



Home Health Value-Based Purchasing Model HHVBP Newsletter

Expanded HHVBP Model: June 2025 Newsletter

QUARTERLY NEWSLETTER – June 2025

This newsletter contains information for home health agencies (HHAs) related to the expanded Home Health Value-Based Purchasing (HHVBP) Model, including Model highlights, training updates, new insights, reminders, resources, and contact information.

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Reminder: Interim Performance Reports (IPRs) – Final April 2025 IPRs Available in iQIES

The Final April 2025 IPRs for the expanded HHVBP Model have been published in the Internet Quality Improvement and Evaluation System (iQIES).

Interim Performance Reports (IPRs) – Preliminary July 2025 IPRs Available in iQIES in July, including new information for the CY 2025 applicable measures

The Preliminary July 2025 IPRs for the expanded HHVBP Model will be published in iQIES in July. **Starting with this IPR, HHAs that were initially Medicare certified in 2023 are eligible to receive IPRs.** For additional details on cohort assignment in the expanded Model, please navigate to Section 2 in the Expanded HHVBP Model Guide, available on the [Expanded HHVBP Model webpage](#), under “FAQs & Model Guide.”

An HHA receives a July 2025 IPR if the HHA:

- Was Medicare certified prior to January 1, 2024, and
- Meets the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year shown in **Exhibit 1**.

Exhibit 1: July 2025 IPR quality measure performance scores time periods for each measure category

Measure Category	Time Period	Minimum Data Threshold
OASIS-based	Apr 1, 2024 – Mar 31, 2025 (<u>except</u> TNC Change in Mobility, TNC Change in Self-Care, and DTC) TNC/DTC: Jan 1, 2024 – Dec 31, 2024	20 home health quality episodes
Claims-based	Jan 1, 2024 – Dec 31, 2024	20 home health stays
HHCAHPS Survey-based*	Jan 1, 2024 – Dec 31, 2024	40 completed surveys

* Not included in the TPS calculation for HHAs in the smaller-volume cohort.

TNC = Total Normalized Composite. DTC = Discharged to Community.

Note: IPRs are only available to HHAs through iQIES and are located in the “HHA Provider Preview Reports” folder. IPRs are not available to the public.

As outlined in the [CY 2024 Home Health \(HH\) Prospective Payment System \(PPS\) Final Rule](#), there are changes to the expanded HHVBP Model measure set starting with CY 2025 (referred to as the “CY 2025 measure set”). **The October 2025 IPRs will be the first IPRs to generate Improvement, Achievement, and Care Points based on the CY 2025 measure set.** To help HHAs get ready for this change, CMS has started providing resources, including the following three worksheets, that provide a preview of HHAs’ performance on the CY 2025 measure set:

1. “CY 2025 AT and BM” tab:

Starting with the July 2024 IPRs, preliminary Achievement Thresholds (AT) and Benchmarks (BM) have been available to HHAs in each IPR. In the July 2025 IPRs, this tab will show final AT and BM.

2. “CY 2025 Baseline” tab:

The January 2025 IPRs reported on HHAs’ preliminary Improvement Thresholds for the CY 2025 measure set. **NEW** – In the July 2025 IPRs, this tab will show final Improvement Thresholds.

3. **NEW – “CY 2025 Performance” tab:**

In the July 2025 IPRs, CMS will include an additional worksheet that reports on the most current performance period available by measure category. Note: As some measures are included in both the CY 2024 and CY 2025 measure set, this additional tab will only report on the measures that are new to the CY 2025 measure set (i.e., Home Health Within-Stay Potentially Preventable Hospitalization, Discharge to Community-Post Acute Care Discharge Function Score).

Instructions on how to access the IPRs are also available in the [Expanded HHVBP Model Reports – Access Instructions \(PDF\)](#) on the [Expanded HHVBP Model webpage](#), under “Model Reports.”

Annual Performance Reports (APR) – Preview Calendar Year (CY) 2025 APRs Available in iQIES in August

The CY 2025 APR identifies how the HHA performed on the applicable measure set based on CY 2024 performance (i.e., Performance Year 2) that is translated into a corresponding payment adjustment applied to Medicare Fee-For-Service (FFS) claims with through dates in CY 2026.

