



Home Health Value-Based Purchasing Model

HHVBP Newsletter

Expanded HHVBP Model: June 2026 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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Upcoming HHVBP Performance Reports

The following exhibit provides an overview of the dissemination dates, eligibility criteria, applicable measure sets, and measure performance period by measure category for the upcoming Interim Performance Reports (IPRs) and the CY 2026 Annual Performance Reports (APRs) in CY 2026. Note that dissemination dates reflect current timelines and may be updated as needed.

Exhibit 1. HHVBP Performance Reports in CY 2026

Report	Apr 2026 IPRs	Jul 2026 IPRs	CY 2026 APRs (August 2026)	Oct 2026 IPRs
Dissemination Date (or as soon as technically feasible)				
Preview	-	-	8/20/2026	-
Preliminary	4/30/2026	7/16/2026	10/1/2026	11/12/2026
Final	6/11/2026	8/18/2026	11/25/2026	12/23/2026
Eligibility Criteria*				
Medicare Original Certification Date Before	1/1/2024	1/1/2025	1/1/2024	1/1/2025
Applicable Measure Set	CY 2025	CY 2025	CY 2025	CY 2026
Measure Performance Period End Date**				
OASIS-based	12/31/2025	3/31/2026	12/31/2025	6/30/2026
Claims-based	9/30/2025	12/31/2025	12/31/2025	3/31/2026
HHCAHPS Survey-based***	9/30/2025	12/31/2025	12/31/2025	3/31/2026

* In addition to Medicare Original Certification Date, HHAs must also have sufficient data for at least one (1) quality measure in the performance period to receive an IPR; and sufficient data for at least five (5) quality measures and a prior payment year amount to calculate a Total Performance Score (TPS) and Adjusted Payment Percentage (APP) to receive an APR.

** The reporting period for all measures is 12 months. The exceptions are DTC-PAC and MSPB-PAC claims-based measures, which are based on a 24-month reporting period.

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

How to Maximize the Value of HHVBP Performance Reports: IPRs and APRs are CMS’s official source of HHVBP Model performance and reflect the exact time periods, measures, methodologies, and scoring used to determine Total Performance Scores and payment adjustment amounts. While HHAs may also use vendor or internal reports for operational monitoring, CMS encourages HHAs to download and review their IPRs each quarter to ensure alignment with Model calculations and reporting. Note that the APRs include the HHA’s Adjusted Payment Percentage (APP), which will be applied to each final Medicare FFS claim an HHA submits with a payment episode “through date” in the applicable payment year.

Please note that differences between the CMS IPR and APR compared to vendor or internal reports may result from multiple possible reasons, including, but not limited to, the following:

- Time frame covered by the data,
- Risk adjustment and risk-adjustment model used,
- Data sources used, (e.g., OASIS assessments vs. Medicare claims)
- Timeframe when the data are extracted,
- The completeness of the data,
- Differences in measure calculations (e.g., defining claims-based home health stays and identifying numerator events for DTC-PAC and PPH), and
- Inclusion/exclusion of Medicare Advantage patients, other measure-specific exclusions, such as whether certain hospitalizations are excluded for the Potentially Preventable Hospitalizations measure, and/or the formulas and rounding rules used when calculating values.

Please refer to [Accessing Reports in iQIES](#) resource for instructions on how to access these reports in iQIES. Since access to HHVBP performance reports is limited to authorized iQIES users, HHAs should keep iQIES access up to date, particularly following staffing changes.

If you are new to utilizing IPRs and APRs for quality improvement and performance monitoring, the [Expanded HHVBP Model IPR Quick Reference Guide \(PDF\)](#) is a great resource to get started! To stay informed about updates and resources related to the expanded HHVBP Model, please consider subscribing to the Model’s listserv at [Subscribe to the HHVBP Model Expansion listserv](#).

