

A Guide to the Expanded Home Health Value-Based Purchasing Model Appeals Process

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The expanded Home Health Value-Based Purchasing (HHVBP) Model appeals process provides home health agencies (HHAs) with opportunities to request a review of their quarterly Interim Performance Report (IPR) or Annual Performance Report (APR) results. Depending on the report version or stage of review, HHAs may be eligible to submit a recalculation request, reconsideration request, or Administrator review request. **Please note that this process is intended to address calculation discrepancies, not errors in the underlying data submitted.** HHAs must electronically report all OASIS data collected in accordance with the Medicare Conditions of Participation (CoPs) ([§484.45](#)), and as a condition for payment ([§\(484.205\(c\)\)](#)). HHAs are required to submit HHCAHPS Survey-based measure data for the Home Health Quality Reporting Program (HH QRP) under [§484.355\(a\)\(1\)\(ii\)](#).

Recalculation requests are report-specific and therefore a separate recalculation request must be submitted for each published HHVBP performance report during its designated recalculation request period. **Note that a recalculation request applies only to the current HHVBP IPR during its designated recalculation request period. It does not apply to subsequent IPRs or meet the criteria for a reconsideration request of an HHVBP APR.**

IPR Appeals Process

Each January, April, July, and October IPR publication includes two (2) report versions: a Preliminary IPR and a Final IPR.

CMS publishes the **Preliminary IPRs** to provide HHAs an opportunity to review their quarterly performance results and, if needed, submit a recalculation request. HHAs may submit a recalculation request within 15 calendar days after CMS issues the Preliminary IPR if they believe there is an error by emailing hhvbp_recalculation_requests@abtglobal.com.

Recalculation requests must include the following information:

- The provider's name, address associated with the services associated with the HHA's services, and CMS Certification Number (CCN)
- The basis for the recalculation request, including the specific data or calculation the HHA believes is incorrect
- Contact information for the HHA point of contact, including name, email address, telephone number, and mailing address (physical address required)
- Electronic supporting documentation, excluding Protected Health Information (PHI) or Personally Identifiable Information (PII)

When submitting recalculation requests for IPRs:

- Include only one CCN per request
- For discrepancies between IPR measure values and measure values calculated internally or by a vendor, consider including the internal or vendor report and indicating whether the data are risk-adjusted and the data source used (e.g., OASIS or claims data)
- Do not submit supporting documentation via file-hosting links (e.g., Dropbox)

CMS makes the **Final IPRs** available after all recalculation requests are processed, which reflect any changes made because of recalculation requests. All HHAs that receive a Preliminary IPR will receive a Final IPR, regardless of whether they submitted a recalculation request.

APR Appeals Process

Each APR publication includes three (3) report versions: a Preview APR, a Preliminary APR, and a Final APR.

CMS publishes the **Preview APRs** to provide HHAs an opportunity to review their annual performance results and, if needed, submit a recalculation request. HHAs may submit a ***recalculation request*** within 15 calendar days after CMS issues the Preview APR if they believe there is an error by emailing hhvbp_recalculation_requests@abtglobal.com. Recalculation requests must include the following information:

- The provider's name, address associated with the services associated with the HHA's services, and CCN
- The basis for the recalculation request, including the specific data or calculation the HHA believes is incorrect
- Contact information for the HHA point of contact, including name, email address, telephone number, and mailing address (physical address required)
- Electronic supporting documentation, excluding Protected Health Information (PHI) or Personally Identifiable Information (PII)

When submitting recalculation requests, reconsideration requests, or Administrator review requests for APRs:

- Include only one CCN per request
- For discrepancies between APR measure values and measure values calculated internally or by a vendor, consider including the internal or vendor report and indicating whether the data are risk-adjusted and the data source used (e.g., OASIS or claims data)
- Do not submit supporting documentation via file-hosting links (e.g., Dropbox)

CMS publishes the **Preliminary APRs** to provide HHAs that submitted a recalculation request an opportunity to review the outcome of that request and, if needed, submit a reconsideration request. HHAs have 15 calendar days to submit a reconsideration request if they submitted a recalculation request and do not agree with the recalculation request decision. HHAs that did not submit a recalculation request are not eligible to submit a reconsideration request. HHAs that submitted a recalculation request receive instructions on how to submit a reconsideration request as part of the

email notifying them of the outcome of the recalculation request decision. All HHAs that receive a Preview APR will receive a Preliminary APR, regardless of whether they submitted a recalculation request.

HHAs also have 7 calendar days from the notification of the reconsideration request decision to submit a request for Administrator review if they submitted a reconsideration request and do not agree with the reconsideration request decision. HHAs that did not submit a reconsideration request are not eligible to submit a request for Administrator review. HHAs that submitted a reconsideration request receive instructions on how to submit a request for Administrator review as part of the email notifying them of the outcome of the reconsideration request decision.

CMS makes the **Final APRs** available no later than 30 calendar days before the payment adjustment takes effect and after all recalculation requests, reconsideration requests, and Administrator review requests are processed. The “Final APRs” reflect any resulting approved changes. All HHAs that receive a Preliminary APR will receive a Final APR, regardless of whether they submitted a recalculation request, a reconsideration request, or an Administrator review request.