APRs are published in three (3) stages – a Preview APR, a Preliminary APR, and a Final APR.

1. In August 2025, HHAs will receive their **Preview** CY 2025 APR. The publication of the Preview CY 2025 APR provides competing HHAs with an opportunity to review their data. During the review of the Preview APR, an HHA may submit a recalculation request within 15 calendar days after CMS issues the Preview APR if they believe there is an error.
2. In October 2025, HHAs will receive their **Preliminary** CY 2025 APR. If an HHA disagrees with the results of CMS's recalculation request decision that is reflected in the Preliminary APR, the HHA may submit a reconsideration request within 15 calendar days after CMS issues the Preliminary CY 2025 APR. **Only HHAs that submit a recalculation request may submit a reconsideration request.** An HHA may request Administrator review of a reconsideration decision within seven (7) days from CMS' notification to the HHA contact of the outcome of the reconsideration request.
3. In December 2025, CMS makes the **Final** CY 2025 APR available after all recalculation requests, reconsideration requests, and Administrator reviews are processed and no later than 30 calendar days before the payment adjustment takes effect in the applicable payment year (CY 2026).

For additional details on the appeals process for IPRs and APRs, please review the following resource that is available on the [Expanded HHVBP Model webpage](#), under "Model Reports": [Expanded HHVBP Model IPR and APR Recalculation Instructions \(PDF\)](#). Note: When submitting recalculation and reconsideration requests, CMS asks HHAs to only include one CCN per request.

Notice of Proposed Rulemaking – Comment Period Ends on August 29th, 2025.

The Calendar Year (CY) 2026 Home Health PPS Notice of Proposed Rulemaking (NPRM) was displayed on June 30th, 2025. In this NPRM, CMS proposes a new measure removal factor for the expanded HHVBP Model applicable measure set, proposes changes to the HHVBP applicable measure set beginning CY 2026, and requests information related to potential future performance measure concepts.

The proposed rule can be downloaded from the Federal Register at <https://www.federalregister.gov/d/2025-12347>. The public comment period closes on August 29th, 2025. Please visit the Federal Register to submit public comments.

CMS Wants to Hear from You!

Call for Information

We would like to learn more about how Home Health Agencies (HHAs) are using their Home Health Value-Based Purchasing Model (HHVBP Model) performance results in conjunction with referral sources, state Medicaid agencies, or any managed care entities.

In a May 2022 *Home Health Care News* article titled “[What HHVBP Means for Managed Care, SNF Utilization](#),” the publication stated HHVBP results would translate into “improved managed care relationships and further diversion away from skilled nursing facilities (SNFs).” CMS is interested in HHAs’ success stories working with referral sources and managed care entities, and/or lessons learned that may be useful to other HHAs. These stories may be used to inform future educational resources.

Has your agency been asked to provide HHVBP performance scores during contract discussions? Has your HHA been approached by a contracted or potential managed care partner based on your HHVBP Model performance results that are publicly reported on the CMS [Provider Data Catalog](#)? Has any managed care entity or state Medicaid agency adjusted your payment rates based on your HHVBP performance results or any other quality measures? Since engagement in the expanded HHVBP Model, have you experienced fewer SNF stays after hospital (re)admissions?

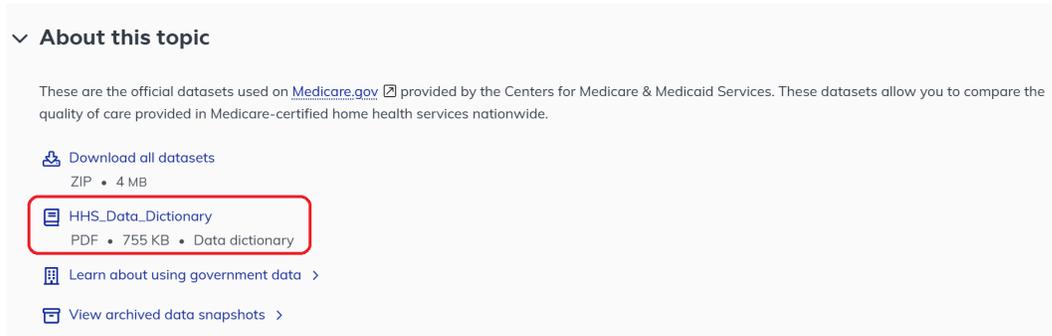
This Call for Information is optional. We encourage interested HHAs to submit their stories (narratives up to three paragraphs) summarizing their experiences along with any applicable CCN(s) and contact information to the HHVBP Help Desk (HHVBPquestions@cms.hhs.gov). Thank you in advance for your partnership and support.