Important Update on Corrected Risk Adjustment Processing

CMS recently determined that the risk adjustment coefficient values for home health (HH) episodes with start of care (SOC) or resumption of care (ROC) completion dates (M0090) on or after January 1, 2025 that were released to the public in 2025 had not been implemented in iQIES HH measure calculations (see [HHQRP QM Risk Adjustment Technical Specifications 2026 \(PDF\)](#), “Downloads” section at [Home Health Quality Measures | CMS](#)). Instead, OASIS-based measures for these HH episodes were calculated using the risk adjustment models developed for home health episodes with SOC/ROC completion dates between January 1, 2024 and December 31, 2024 only. The impacted HH episodes with SOC/ROC completion dates between January 1, 2025 and December 31, 2025, were used to calculate a portion of performance measures reported in the following performance reports:

- July 2025 Interim Performance Reports (IPRs) (Q1 2025)
- October 2025 IPRs (Q1-Q2 2025)
- January 2026 IPRs (Q1-Q3 2025)

A correction for this processing issue was deployed in iQIES in early April 2026 and is reflected starting with the April 2026 IPRs. Note that this necessary correction is limited to HH episodes with SOC/ROC completion dates in CY 2025.

In sum, the HHQRP 2025 QM Manual and Risk Adjustment Technical Specifications presented the correct risk adjustment values that were intended for use with HH episodes SOC/ROC completion dates in calendar year 2025, whereas implementation in iQIES had to be corrected to align with the documentation.

To assess the implications of this processing issue on publicly reported performance, CMS completed an impact analysis by comparing OASIS-based measure values that were incorrectly risk-adjusted with 2024 risk adjustment coefficients as reported in [Risk Adjustment Technical Specifications 2024 \(PDF\)](#) with OASIS-based measure values that were correctly risk-adjusted using 2025 risk adjustment coefficients as reported in the [HHQRP QM Risk Adjustment Technical Specifications 2025 \(PDF\)](#). This analysis used a CY 2025 reporting period based on HH episodes ending in CY 2025. Overall, analysis results showed small changes in agency-level OASIS-based measure scores. There were also very small changes to agency-level relative measure performance rankings for agencies with at least 20 eligible HH episodes to generate a measure value.

Updates to Claims-based Measures Reflected in the July 2026 IPRs

CMS has applied a few routine updates to the home health claims-based Discharge to Community – Post Acute Care (DTC-PAC) and Potentially Preventable Hospitalization (PPH) measures, which will first be reflected in the July 2026 IPRs. These changes include:

- Using the Medicare Beneficiary Identifier (MBI) instead of Health Insurance Claim Number (HICN) as the primary beneficiary identifier used in calculating the measures,
- Decreasing the lookback period for DTC-PAC from 180 days to 90 days to align with the approach used in other post-acute care settings, including skilled nursing facilities, long term care hospitals, and inpatient rehabilitation facilities,
- Updating the code lists used to identify potentially preventable hospitalizations and Hierarchical Condition Categories (HCCs) to reflect updates for the FY2026 ICD-10-Clinical Modification (ICD-10-CM), ICD-10-Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) code lists, and
- Updating the continuous enrollment exclusion.

CMS conducted testing for these changes and confirmed that HHA-level impacts were small and correlation coefficients comparing HHA-level outcomes before and after implementing the changes were high (for DTC-PAC: Spearman's $r = 0.98$; for PPH: Spearman's $r = 0.97$). These changes will also be applied to the HHVBP CY 2026 Annual Performance Reports (CY 2026 APRs) and future measure production cycles. Updates to the claims-based measure documentation posted on the CMS website will be available as soon as administratively feasible.

Proposed Rulemaking – Comment Period Ends on August 31st, 2026

The Calendar Year (CY) 2027 Home Health PPS Notice of Proposed Rulemaking (NPRM) was displayed on July 1st, 2026. In this NPRM, CMS proposes initiatives to improve alignments between the expanded HHVBP Model and the Home Health Quality Reporting Program (HH QRP). The proposed rule is available at <https://www.federalregister.gov/d/2026-13602>. The 60-day public comment period closes on August 31st, 2026. Please visit the [Regulations.gov](https://www.regulations.gov) to submit public comments.

Help Desk Highlights

Frequent inquiries into the HHVBP Help Desk have centered around the following question:

Should (or can) managed care products, such as Medicare Advantage, apply the HHVBP Adjusted Payment Percentages (APPs) to their payments or does the payment adjustment only apply Medicare Fee-for-Service (FFS) claims?

The answer to these questions can be found in the Overview of the HHVBP Model Section under Billing Process in the Expanded HHVBP Model Guide and in Q1007.2 of the Expanded HHVBP Model FAQs.

