



Home Health Value-Based Purchasing Model HHVBP Newsletter

Expanded HHVBP Model: December 2025 Newsletter

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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Interim Performance Reports (IPRs) – Preliminary October 2025 IPRs Available in iQIES

The Preliminary October 2025 IPRs for the expanded HHVBP Model were published in the Internet Quality Improvement and Evaluation System (iQIES) on December 1st, 2025. As of October 2025, the CY 2025 measure set is in effect. **Exhibit 1** lists the three (3) OASIS-based, two (2) claims-based, and five (5) HHCAHPS Survey-based measures included in the CY 2025 applicable measure set.

Exhibit 1: CY 2025 applicable measure set

Measure Category	Measure
OASIS-based	Improvement in Dyspnea
	Improvement in Management of Oral Medications
	Discharge Function Score
Claims-based	Potentially Preventable Hospitalizations (PPH)
	Discharge to Community – Post Acute Care (DTC-PAC)
HHCAHPS Survey-based*	Care of Patients
	Communications between Providers and Patients
	Specific Care Issues
	Overall rating of home health care
	Willingness to recommend the agency

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

The October 2025 IPRs also include a preview of the benchmarks, achievement thresholds, and improvement thresholds for the forthcoming CY 2026 applicable measure set.

Who is eligible to receive an October 2025 IPR?

An HHA receives an October 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 performance period shown in **Exhibit 2**.

Exhibit 2: October 2025 IPR measure performance period by measure category

Measure Category	Time Period	Minimum Data Threshold
OASIS-based	Jul 1, 2024 – Jun 30, 2025	20 home health quality episodes
Claims-based	PPH: Apr 1, 2024 – Mar 31, 2025 DTC-PAC: Apr 1, 2023 – Mar 31, 2025	20 home health stays
HHCAHPS Survey-based*	Apr 1, 2024 – Mar 31, 2025	40 completed surveys

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

IMPORTANT NOTE: CMS recalculated Improvement Thresholds based on CY 2024 for the OASIS-based Discharge Function Score (DC Function) measure reported on the “CY 2025 Baseline” tab in the July 2025 IPRs. HHAs that received a July 2025 IPR, please go through the following steps to identify if you were impacted by this correction:

- 1) Open your HHA’s July 2025 IPR and navigate to the “CY 2025 Baseline” tab.**
 - If you did not receive a July 2025 IPR and/or October 2025 IPR, no further action is required on your part.
- 2) Locate the column labeled “Baseline Year Data Period [b].**
 - If you see “12-31-2024” in this column for the OASIS-based DC Function measure, the corresponding Improvement Threshold (listed in the adjacent column labeled “Your HHA’s Improvement Threshold”) was recalculated. Your HHA’s October 2025 IPR shows the correct CY 2024 Improvement Threshold for this measure.
 - If you see “12-31-2023” in this column for the OASIS-based DC Function measure, no corrections were made to your Improvement Threshold as the CY 2023 measure data were not impacted.

For any questions related to this correction of the CY 2024 Improvement Thresholds for the OASIS-based DC Function measure, please contact the HHVBP Model Help Desk at HHVBPquestions@cms.hhs.gov.

Please note that IPRs are not available to the public. IPRs are only available to HHAs in the “HHA Provider Preview Reports” folder in iQIES. Instructions on how to access the IPRs are also available on the [Expanded HHVBP Model webpage](#), under “Model Reports.”

Annual Performance Reports (APR) – Final CY 2025 APRs Available in iQIES

The Final CY 2025 APRs for the expanded HHVBP Model were published in iQIES on November 13th, 2025. The CY 2025 APRs provide the HHA’s Adjusted Payment Percentage (APP) based on performance in CY 2024, the performance year, which will be applied to Medicare Fee-for-Service (FFS) claims with through dates in the payment year, CY 2026. In addition, the CY 2025 APRs provide information related to HHA performance on key metrics that feed into the HHA’s APP, including performance measure scores, Improvement Points, Achievement Points, Care Points, and the Total Performance Score (TPS).

Who is eligible to receive a CY 2025 APR?

An HHA receives a CY 2025 APR if the HHA was Medicare-certified prior to January 1, 2023, had a prior year payment amount, and had sufficient data for at least five quality measures to calculate a TPS and APP.

Exhibit 3: CY 2025 APR measure performance period by measure category

Measure Category	Time Period	Minimum Threshold
OASIS-based	Jan 1 – Dec 31, 2024	20 home health quality episodes
Claims-based	Jan 1 – Dec 31, 2024	20 home health stays
HHCAHPS Survey-based*	Jan 1 – Dec 31, 2024	40 completed surveys

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

Were there any corrections applied to the CY 2025 APRs resulting from granted recalculation, reconsideration, or administrator review requests?

