency of Meetings:

The TEP will convene no more than two times in Fall 2023 (one virtual and one in-person meeting). In subsequent years, the TEP may continue to meet up to four times each year (three virtual and one in-person meeting each year).

Date Approved by TEP:

TBD.

TEP Membership:

TBD