



Expanded HHVBP Model

Overview of the Interim Performance Report (IPR): The July 2023 IPR

Questions & Answers

This document contains questions posed during the registration process and during the *Overview of the Interim Performance Report (IPR): The July 2023 IPR* live event, held on July 27, 2023. Answers provided below are from the content presented during the live event and additional resources available on the [Expanded HHVBP Model webpage](#), including the *Expanded HHVBP Model Frequently Asked Questions (FAQs)*.

Questions are organized in the following categories:

- [General](#)
- [Achievement Tab](#)
- [Improvement Tab](#)
- [Care Points Tab](#)
- [Measure Scorecard Tab](#)
- [Achievement Thresholds \(AT\) and Benchmarks \(BM\) Tab](#)
- [Total Normalized Composite \(TNC\) Change Reference Tab](#)

For additional questions about the July 2023 IPR, please email HHVBPquestions@lewin.com.



General

Q1. How often will home health agencies (HHAs) receive an Interim Performance Report (IPR)?

- A. The Interim Performance Report (IPR) is published quarterly. The July 2023 IPR is the first quarterly report that contains calendar year (CY) 2023 performance year data. Performance during CY 2023 will inform adjustments for the CY 2025 payment year.

Only active home health agencies (HHAs) that were Medicare-certified prior to January 1, 2022, are eligible for a payment adjustment and meet the minimum threshold of data for at least one quality measure in the quarterly reporting period for the performance year will receive a July 2023 IPR.

Q2. Where can home health agencies (HHAs) find the Interim Performance Report (IPR)?

- A. Expanded HHVBP Model reports are available to home health agencies (HHAs) via the Internet Quality Improvement & Evaluation System ([iQIES](#)). Detailed [access instructions](#) are available on the [Expanded HHVBP Model webpage](#), under “Model Reports”.

The Interim Performance Report (IPR) is available in the “HHA Provider Preview Reports” folder, by the CMS Certification Number (CCN) assigned to the agency. If a provider has more than one CCN, a report will be available for each CCN. Only iQIES users authorized to view an agency’s reports can access the expanded HHVBP Model reports.

For additional information please review the Quality Improvement and Evaluation System, [QIES Technical Support Office webpage](#) for HHA Providers.

If an agency needs to register a user or experiences trouble locating or downloading reports, please contact the iQIES Service Center at (800) 339-9313 or by email at igies@cms.hhs.gov.

Q3. I received an email indicating that CMS revised the Preliminary July 2023 IPR, but in iQIES the “created date” is still July 20, 2023. Is the correct version of the report available in iQIES?

- A. On Tuesday, August 1, 2023, CMS reissued the Preliminary July 2023 IPRs for all HHAs that are eligible to receive a report to address two display issues that caused some cells to incorrectly display blanks or “0.000”. During the upload process, the “created date” did not change.

Q4. What are the time periods for data included in the Interim Performance Report (IPR)?

A. The table below shows the performance year data periods for the July 2023 through July 2024 Interim Performance Reports (IPRs) (FAQs, Section IV. Reports).

Report Title	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
July 2023 Interim Performance Report (IPR)	4/1/2022 – 3/31/2023	1/1/2022 – 12/31/2022
October 2023 IPR	7/1/2022 – 6/30/2023	4/1/2022 – 3/31/2023
January 2024 IPR	10/1/2022 – 9/30/2023	7/1/2022 – 6/30/2023
April 2024 IPR	1/1/2023 – 12/31/2023	10/1/2022 – 9/30/2023
July 2024 IPR	4/1/2023 – 3/31/2024	1/1/2023 – 12/31/2023

Q5. How are cohorts assigned?

- A. Cohorts are determined prospectively, based on each home health agency’s (HHA’s) unique beneficiary count in the prior calendar year, as defined below (FAQs, Q2001):
- Smaller-volume cohort: the group of competing HHAs that had fewer than 60 unique beneficiaries in the calendar year prior to the performance year.
 - Larger-volume cohort: the group of competing HHAs that had 60 or more unique beneficiaries in the calendar year prior to the performance year.

Q6. What if a home health agency (HHA) thinks there is a discrepancy in the calculation of applicable measures and interim performance scores in the Interim Performance Report (IPR)?

A. A home health agency (HHA) may submit a recalculation request if the agency believes there is evidence of a discrepancy. Detailed [instructions](#) are available on the [Expanded HHVBP Model webpage](#), under “Model Reports”.

