



Expanded Home Health Value-Based Purchasing Model

Overview of the Interim Performance Report: The July 2023 IPR

Slide Deck Script

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Slide 1: *Overview of the Interim Performance Report: The July 2023 IPR*

Slide 2: The objectives are to review the timeline for the Interim Performance Reports during the first performance year, describe how to access the IPRs, review the information available on the IPRs, describe the process of submitting a recalculation request, and provide answers to commonly asked questions about the IPRs.

Slide 3: CMS publishes two (2) types of routine performance feedback reports that provide HHAs information on their performance—the quarterly IPRs and the Annual Performance Reports (APRs). IPRs are only available to HHAs through iQIES. IPRs are not available to the public. The content for this presentation will focus on the IPRs for the calendar year (CY) 2023 performance year.

The July 2023 IPR is the first quarterly report that contains CY 2023 performance year data.

Slide 4: Each quarterly IPR provides information on quality measure performance and HHA performance relative to peers in their respective cohort. It is important to note that cohort data are reported at the cohort level. HHA-specific data for all agencies in the cohort are not available.

An HHA will receive an IPR during the calendar year (CY) 2023 performance year if the HHA meets the following criteria:

- active,
- Medicare-certified prior to January 1, 2022, and
- meets the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year.

HHAs must have sufficient data to allow calculation of at least five (5) of the 12 measures to calculate an interim TPS.

Slide 5: CY 2023 Performance Year: IPR Timeline

Slide 6: For the calendar year (CY) 2023 performance year, IPRs will be available in July and October of 2023 and January, April, and July of 2024. The first annual performance report (APR) will be available in August 2024.

The APR will include information and performance data for the full calendar year of the performance year, calendar year (CY) 2023.

The IPR includes information on an HHA's interim quality measure performance based on the 12 most recent months of data available.

In addition, the IPR includes the HHA's cohort assignment and performance relative to peers in their respective cohort.

The IPRs provide an opportunity for HHAs to monitor their performance in the expanded Model and compare performance to their cohort, throughout the performance year.

Slide 7: This table lists the performance year data periods and report type for the calendar year (CY) 2023 performance year and the calendar year (CY) 2025 payment year.

The July 2023 IPR includes the performance year data period of 4/1/2022 through 3/31/2023 for the OASIS- based measures and 1/1/2022 through 12/31/2022 for the claims-based and HHCAHPS Survey-based measures, respectively.

Additional IPRs for the calendar year (CY) 2023 performance year will be available in October 2023, January 2024, April 2024, and July 2024.

The final calendar year (CY) 2023 performance year data will be available in the first Annual Performance Report (APR), scheduled for release in August 2024. CMS will provide information and resources specific to the APR in 2024.

Slide 8: Accessing the IPRs

Slide 9: Expanded HHVBP Model reports are available to HHAs via [iQIES](#). Detailed [access instructions](#) are available on the [Expanded HHVBP Model webpage](#), under "Model Reports".

When new reports are available, CMS will send emails announcing the availability of the reports in iQIES to registered users through the Expanded HHVBP Model and the iQIES listservs.

Slide 10: IPRs are available to HHAs in [iQIES](#), in the "HHA Provider Preview Reports" folder, by the CMS Certification Number (CCN) assigned to the HHA. If a provider has more than one (1) CCN, a report will be available for each CCN. Only iQIES users authorized to view an HHA'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 HHA needs to register a user or experiences trouble locating or downloading reports, please contact the QIES/iQIES Service Center at (800) 339-9313 or by email at iqies@cms.hhs.gov.

Slide 11: IPR Highlights

Slide 12: It is important to keep in mind that there are no additional data submission requirements for the expanded HHVBP Model outside of the normal submission requirement for the Home Health Quality Reporting Program (HHQRP).

There are also no requirements specific to the expanded Model that require HHAs to contract with external vendors outside of those required for HHCAHPS Surveys submission.

Expanded HHVBP Model data available in the IPR includes:

- OASIS-based performance measure data collected by HHAs through the OASIS assessment process and then routinely submitted to CMS via iQIES;
- Claims-based measures derived from Medicare fee-for-service (FFS) claims data submitted to CMS for payment purposes; and lastly,
- The HHCAHPS Survey-based measures from patients' responses to a set of standardized questions.

