

PUBLIC REPORTING TIP SHEET

Home Health Value-Based Purchasing

IN THIS TIP SHEET:

Home health agencies (HHAs) will find a brief background and overview of public reporting for the expanded Home Health Value-Based Purchasing (HHVBP) Model, including:

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HHVBP Background

As authorized by Section 1115A of the Social Security Act and finalized in the [Calendar Year \(CY\) 2016 HH Prospective Payment System \(PPS\) final rule \(80 FR 68624\)](#), the Center for Medicare and Medicaid Innovation (CMMI) implemented the original Model in nine States on January 1, 2016. The specific goals of the original HHVBP Model were to accomplish the following:

1. Provide incentives for better quality care with greater efficiency.
2. Study new potential quality and efficiency measures for appropriateness in the HH setting.
3. Enhance the current public reporting process.

On January 8, 2021, the Centers for Medicare & Medicaid Services (CMS) announced the nationwide expansion of the HHVBP Model, which began on January 1, 2022. The expanded Model is mandatory for all Medicare-certified HHAs with a CMS Certification Number (CCN) in all 50 States, the District of Columbia, and U.S. territories. Under this expanded Model, HHAs receive adjustments to their Medicare fee-for-service (FFS) payments based on their performance against a set of applicable QMs relative to their peers' performance. For further background information regarding the expanded HHVBP Model, including the descriptions for smaller- and larger-volume-based cohorts, please refer to the expanded HHVBP Model webpage: [Expanded Home Health Value-Based Purchasing Model | CMS](#).

Inaugural Release of HHVBP Data for Public Reporting

HHA-level performance metrics reported in the Final CY 2024 Annual Performance Report (APR) issued to HHAs in December 2024 (see **Figure 1**), will be published in the [Provider Data Catalog \(PDC\)](#) in January 2025. The PDC is an online data repository that provides public access to view and download official CMS data used on Care Compare and other general information.

HHA performance data will be reported annually for each HHA based on the data for the applicable performance year. Reporting of this data is important because it provides the public with insight into the quality and efficiency of care offered by Medicare-certified HHAs.

Publicly reported data for all HHAs will include:

- Applicable QM benchmark and achievement threshold by volume-based cohort (see **Figure 1** for applicable measures).

For HHAs that qualified for a payment adjustment, publicly reported data will also include:

- The HHA's Total Performance Score (TPS) and TPS Percentile Ranking.
- The HHA's annual Adjusted Payment Percentage (APP) for the applicable payment year.

Which HHAs will have data displayed?

- Active HHAs that were Medicare-certified prior to January 1, 2022, and had sufficient data for at least five QMs to calculate a TPS and APP.

Figure 1. Summary of Applicable QMs for CY 2023, 2024, and 2025 Performance Years

Measure Type	Quality Measure	CY 2023 & 2024	CY 2025
OASIS-based	Discharged to Community	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	Total Normalized Composite (TNC) Change in Mobility	X	
	Total Normalized Composite (TNC) Change in Self-Care	X	
	Discharge Function Score (DC Function)		X
Claims-based	Acute Care Hospitalizations (ACH)	X	
	Emergency Department Use Without Hospitalization (ED)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
	Discharge to Community-Post Acute Care (DTC-PAC)*		X
HHCAPHS® Survey-based	Care of Patients (Professional Care)	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X

**This measure spans two CYs: 2024/2025*

Which HHAs will not have their data displayed?

- Inactive HHAs.
- HHAs that were Medicare-certified on or after January 1, 2022.
- HHAs that were Medicare-certified prior to January 1, 2022, and lack sufficient data (fewer than five QMs) to calculate a TPS and APP.

HHVBP Resources

Expanded HHVBP Model Webpage:

<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>.

Expanded HHVBP Model FAQs:

<https://www.cms.gov/priorities/innovation/media/document/hhvpb-exp-faqs>.

Expanded HHVBP Model Guide:

<https://www.cms.gov/priorities/innovation/media/document/hhvpb-exp-model-guide>.

How to Access HHVBP Model Reports:

<https://www.cms.gov/priorities/innovation/media/document/hhvpb-exp-reports-access-instr>.

CY 2024 HH PPS Final Rule:

<https://www.federalregister.gov/public-inspection/2023-24455/medicare-program-calendar-year-2024-home-health-prospective-payment-system-rate-update-quality>.

HHVBP CY 2024 Annual Performance Report (APR) – What You Need to Know! Webinar – August 13, 2024.

This training can be accessed under Model Reports on the expanded HHVBP Model website: <https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>.

Email questions to the HHVBP Help Desk:

HHVBPquestions@cms.hhs.gov

Subscribe to the HHVBP Model Expansion Listserv:

[HHVBP Model Expansion listserv](#)

Annual Performance Reports

The HHVBP APR is a confidential feedback report provided and available to HHAs via the Internet Quality Improvement & Evaluation System (iQIES). The HHVBP APR provides HHAs with their QM performance data and the APP—including how the adjustment was determined—relative to the HHA's performance, as well as when the adjustment will be applied to the HHA's Medicare FFS claims for the respective payment year.

To receive a QM score, HHAs must meet the following minimum thresholds per reporting period for each QM:

- OASIS-based measures: 20 HH quality episodes.
- Claims-based measures: 20 HH stays.
- HCAHPS Survey-based measures: 40 completed surveys.

The HHVBP APR has three versions: Preview, Preliminary, and Final. The Preview APR is released to HHAs in August. The Preliminary APR is released to HHAs in September/October, and a Final APR is released by December. The HHVBP APRs provide HHAs with performance data they can use to help track their quality improvement efforts and offer a preview of the data prior to PR.

In August 2024, Preview CY 2024 APRs were released in iQIES for competing and eligible HHAs. This Preview APR reflected HHA performance in CY 2023 and included each HHA's APP to be applied to CY 2025, an explanation of when the payment adjustment will apply, and how CMS determined the adjustment relative to the HHA's final TPS. An example of the APR can be found here: [Sample APR](#).

Recalculation and Reconsideration Requests

HHAs may submit requests for **recalculation** within 15 days after publication of the Preview APR if they wish to dispute the calculation of the Annual TPS and/or the APP.

Changes resulting from CMS-approved recalculation(s) will be reflected in the Preliminary APR, which will be available to the requesting HHA via iQIES in September/October. HHAs that do not agree with the recalculation request decision can submit a request for **reconsideration** of that decision within 15 calendar days after CMS issues the Preliminary APR.

Upon notification to the HHA contact of CMS' reconsideration request outcome, an HHA that disagrees with CMS' decision may request an **administrator review** within 7 days of the CMS notification. A final decision will be issued to the HHA, and a Final APR will be available in iQIES 30 days before the applicable payment year for all HHAs regardless of whether they submitted a recalculation, reconsideration, and/or administrator review request.

RECONSIDERATION REQUESTS

Only HHAs that submit a recalculation request can submit a reconsideration request to CMS.

Figure 2. HHVBP Lifecycle