For the July 2023 IPR, the recalculation request deadline is Wednesday, August 16, 2023.

Q7. Are there resources to help home health agencies (HHAs) read their Interim Performance Report (IPR)?

A. There are resources available to home health agencies (HHAs) on the [Expanded HHVBP Model webpage](#), under “Model Reports”.

Q8. How should home health agencies (HHAs) use their Interim Performance Report (IPR)?

A. Home health agencies (HHAs) are encouraged to review their Interim Performance Reports (IPRs) to gain insights into their performance across a range of quality measures compared to their peers, consider the drivers of performance, and identify opportunities for improvement.



There are quality improvement resources designed to support HHAs with improving performance in the expanded HHVBP Model. These resources are available on the [Expanded HHVBP Model webpage](#) under the “Quality Improvement” category.

Q9. For home health agencies (HHAs) that participated in the original HHVBP Model, how does the July 2023 Interim Performance Report (IPR) compare to the last IPR we received in the original Model?

- A. The July 2023 Interim Performance Report (IPR) is specific to the regulations and policies for the expanded HHVBP Model. The July 2023 IPR is not intended for comparison with IPRs in the original Model.

Q10. How does data in the July 2023 Interim Performance Report (IPR) compare to the data in the Pre-Implementation Performance Reports (PIPRs)?

- A. There is some overlap between the data in the July 2023 Interim Performance Report (IPR) and the data in the Pre-Implementation Performance Reports (PIPRs). The PIPRs provided home health agencies (HHAs) with an initial snapshot of performance on the expanded HHVBP Model quality measures. The PIPRs were intended to serve as the basis for gaining insights into quality performance and identifying opportunities for improvement.

For those HHAs eligible to receive an IPR, the functions that the PIPR served have now been taken over by the IPR. With the IPR, HHAs can see not only interim achievement, but also improvement, care points, and an interim Total Performance Score (TPS).

Q11. Why are the data in the Interim Performance Report (IPR) different from other reports on the Internet Quality Improvement Evaluation System (iQIES)?

- A. While there are similarities in the measures used in the expanded HHVBP Model, the Home Health Quality Reporting Program (HH QRP) and the Quality of Patient Care (QoPC) Star Rating, each uses a specific measure set. The expanded Model includes 12 quality measures. Of these twelve, two of these measures, Total Normalized Composite (TNC) Change in Self-Care and the Total Normalized Composite (TNC) Change in Mobility, are unique to the expanded Model and therefore do not appear in the HH QRP nor QoPC Star Rating.

Additionally, while measures in the HH QRP, QoPC Star Rating, and the expanded Model use the same measure specifications, each may use different data collection time periods for the measures. Differences in individual quality measure scores between the HH QRP and the expanded Model performance feedback reports are most likely due to differences in the time periods for the data included in the analyses. As a result, CMS does not expect measure results to be identical and the ability to compare is limited (FAQs, Q3006).

Q12. Why is there a dash (-) for some measures?

- A. A dash (-) indicates no or insufficient data available. Measures with no or insufficient data available are excluded from the TPS calculation.

There are minimum data requirements that home health agencies must meet for the calculation of risk-adjusted quality measures. These requirements include:

- A minimum threshold of data required per reporting period for each of the measures, as follows:
 - OASIS-based – 20 home health quality episodes
 - Claims-based – 20 home health stays
 - HHCAHPS Survey-based – 40 completed surveys
- A home health agency must have sufficient data to allow calculation of at least five of the 12 measures to calculate a TPS.

Q13. Will the data and information in the expanded HHVBP Model Interim Performance Reports (IPRs) available in the Internet Quality Improvement Evaluation System (iQIES) be calculated at the branch level, the parent level, or by CMS Certification Number (CCN)?

- A. From the *Expanded HHVBP Model FAQs*, Q6012: As defined in the [Calendar Year \(CY\) 2022 Home Health \(HH\) Prospective Payment System \(PPS\) final rule](#), participation in the expanded HHVBP Model is based on the home health agency's (HHA) CMS Certification Number (CCN). The calculation of the Total Performance Score (TPS) use data reported by the HHA's CCN.

If an agency has more than one CCN, a report will be available for each CCN.

Q14. Where can home health agencies (HHAs) find additional information about risk adjustment for the measures included in the expanded HHVBP Model?

