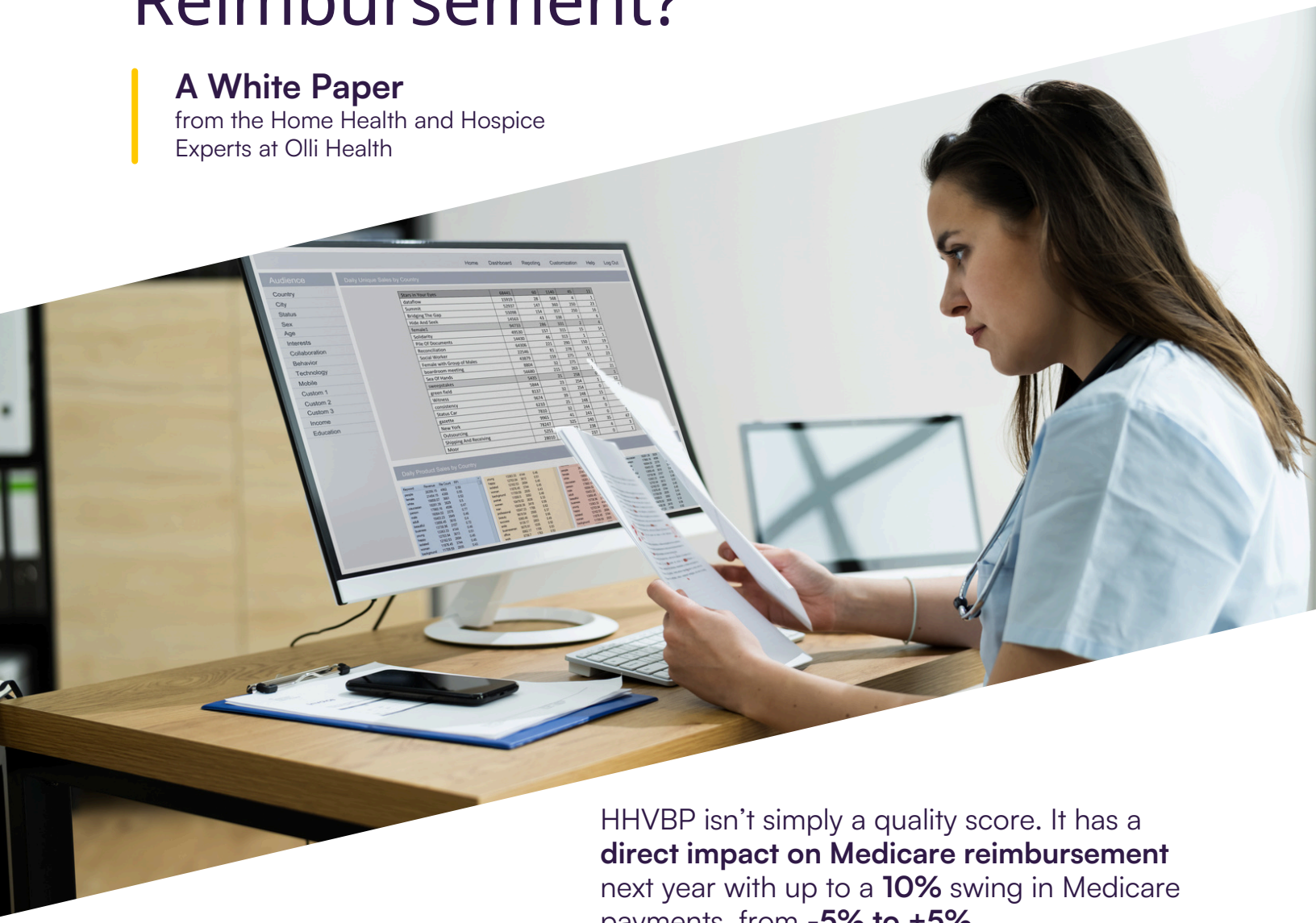
Olli Health

HHVBP & 2027 Reimbursement

What Could HHVBP Mean for Your 2027 Medicare Reimbursement?

A White Paper
from the Home Health and Hospice Experts at Olli Health



HHVBP isn't simply a quality score. It has a **direct impact on Medicare reimbursement** next year with up to a **10%** swing in Medicare payments, from **-5% to +5%**.

Most agencies know that in theory. Far fewer have looked closely at what's actually driving their number, which measures are creating the greatest financial opportunity or risk, or where documentation fits into that picture.

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How your HHVBP score gets built

Your Total Performance Score, or TPS, is what determines your payment adjustment. It's built from three categories.