Both resources state that while CMS applies the HHVBP payment adjustment percentage to Home Health Prospective Payment System (HH PPS) Medicare claims, which are only available for Medicare fee-for-service (FFS) beneficiaries, this does not preclude other non-Medicare FFS payers from utilizing an agency's HHVBP annual payment adjustment.

It is important to note that for calculating performance scores and public reporting, the expanded HHVBP Model includes the following payers for each measure category:

- **OASIS-based measures:** Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid Managed Care
- **Claims-based measures:** Medicare FFS
- **HHCAHPS Survey-based measures:** Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid Managed Care

CMS continues to welcome voluntary submissions from HHAs on how HHVBP performance results are being used by referral sources, state Medicaid agencies, or managed care entities. Additional details on this voluntary Call for Information are available in the [June 2025 HHVBP Newsletter](#).

HHVBP Resource Spotlight

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

June 2026 Expanded HHVBP Model FAQs

CMS has made available the June 2026 version of the [Expanded HHVBP Model FAQs](#). The FAQs contain two new questions and several updated FAQs. The first new FAQ is related to why HHAs may see differences in the percentile ranking that is reported on the Measure Scorecard tab and percentile ranking reported on the Care Points tab in the IPRs. The second new FAQ provides guidance related to HHAs looking to utilize images from the HHVBP performance reports.

Updates to the FAQs include adding references to recently updated resources such as the [Risk Adjustment in the Expanded HHVBP Model](#) resource which is located in the Quality Measures section on the [Expanded HHVBP Model](#) webpage and the [Expanded HHVBP Model IPR Quick Reference Guide](#) which is located under Model Reports on the [Expanded HHVBP Model](#) webpage. In addition to these updates, based on recent help desk inquiries, Q6033.1 has been updated to expand on the reasons why an HHA may see differences in the Total Performance Score (TPS) between the Preview, Preliminary, and Final versions of their Annual Performance Report (APR).

Web-Based Training on CY 2026 Measure Set Changes

The applicable measure set for the expanded HHVBP Model was updated for the CY 2026 performance year, as finalized in the [CY 2026 Home Health \(HH\) Prospective Payment System \(PPS\) Final Rule](#). CMS has posted a web-based training titled “*Changes to the Applicable Measure Set Beginning in CY 2026*” on the Expanded HHVBP Model webpage under “Quality Measures.” The training outlines upcoming measure changes and reviews updated measure specifications and weighting. Access the training using the following link: <https://rainmakerssolutions.com/postacutearetraining/ExpandedHHVBPMModelCY26/>

Additional New and Revised HHVBP Resources

CMS has updated and created new resources that are available on the [Expanded HHVBP Model webpage](#):

- Visit the recently updated [HHVBP Model Resource Index](#) to find the latest CMS guidance, reports, trainings, and technical resources in one centralized location.
- Use the new resource [Risk Adjustment in the Expanded HHVBP Model \(PDF\)](#), published in January 2026, to better understand how patient characteristics are accounted for in HHVBP measure calculations and scoring.
- Review the [Expanded HHVBP Model and HH QRP - Technical Expert Panel Report \(December 2025\) \(PDF\)](#) to learn how technical experts provided input on proposed refinements to HHVBP and the Home Health Quality Reporting Program (HH QRP), including measure alignment, reporting, and scoring approaches.

HHAs are also encouraged to visit the [CMS Provider Data Catalog](#) (PDC) to review CY 2024 (Performance Year 2) HHVBP performance data. The PDC allows HHAs to view their own publicly available HHVBP performance and compare performance with other HHAs participating in the expanded HHVBP Model.

HH QRP Spotlight

All-Payer-Related Changes to Annual Payment Update (APU)

Section [1895\(b\)\(3\)\(B\)\(v\)](#) of the Social Security Act (“the Act”) authorizes the Home Health Quality Reporting Program (HH QRP), which requires HHAs to submit data in accordance with the requirements specified by CMS. Failure to submit data required under section 1895(b)(3)(B)(v) of the Act with respect to a program year will result in the reduction of the annual payment update (home health market basket percentage minus productivity index as described in section [1886\(b\)\(3\)\(B\)\(xi\)\(II\)](#) of the Act) increase otherwise applicable to an HHA for the corresponding calendar year by 2 percentage points.