- A. From the *Expanded HHVBP Model FAQs*, Q3011.2: For questions related to risk adjustment for the OASIS-based measures (excluding the Total Normalized Composite (TNC) Change measures) and the claims-based measures, email: homehealthqualityquestions@cms.hhs.gov.

For questions related to risk adjustment for the HHCAHPS Survey-based measures, email: hhcahps@rti.org or call 1-866-354-0985.

For the TNC Change measures, exclusive to the expanded HHVBP Model, please refer to the resources available on the [Expanded HHVBP Model webpage](#):

- *“Calculating Episode-Level Observed Values for the Total Normalized Composite (TNC) Change Measures”*
- *“Technical Specifications for the Total Normalized Composite Change Measures – April 2023”*



- “*Technical Specifications for the Total Normalized Composite Change Measures – October 2021*”

Q15. Will cohort assignments change during the calendar year (CY) 2023 performance year?

- A. Cohort assignment is based on the number of unique HHCAHPS Survey-eligible beneficiaries for each home health agency (HHA) in the year prior to the performance year. The smaller volume cohort is the group of competing HHAs that had fewer than 60 unique beneficiaries in the calendar year prior to the performance year.

For the calendar year (CY) 2023 performance year, cohort assignment is based on CY 2022 beneficiary numbers. For the CY 2024 performance year, the cohort assignment will be based on CY 2023, beneficiary numbers. Because the beneficiary numbers can change year to year, so can the cohort assignment.

The HHA cohort assignment in the July 2023 Interim Performance Report (IPR) will be the same as in the August 2024 Annual Performance Report (APR). The cohort assignment is updated every July based on the most recent full calendar year.

Q16. Is the potentially preventable hospitalization (PPH) included in the expanded HHVBP Model as a quality measure?

- A. The current measure set for the expanded HHVBP Model includes Acute Care Hospitalization During the First 60 Days of Home Health Use (ACH) and Emergency Department Use without Hospitalization During the First 60 Days of Home Health (ED Use) as the two claims-based measures. The Home Health Within Stay Potentially Preventable Hospitalization (PPH) measure is not included in the expanded Model quality measure set at this time (*FAQs, Q3009.1*).

Q17. Where can a home health agency (HHA) find more information about the quality measures in the expanded HHVBP Model?

- A. There are resources that focus on the expanded HHVBP Model quality measures available to HHAs on the [Expanded HHVBP Model webpage](#), under “Quality Measures”.

Achievement Tab

Q18. Why does my agency’s IPR show “0.000” achievement points for some measures in the Achievement Tab?

- A. The **Achievement Tab** contains the agency’s achievement points for each measure in the *Your HHA’s Achievement Points* column. The value in the *Your Performance Year Measure Value* column **must exceed** the value in the *Your Cohort’s Achievement Threshold* column for an HHA to receive achievement points for a measure. If the measure value **does not exceed** the achievement threshold, the measure is assigned



zero (0) achievement points. The formula for calculating the achievement points is available in footnote “e” of the IPR.

Q19. Will the 2022 baseline scores change after new Outcome and Assessment Information Set (OASIS) and claims are received later in 2023?

- A. The Model baseline is the year against which the Centers for Medicare and Medicaid Services, CMS, calculates the achievement threshold and benchmark values for each quality measure by cohort.

The Model baseline year for the calendar year (CY) 2023 performance year is CY 2022. This will include the full 2022 calendar year for OASIS-based, claims-based, and HHCAHPS Survey-based data. There will not be an update to baseline scores using data received later in 2023.

CMS may propose to update the designated Model baseline year for subsequent years of the expanded HHVBP Model through future rulemaking.

For additional information, please see the *Expanded HHVBP Model FAQs*, Q4002.1.

Improvement Tab

Q20. Why does my agency’s IPR show “0.000” improvement points for some measures in the Improvement Tab?

- A. The **Improvement Tab** contains the agency’s improvement points for each measure in the *Your HHA’s Improvement Points* column. The value in the *Your Performance Year Measure Value* column **must exceed** the value in the *Your HHA’s Improvement Threshold* column for an HHA to receive improvement points for a measure. If the measure value **does not exceed** the improvement threshold, the measure is assigned zero (0) achievement points. The formula for calculating the improvement points is available in footnote “f” of the IPR.

For the July 2023 IPR, it is important to note that the HHA baseline year listed in the Baseline Year Data Period column, is the same as that listed in the Performance Year Data Period column for the claims and HHCAHPS Survey-based measures. Therefore, for the July 2023 IPR, if the agency has sufficient data to report these measures, improvement points will be zero (0) by definition.