Each category carries its own weight. Together, they add up to a single score. Your Total Performance Score (TPS) is the score CMS uses to determine your HHVBP payment adjustment. The TPS is calculated from three categories of quality measures:

Weight	Measure
40%	**OASIS-based measures** Outcome measures drawn from start of care and discharge assessments.
40%	**Claims-based measures** Including hospitalizations and emergency department utilization.
20%	**Patient experience** Survey results, weighted separately from clinical documentation.

Each measure has a specific weight, and together they produce a TPS from 0-100. CMS then compares an agency's performance against other agencies in its volume-based cohort to determine its **Adjusted Payment Percentage (APP)**.

That payment adjustment can range from **-5% to +5%** on Medicare fee-for-service payments. In other words, strong performance can increase Medicare reimbursement by up to 5%, while weaker performance can reduce it by up to 5%.

It's important to distinguish HHVBP from the measures you may see elsewhere on Care Compare. Not every quality measure you monitor contributes to your HHVBP Total Performance Score, and not every Care Compare measure feeds your Quality Star Rating. Understanding which measures actually influence which score-and ultimately payment-is an important first step.

Note: Your 2025 HHVBP performance determines the payment adjustment CMS will apply to your 2027 Medicare payments.

Your 2027 payment adjustment is based on 2025 performance, and it's already viewable in iQIES.

Outcomes and documentation aren’t the same thing

The OASIS-based measures inside your TPS are outcome measures. They describe what **actually** happened to the patient during the episode of care.

Did they get stronger? Did their breathing improve?

That data gets captured through OASIS at start of care and discharge. But the outcome itself comes from the care that was delivered, not from how it was written down afterward.

A patient who genuinely regains the ability to move independently improves because of the care they received. Documentation doesn't create that improvement. **It records it.**

When an outcome measure underperforms, agencies should ask:

- Is this a care delivery issue?
- Or, is the patient’s clinical condition, functional status or improvement not being accurately captured through OASIS?

Here's where Olli's work actually sits:

OASIS coding accuracy and quality review, making sure the assessment reflects the clinical picture as accurately as possible. That affects the case mix and risk adjustment inputs behind your score. It doesn't change the outcome itself.

Two different kinds of coding, two different kinds of payment

It's worth separating two things that often get lumped together.

> **Coding for today's reimbursement.**
> ICD-10 coding and case mix adjustments under PDGM affect your payment right now, in the current period. That's a real, immediate financial impact.

> **Coding for HHVBP.**
> Your HHVBP payment adjustment comes from your Total Performance Score. TPS isn't built from ICD-10 coding. It's built from OASIS-based outcomes, claims-based utilization, and patient experience data.

Where OASIS does connect to HHVBP is through the clinical and functional information captured through the assessment and its role in applicable outcome and risk-adjustment methodologies.

> Two payment systems, two different mechanisms. PDGM coding affects revenue today. HHVBP is a separate score built from outcomes, claims, and patient experience.

Where functional status coding intersects with your score

Some OASIS-based measures are risk adjusted using the patient's functional status as coded at start of care.

This matters because CMS isn't comparing every patient as though they started from the same place. Risk adjustment is designed to account for differences in the types of patients agencies serve.

If the patient's baseline clinical or functional picture isn't captured accurately, the data being used to evaluate performance **may not accurately represent where that patient actually started.**

> **A simple way to picture it:** Two patients start home health care with the same actual level of impairment in mobility.

Patient A	Patient B
Documented accurately as needing moderate assistance. Makes real progress by discharge.	Documented as needing minimal assistance, though the true picture is closer to moderate. Makes the same real progress by discharge.
Looks like they hit their expected improvement.	Looks like they underperformed, simply because their starting point was recorded lower than it actually was.

That's why accurate coding at start of care matters for HHVBP specifically. It's not about making an agency look better or worse. It's about ensuring the patient's clinical record accurately represents the patient you're actually caring for.

And the opposite matters too. Overstating severity or acuity isn't the answer. **The goal is an accurate, defensible assessment supported by the clinical record.**

Where to go from here

Join us on for **Decode Your APR**: What's Driving Your 2027 Home Health Payment Adjustment, a session with Tara Young, Director of Quality & Compliance, and Jay Banks, Head of Sales.

- Tara is a Home Health RN with 20+ years of experience in home health coding and OASIS quality, including leading OASIS at McBee Associates. She is Olli Health's Director of Quality and Managed Services.
- Jay has spent 15 years working across post-acute EHRs, ambient scribe technology and home health and hospice provider operations.

Together they'll walk through actual HHVP and APR reports, show which measures are influencing payment, and help you understand where your agency stands heading into 2027.

Save a Spot for *Decode Your APR*

Olli Health is CHAP Verified and works with hundreds of home health and hospice agencies on scribe, coding, and quality review.

If you'd rather start with your own numbers, we also offer a complimentary review of your HHVBP and PEPPER reports.

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