Public Reporting – How to Make Use of the Provider Data Catalog

Are you curious about how other HHAs perform in the expanded HHVBP Model? Know what referral sources, managed care entities, and researchers are seeing. If the answer is yes, please make your way over to the [Provider Data Catalog \(PDC\)](#). In January 2025, CMS posted results from the first performance year of the expanded HHVBP Model (CY 2023) in the PDC. The results are published in two data files, including HHA-level and cohort-level results, respectively. Note that CMS plans to update expanded HHVBP Model performance data annually in January.

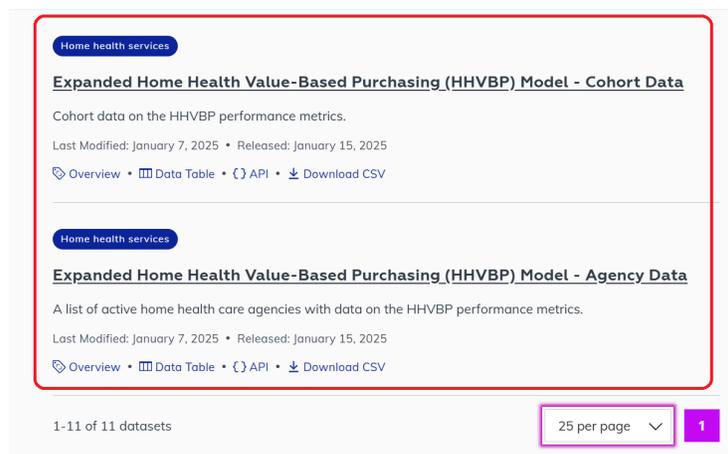
To get started –

1. Go to <https://data.cms.gov/provider-data/topics/home-health-services>.
2. Then, scroll down to the “About this topic” section and download [Home Health Services \(HHS\) Dictionary](#). See screenshot below.



This dictionary lists and defines all data fields that are included in the two HHVBP public reporting files available in the PDC.

3. To download the two HHVBP public reporting files, scroll down to the end of “Datasets” section and click on “View all 11 Home health services datasets →” to show all available datasets. Navigate to the bottom of the list and select “25 per page” or “50 per page” to see all datasets on one page.
4. The last two datasets in the list are the HHVBP public reporting files (see screenshot below).



5. Click on “Overview” to get additional information on the respective data files, including a link to download the files.

Note: The PDC archives datasets on a quarterly basis and saves them in a designated archived folder: <https://data.cms.gov/provider-data/archived-data/home-health-services>.

Since HHVBP public reporting files are updated once a year in January, the archived will include the same two HHVBP public reporting data files, including the same file naming convention.

Help Desk Highlights

As HHAs prepare for mandatory OASIS data collection and submission that begins July 1, 2025, providers have been reaching out to the HHVBP help desk asking how CMS plans to use the non-Medicare/non-Medicaid data that are being collected during the voluntary phase-in. Other questions in the past quarter relate to claims-based measure calculations and how data are being displayed in the IPRs.

Will CMS use patient data from the voluntary assessments in the measure calculation for the HHVBP measures?

Q3026 in the June 2025 HHVBP Model FAQs informs HHAs that CMS is not intending to use voluntary OASIS data in the measure calculation of the HHVBP measures or in the HHVBP performance reports. CMS identifies voluntary assessments as any OASIS assessment (including any time point) collected on a patient who has a M0090 – Date Assessment Completed for their SOC on or between 1/1/2025 and 6/30/2025, and the SOC M0150 coding does not include responses 1 – Medicare (traditional fee-for-service), 2 – Medicare (HMO/managed care/Advantage plan), 3 – Medicaid (traditional fee-for-service), or 4 – Medicaid (HMO/managed care).

Does CMS use home health stays that begin or end in the performance period for the Home Health Within-Stay Potentially Preventable Hospitalization (PPH) and Discharge to Community - Post Acute Care (DTC-PAC) claims-based measures?