With the [CY 2023](#) and [CY 2025](#) HH PPS Final Rules, CMS finalized (a) the end of the temporary suspension of OASIS data collection on non-Medicare/non-Medicaid HHA patients and (b) the requirement that HHAs submit OASIS on all patients with any pay source who are not exempt from OASIS data collection. Patients exempt from OASIS data collection include (1) patients under the age of 18, (2) patients receiving maternity services only, (3) patients receiving personal care, homemaker, or chore services only, (4) patients receiving outpatient therapy services provided by a HHA and billed under Medicare Part B benefit that do not have a home health plan of care in effect, (5) patients receiving a service from a company (other than the Medicare-certified HHA) using HHA staff under a loaned employee agreement, and (6) patients receiving only a single visit in a quality episode. For any patient not meeting an OASIS exemption who begins receiving skilled home health care services with an OASIS start of care (SOC) M0090 date on or after July 1, 2025, OASIS data collection and submission to the Internet Quality Improvement and Evaluation System (iQIES) are required. This includes the SOC OASIS and any subsequent OASIS time point assessments relevant to the patient's home health stay (that is, resumption of care, recertification, other follow up, transfer, discharge, and death at home).

Currently, only OASIS data from Medicare and Medicaid payers are included in HH QRP Annual Payment Update (APU) calculation. To calculate APU, CMS intends to include patient data from all non-Medicare/non-Medicaid patients who begin receiving skilled home health care services with an OASIS SOC M0090 date on or after January 1, 2027. If the M0090 for the SOC is before January 1, 2027 for a non-Medicare/non-Medicaid patient, no OASIS data from any of their time points throughout their entire home health admission will be used for APU purposes, including any assessments that may be completed on or after January 1, 2027. The transition to using all-payer OASIS data for APU calculation does not impact how assessment data of skilled Medicare/Medicaid patients is utilized.

HHAs will be required to achieve a quality reporting compliance rate of 90 percent or more for all submitted OASIS data regardless of payer source, as calculated using the QAO metric as outline below:

$$QAO = \frac{(\# \text{ of Quality Assessments})}{(\# \text{ of Quality Assessments} + \# \text{ of Non - Quality Assessments})} * 100$$

For more information on the HH QRP quality reporting requirements, please see the [HH QRP Quality Reporting Requirements](#) webpage.

Web-Based Training on Respecified Falls with Major Injury Quality Measure

In April 2026, CMS made available new training related to the re-specified Falls with Major Injury (FMI) quality measure. The web-based training, [Cross-Setting: Falls with Major Injury \(FMI\) Quality Measure \(QM\) Respecification](#), provides the latest information about the respecification of the FMI quality measure for home health. It provides an overview of the legacy and respecified FMI measures and discusses how the respecified measure includes both assessment and claims/encounter data. Additionally, the training reviews key changes in HH data collected guidance related to falls and injuries. The link for the training can be found on the [Home Health Quality Reporting Training](#) webpage.

Additional New and Revised HH QRP Resources

CMS has updated and created new resources that are available in the “Downloads” section on the [HH QRP Quality Measures](#) webpage:

- **OASIS-based Discharge Function measure:**
 - [HH_Discharge_Function_Technical_Report_2026_Update.pdf](#) (PDF)
 - [DC-Function-Imputation-and-Risk-Adjustment-Appendix-HH \(2022\).xlsx](#) (XLSX)
 - [DC-Function-Imputation-and-Risk-Adjustment-Appendix-HH \(2023\).xlsx](#) (XLSX)
 - [DC-Function-Imputation-and-Risk-Adjustment-Appendix-HH \(2024\).xlsx](#) (XLSX)
- **Quality Measure Tables:**
 - [Home Health Outcome Measures Table 2026.pdf](#) (PDF)
 - [Home Health Process Measures Table 2026.pdf](#) (PDF)
 - [Home Health PAE Measures Table 2026.pdf](#) (PDF)
- **Claims-based MSBP-PAC measure:**
 - [MSPB_PAC_HHA_Service_Exclusions_Update.xlsx](#) (XLSX)

Any questions about HH QRP-related resources may be sent to HomeHealthQualityQuestions@cms.hhs.gov.

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