Care Points Tab

Q21. Why does my agency’s IPR show “0.000” care points for some measures in the Care Points Tab?

- A. The **Care Points Tab** contains the care points for each measure in the *Your HHA’s Care Points* column. The care points value for each measure **is the higher of** either the

value in the *Your HHA's Achievement Points* column or the value in the *Your HHA's Improvement Points* column for each measure. See [Q18](#) and [Q20](#).

For the July 2023 IPR, an HHA will receive care points for quality measures based on ***whether or not the agency received achievement points for claims-based and HHCAHPS Survey-based measures*** (see [Q20](#)). *HHAs that did not receive achievement points for claims-based and HHCAHPS Survey-based measures will receive zero (0) care points on these measures.*

Measure Scorecard Tab

Q22. Why does my agency's IPR show "0.000" care points for some measures in the Measures Scorecard Tab?

- A. On the **Measure Scorecard Tab**, the values in the *Your HHA's Care Points* column carry over from the **Care Points Tab**. See [Q21](#).

Q23. What is the Total Performance Score (TPS) and is there additional information available?

- A. As stated in the *Expanded HHVBP Model FAQs* and *Model Guide*, the Total Performance Score (TPS) is the numeric score awarded to each qualifying home health agency (HHA) based on the performance scores for each applicable measure. A qualifying HHA will receive a numeric score ranging from zero (0) to 100.

The **Measure Scorecard Tab** in the Interim Performance Report (IPR) provides the HHA's Interim TPS, the percentile ranking within the HHA's cohort, and the number of HHAs in your HHA's cohort performing in the 25th, 50th, 75th, and 99th percentiles.

Additional resources are available on the [Expanded HHVBP Model webpage](#), under "Total Performance Score & Payment Adjustment", including a recording - *How Care Points Become the Total Performance Score (TPS)*.

Q24. How are care points used in calculating the Total Performance Score (TPS)?

- A. Please see the resource, *How Measure Performance Becomes Care Points*, available on the [Expanded HHVBP Model webpage](#), under "Total Performance Score & Payment Adjustment".

Q25. Is the Total Performance Score (TPS) available in the July 2023 Interim Performance Report (IPR)?

- A. For home health agencies (HHAs) that receive a July 2023 Interim Performance Report (IPR), it will include an interim Total Performance Score (TPS) allowing HHAs to track performance based on available data. HHAs will also be able to see where their TPS currently ranks in comparison to other HHAs in their cohort.



It is important to note that HHAs must have sufficient data for at least five (5) of the 12 quality measures to receive a TPS.

A final TPS will not be available for the calendar year (CY) 2023 performance year until August 2024, in the Annual Performance Report (APR). The APR will include the full CY 2023 performance data time periods.

Q26. How can a home health agency (HHA) compare its Total Performance Score (TPS) with other agencies in the cohort?

- A. On the **Measures Scorecard Tab**, the value in the *Percentile Ranking within Your HHA's Cohort* compares the home health agency's (HHA's) ranking to all agencies in the cohort, expressed in quartiles, as cited in footnote "c" in the Interim Performance Report (IPR). The *TPS Statistics for Your HHA's Cohort* table provides a breakdown of percentile rankings within the cohort.

The TPS statistics shown in the **Measure Scorecard Tab** of the IPRs are provided for information purposes only and are not used in payment adjustment calculations.

Achievement Threshold (AT) & Benchmark (BM) Tab

Q27. What does the benchmark indicate for each measure?

- A. The benchmark is the mean of the top decile (at or above the 90th percentile) of all Medicare-certified home health agencies' (HHAs') performance scores on a specified quality measure during the Model baseline year, calculated separately for the larger- and smaller-volume cohorts. CMS uses this benchmark for calculating both the achievement score and improvement score (*FAQs, Glossary, Q4002.1*). For the calendar year (CY) 2023 performance year, the Model baseline year is CY 2022.

Total Normalized Composite (TNC) Change Reference Tab

Q28. Where can a home health agency (HHA) find more information about the Total Normalized Composite (TNC) Change measures?

- A. The Total Normalized Composite (TNC) Change measures are specific to the Expanded HHVBP Model. Resources are available to HHAs on the [Expanded HHVBP Model webpage](#), under "Quality Measures".