As stated in Q3027 of the June 2025 Expanded HHVBP Model FAQs, PPH includes home health stays with an end date during the 12-month performance period and DTC-PAC includes home health stays with an end date in the 24-month performance period. This is opposite of the ACH and ED Use measures which both included home health stays with a start date during the 12-month performance period.

Are numeric values required for both achievement points and improvement points in order for an HHA to receive care points on their HHVBP performance reports?

Yes, as stated in the new Q4020 of the June 2025 HHVBP Model FAQs, since care points are defined as the higher of the achievement points or improvement points for a given quality measure, reported numeric values for both achievement and improvement points are required for determining care points.

Which Interim Performance Report (IPR) will include the CY 2025 performance data for PPH?

The July 2026 IPRs will provide agencies with Home Health Within-Stay Potentially Preventable Hospitalization (PPH) quality measure data for the full calendar year (CY) 2025 (1/1/2025 – 12/31/2025).

Note: Please see the quarterly-updated Expanded HHVBP Model FAQs on the [Expanded HHVBP Model webpage](#), under “FAQs & Model Guide”.

Resource Spotlight – Quality Improvement Resources Available

HHAs looking for quality improvement strategies may benefit from reviewing the collection of Quality Assurance and Performance Improvement (QAPI) resources on the [Expanded HHVBP Model webpage](#), under “Quality Improvement”.

1. The QAPI resources that provide HHAs with concrete QAPI strategies and suggestions for creating action plans include the **Strategies for Success Self-Assessment** ([Webinar](#) | [PDF](#)) and the **Briefing Card Compendium** ([PDF](#)).
2. Two resources feature HHA Perspectives panel series based on discussions with volunteer panelists who reviewed strategic approaches to managing and improving agency performance: **Quality Management** ([Webinar](#) | [PDF](#)) and **Innovation** ([Webinar](#) | [PDF](#)). Essentials Modules webinars focus on Patient and Family/Caregiver Engagement ([Assessment and Goal Setting](#) and [Teaching and Guidance](#)) and Care Transitions ([Provider Communication](#) and [Medication Management](#)).
3. Lastly, a series of podcasts feature home health experts highlighting practices related to [Leadership and Communication — Essential Elements for Quality Improvement](#), [The Patient with Declining Memory: The “Keys” to Safe Mobility](#), [Infection Prevention and Control: Home Health Patient Care and Communication](#), and [Managing Chronic Illness through Home Health Care](#).

Note: Content included in the available QAPI resources was accurate at the time of publication and may or may not reflect more current evidence-based practices. Please use your professional and clinical judgment when incorporating new strategies or tools into your practice.

Contact Us

Please **do not reply to this email** - this is an unmonitored inbox. If you require assistance, use the following options:

- For program questions about the expanded HHVBP Model, contact the HHVBP Model Help Desk at HHVBPquestions@cms.hhs.gov.
- For support with registration for the Internet Quality Improvement and Evaluation System ([iQIES](#)), please contact our **QIES/iQIES Service Center** by phone at **(800) 339-9313** or by email at iqies@cms.hhs.gov. You may also refer to the iQIES Onboarding Guide posted to QTSO for registration support: <https://qtso.cms.gov/software/iqies/reference-manuals>
- To receive email updates about the expanded Model, please subscribe to the [Expanded HHVBP Model listserv](#). Enter your email address in the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list.
- Please contact the **Home Health Quality Reporting Program (HH QRP) Help Desk** at homehealthqualityquestions@cms.hhs.gov for questions about the following: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and OASIS documentation, quality reporting requirements & deadlines, data reported in quality reports, measure calculations, Quality of Patient Care Star Rating (excluding suppression requests), public reporting, risk adjustment, and Quality Assessment Only (QAO)/Pay for Reporting (P4P).
- Please contact the **Home Health CAHPS Help Desk** at hhcahps@rti.org for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

Not sure which help desk to use? Check out the [Guide to Home Health Help Desks!](#)



Important Links:

[Expanded HHVBP Model webpage](#) | [Expanded HHVBP Model YouTube playlist](#)

Centers for Medicare and Medicaid Services
Home Health Value-Based Purchasing Model