Yes, CMS granted a recalculation request pertaining to one (1) HHA that was incorrectly categorized as inactive and therefore did not receive a Preview CY 2025 APR. As a result, CMS added this HHA to the competing HHAs for subsequent Preliminary and Final CY 2025 APR production. This added HHA is part of the larger-volume cohort and received a Preliminary CY 2025 APR and a Final CY 2025 APR. To maintain budget neutrality across all competing HHAs within each cohort, any revisions, such as adding a competing HHA, require a rerunning of APR production. In this case, the addition of one (1) HHA to the larger-volume cohort resulted in a 0.001 higher APP for some HHAs in the larger-volume cohort. For the remaining HHAs in the larger-volume cohort, this addition did not have an impact on their APP. Note that the APP of smaller-volume HHAs were also not affected.

No reconsideration requests – and as a result no requests for Administrator review – were received after the Preliminary CY 2025 APRs were published. As such, the APP presented in the Final CY 2025 APR is the same as the APP reported in the Preliminary CY 2025 APR.

Please note that APRs are not available to the public. APRs are only available to HHAs in the “HHA Provider Preview Reports” folder in iQIES. Instructions on how to access the APRs are also available on the [Expanded HHVBP Model webpage](#), under “Model Reports.”

Will the second performance year’s results be available in the Provider Data Catalog?

Yes, CMS will post results from the second performance year of the expanded HHVBP Model (CY 2024) in the [Provider Data Catalog \(PDC\)](#) in January 2026. Note that the results from the first performance year (CY 2023) will also still be available but moved to the [home health services data archive](#) once the second year’s performance results are publicly

available. Please review the [Public Reporting Tip Sheet: Home Health Value-Based Purchasing](#) for additional details on HHVBP public reporting.

Reminder: CMS Wants to Hear from You – Call for Information

Have your HHVBP Model performance results been used with or by referral sources, state Medicaid agencies, or managed care entities? If the answer is “yes”, CMS would like to hear from you! Send your experiences to HHVBPquestions@cms.hhs.gov. The [June 2025 HHVBP Newsletter](#) (page 5) includes additional details on what CMS is interested in learning.

This Call for Information is optional. CMS encourages 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 at HHVBPquestions@cms.hhs.gov. Thank you in advance for your partnership and support.

CY 2026 HH PPS Final Rule is Now Available

The following paragraphs summarize the key topics discussed in the CY 2026 HH PPS final rule, available at <https://www.federalregister.gov/public-inspection/2025-21767/medicare-and-medicaid-programs-calendar-year-2026-home-health-prospective-payment-system-rate-update>, that are directly or indirectly relevant to the expanded HHVBP Model.

Model Changes for the CY 2026 Measure Set

Due to changes to the HHCAHPS Survey which affected the survey questions used to calculate several measures previously used in the expanded HHVBP Model, CMS finalized the decision to remove the following three (3) HHCAHPS Survey-based measures: Care of Patients, Communications between Providers and Patients, and Specific Care Issues.

CMS also finalized the addition of four (4) new measures to the applicable measure set. These measures include three (3) OASIS-based measures related to bathing and dressing, and one (1) claims-based measure, the Medicare Spending per Beneficiary – Post-Acute Care (MSPB-PAC) measure. Therefore, for performance year 2026 (which will affect payment year 2028) the applicable measure set includes six (6) OASIS-based, three (3) claims-based, and two (2) HHCAHPS Survey-based measures (see **Exhibit 4**).

Exhibit 4: CY 2026 applicable measure set

Measure Category	Measure	New in CY 2026 Measure Set (Yes/No)?
OASIS-based	Improvement in Dyspnea	No
	Improvement in Management of Oral Medications	No
	Improvement in Bathing	Yes
	Improvement in Upper Body Dressing	Yes
	Improvement in Lower Body Dressing	Yes
	Discharge Function Score	No
Claims-based	Discharge to Community-Post Acute Care (DTC-PAC)	No
	Potentially Preventable Hospitalizations (PPH)	No
	Medicare Spending Per Beneficiary-Post Acute Care (MSPB-PAC)	Yes
HHCAHPS Survey-based	Overall Rating of Home Health Care	No
	Willingness to Recommend the Agency	No

Note that benchmarks, achievement thresholds, and improvement thresholds for the CY 2026 measure set were included in the October 2025 IPRs. CMS also updated the measure weights for CY 2026 to accommodate the revised measure set.

For additional information about the CY 2026 applicable measure set, please see the updated [Expanded HHVBP Model Guide](#) or the new web-based training entitled “[Changes to the Applicable Measure Set Beginning in CY 2026](#)”, both available on the Expanded HHVBP Model webpage.

Summary of Public Feedback on the Request for Information (RFI) on Quality Measure Concepts Under Consideration for Future Years.

CMS requested public feedback regarding the potential future addition of a respecified Falls with Major Injury (FMI) measure as well as two potential changes to the HHCAHPS Survey-based measures scoring rules and applicable measure set:

- 1) The possibility of introducing new measures to replace the three removed HHCAHPS-Survey based measures, and to initially measure HHA performance based solely on achievement (rather than both achievement and improvement).
- 2) The possibility of adding the three remaining HHCAHPS Survey items used in the multi-item Specific Care Issues measure as single-item measures.