Slide 13: The quality measure scores reported on the IPR may differ from those displayed on Care Compare, other quality improvement reports that are available in iQIES, or vendor-generated reports. These differences may be due to different data collection time periods for the measures, the completeness of the data used and/or formulas and rounding rules used when calculating the values. For example, the OASIS-based performance data available in the expanded Model IPRs are more current than data in HH QRP reports.

HHA performance results shown in the IPRs are interim and are not used to compute payment adjustments for HHAs competing in the expanded HHVBP Model. Payment adjustment information will be available in the APR beginning August 2024.

Slide 14: It is helpful to highlight the 12 applicable quality measures used to assess HHA performance in the expanded Model.

The five (5) OASIS-based measures are:

- Discharged to Community;
- Improvement in Dyspnea;
- Improvement in Management of Oral Medications;
- Total Normalized Composite (TNC) Change in Mobility; and
- Total Normalized Composite (TNC) Change in Self-Care.

The two (2) claims-based measures are:

- Acute Care Hospitalization During the First 60 Days of Home Health Use, and
- Emergency Department Use without Hospitalization During the First 60 Days of Home Health.

Claims-based measures use Medicare fee-for-service (FFS) claims data.

HHCAHPS Survey-based measures are from the Home Health Consumer Assessment of Healthcare Providers and Systems or HHCAHPS Survey, which measures the experiences of patients receiving home health care from Medicare-certified home health care agencies. The five (5) HHCAHPS Survey-based measures are:

- Care of Patients;
- Communication;
- Overall Rating;
- Specific Care Issues; and
- Willingness to Recommend.

The HHCAHPS Survey-based measures are not included in the Total Performance Score (TPS) calculations for the smaller-volume cohort. These measures are not calculated in expanded Model performance reports for the smaller-volume cohort and no achievement thresholds or benchmarks are calculated. For more information, please see the Expanded HHVBP Model Frequently Asked Questions (FAQs), Q3010.

Slide 15: There are minimum data requirements that HHAs must meet for the calculation of a 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

An HHA must meet the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year to receive an IPR.

- An HHA must have sufficient data to allow calculation of at least five (5) of the 12 measures to calculate a TPS.

Slide 16: As reviewed earlier, this table shows the calendar year (CY) 2023 performance year IPRs and the respective performance year data periods. For the July 2023 IPR, the performance year data period for the OASIS-based measures is 4/1/2022 through 3/31/2023. For the claims-based and HHCAHPS Survey-based measures the data period is 1/1/2022 through 12/31/2022.

Slide 17: The IPR provides feedback to HHAs about

- ✓ the HHA's interim, risk-adjusted measure performance scores and an interim Total Performance Score (TPS)*,
- ✓ interim improvement, achievement, and care points reflecting the HHA's risk-adjusted performance relative to the performance of other HHAs in their cohort, including the achievement thresholds and benchmarks for the HHA's cohort,
- ✓ the observed change between Start or Resumption of Care (SOC/ROC) and End of Care (EOC) for each OASIS item used to calculate the Total Normalized Composite (TNC) Change measures through the TNC Change Reference tab, designed to assist HHAs in understanding their performance on the individual OASIS items included in the two (2) TNC measures, and
- ✓ information to support HHAs with understanding how each individual measure contributes to their interim TPS presented in a measure scorecard.

Please note HHA performance results shown in the IPR are not used to compute payment adjustments for HHAs competing in the expanded HHVBP Model. Payment adjustment information will be available in the Annual Performance Report (APR), published annually beginning August 2024.

Slide 18: IPR Tabs

Slide 19: **Table of Contents.** Information on this tab includes the title of the report, “July 2023 Interim Performance Report”, as well as HHA-specific information including the CCN, name, address, and cohort assignment. These identifiers appear on each tab of the IPR.

Cohorts are determined prospectively, based on each HHA’s unique beneficiary count in the prior calendar year (CY).

- 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.

For more information about the nationwide cohorts used in the expanded Model, please see the Expanded HHVBP Model Frequently Asked Questions (FAQs), Q2001.

In addition, this tab includes a sequential listing and description of each tab in the IPR, with hyperlinks for ease of navigation.