Falls with Major Injury measure

CMS received mixed feedback regarding the FMI measure. Several public comments supported the inclusion of the respecified FMI measure, agreeing that the measure would improve the robustness of the HHVBP data set, and that falls are a relevant concern for patients that should be tracked. However, other commenters expressed concerns about accuracy of reporting, the potential risk of penalizing providers for factors outside of their control, and the possibility that providers might be discouraged from admitting high-risk patients.

Measuring HHA performance on forthcoming HHCAHPS items based only on HHA achievement

Commenters generally disagreed with reporting future HHCAHPS Survey-based measures using only achievement points. They encouraged CMS to wait until performance could be measured using both achievement points and improvement points simultaneously to avoid additional disruptions, better inform agencies' decisions, and avoid disadvantaging agencies that are improving. They uniformly expressed that agencies should be given the full two-year period before the HHCAHPS Survey-based measures are reintroduced.

Adding the three remaining Specific Care Issues items as single-item measures

A few commenters addressed the possibility of introducing these HHCAHPS Survey items as single-item measures and recommended that CMS not include the remaining individual items from the Specific Care Items measure. They suggested that CMS instead prioritize patient reported outcome measures.

CMS did not respond to individual specific comments submitted in response to the RFI in this final rule, however the comments will be reviewed when considering changes to the HHVBP applicable measure set. Any changes to the applicable measure set will be made through future rulemaking.

Help Desk Highlights

With the recently released CY 2025 APRs and payment year 2026 fast approaching, HHAs have been reaching out to the HHVBP help desk to inquire about how their adjusted payment percentage (or APP) will impact their payments and if the APP is identified on the remittance advice.

Will the APP be applied to Medicare Secondary Claims?

As indicated in a new FAQ in the December 2025 HHVBP Model FAQs, Q5009, when there is a Medicare Secondary claim, the HHVBP adjustment is applied to the calculation of what would be Medicare's primary payment. This adjusted amount is then used to calculate the secondary payment. The HHVBP adjustment is not applied directly to the secondary claim.

Will an agency's HHVBP adjustment be indicated on the claim or the remittance advice that gets returned to the HHA with the claim?

Q5007.3 in the December 2025 HHVBP Model FAQs has been updated with new information about where an agency may potentially see their HHVBP adjustment. The HHVBP adjustment amount is not separately identified on the remittance advice, however, a QV code may be visible in the MAC's online claim history. The QV code, or value-based purchasing adjustment amount, is the dollar amount of the difference between the HHA's value-based purchasing adjusted payment and the payment amount that would have otherwise been made. This adjustment is a positive or negative amount that adjusts the payment based on performance in the expanded HHVBP Model.

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

Resource Spotlight

Several new or updated resources are available on the [Expanded HHVBP Model webpage](#):

Updated HHVBP Model Guide Available

The [HHVBP Model Guide](#) is updated annually to provide comprehensive information on the model's design and requirements, helping HHAs understand how their performance is measured and how it will affect their Medicare payments. The purpose of the Model Guide is to improve quality and efficiency in home healthcare by transitioning from volume-based payments. HHAs can use the Model Guide to:

- Understand how to optimize operations for quality and efficiency for positive payment adjustments
- Train staff on model's requirements, quality measures, and the importance of accurate documentation
- Ensure program requirements are in compliance with CMS regulations

The 2025 updates to the Model Guide include detailed information on applicable measures, calculations, scoring, and payment adjustments used in the expanded Model through the fourth performance year, CY 2026.

December 2025 Frequently Asked Questions (FAQ) Available

The [Expanded HHVBP Model FAQs](#) updates are available to assist in understanding the latest changes and to provide clarification on the model's requirements based on the CY 2026 HH PPS final rule.

The FAQs are grouped by topic with new and newly revised questions and answers highlighted including:

- A timeline for report type, measure category, and data period
- Glossary of terms, acronyms, and definitions
- Links for further understanding and to stay up to date with expanded Model requirements.

Please note that several FAQs that included information described in the Model Guide were retired and removed from the December 2025 FAQs.

New Web-Based Training Now Available: Changes to the Applicable Measure Set Beginning in CY 2026

As finalized in the CY 2026 HH PPS final rule, the applicable measure set for the expanded HHVBP Model will change starting with the CY 2026 performance year of the expanded HHVBP Model.

To review the upcoming changes, CMS has posted a new web-based training entitled “Changes to the Applicable Measure Set Beginning in CY 2026” on the Expanded HHVBP Model webpage under “Quality Measures”. This course summarizes the changes to the applicable measures in the expanded HHVBP Model starting with CY 2026. It also includes a review of the new measure specifications and updated measure weighting. Follow this link to get started:

<https://rainmakerssolutions.com/postacutearetraining/ExpandedHHVBPMODELCY26/>

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://qtsos.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