- Overview
- Achievement
- Improvement
- Care Points
- Measure Scorecard
- TNC Change Reference
- AT and BM, which stand for Achievement Thresholds and Benchmarks, and
- Model Resources

Slide 20: The next tab is the **Overview Tab**, which provides the following information:

- Performance year data time periods for each quality measure category
 - The data periods vary by measure category due to different data lags for the OASIS-based, claims-based, and HHCAHPS Survey-based measures.
- An explanation of the cohort assignment
 - If there is an “N/A” in *Your Cohort’s Assignment*, an HHA could not be assigned to a cohort based on data available for CY 2022. In this case cohort-specific information in the report is based on the larger-volume cohort, which most HHAs fall into.
- The interim Total Performance Score (TPS) for the HHA
 - The TPS is a numeric score, ranging from zero (0) to 100, awarded to each qualifying HHA based on the performance scores and weighting for each applicable measure. HHAs must have sufficient data to receive an interim TPS.

The **Overview Tab** also includes the instructions for submitting a recalculation request, which an HHA can complete if the agency believes there is evidence of a discrepancy in the calculation. For example, if the HHA did not receive achievement points for the OASIS-based Improvement in Dyspnea measure even though the HHA’s achievement score/points exceeded the cohort’s achievement threshold for this applicable measure.

Slide 21: Following the **Overview** is the **Achievement Tab**. The data on this tab includes HHA-specific performance data. The columns found on this tab include:

- The list of applicable measures by category (available on each tab containing performance measure data except for the **TNC Change Reference Tab**).
- The *Performance Year Data Period* for each applicable measure
 - As noted earlier, the *Performance Year Data Periods* vary by measure category due to different data lags.
- *Your HHA's Performance Year Measure Value* (also referred to as the "HHA Performance Score") is the risk-adjusted value for each applicable measure based on the HHA's performance in each time period.
 - Note, HHAs must have sufficient data to generate a Performance Year Measure Value, as discussed on slide 15 and cited in the Notes for this tab. The presence of a dash indicates no or insufficient data available.
- Footnotes to further explain the data included in the **Achievement Tab**. *It is important to read the footnotes on each tab carefully.*

Slide 22: In addition, the data presented on the **Achievement Tab** allows HHAs to compare their own performance to the overall performance of agencies in the cohort.

The Model baseline year is used to determine the *Your Cohort's Achievement Threshold* and the *Your Cohort's Benchmark* for each measure. The Model baseline year for the calendar year (CY) 2023 performance year is calendar year (CY) 2022, as noted in footnotes "c" and "d".

- *Your Cohort's Achievement Threshold* is the median measure value for each measure for all HHAs in the respective cohort in CY 2022.
- *Your Cohort's Benchmark* is the mean of the top decile (90th percentile) measure values for all HHAs in the respective cohort in CY 2022.

For more information about the Model baseline year, please see the Expanded HHVBP Model Frequently Asked Questions (FAQs), Q4002.1.

As shown in footnote "e", the values in the *Your HHA's Achievement Points* column, for each measure, are calculated by dividing the difference between an HHA's performance score (from the *Your HHA's Performance Year Measure Value* column) and the *achievement threshold* (from the *Your Cohort's Achievement Threshold* column) by the difference between the *benchmark* (from *Your Cohort's Benchmark* column) and the *achievement threshold*, then multiplying the result by 10, the *Maximum Possible Achievement Points* for each measure, as noted in the last 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 HHA is assigned zero (0) achievement points. If the measure value exceeds the cohort benchmark, the HHA is assigned the *Maximum Possible Achievement Points*, or "10" which is shown in the last column.

For more details on how quality measures become HHA performance scores and possible achievement points, please review the instructional video "[How Measure Performance Becomes Care Points Instructional Video](#)".

Slide 23: The next tab is the **Improvement Tab**. The data presented in this tab show how well the HHA performed throughout the performance year when compared to the agency's own performance during their HHA baseline year. Note, the data in the *Performance Year Data Period* and *Your HHA's Performance Year Measure Value* columns carry over from the **Achievement Tab**.

Time periods listed in the *Baseline Year Data Period* column are the **HHA's baseline year** for each measure.

The HHA baseline year is CY 2022 for agencies with a Date of Medicare Certification prior to January 1, 2022 if sufficient data were available to compute a baseline year value.

For more information about the HHA baseline year, please see the Expanded HHVBP Model Frequently Asked Questions (FAQs), Q4002.1.

An HHA must have sufficient data, as discussed on slide 15 to establish the HHA's baseline year for a particular quality measure. The HHA baseline year may vary across applicable measures depending on the measure and the data available.

For HHAs that do not have sufficient data in CY 2022, the HHA baseline year will be the next calendar year (CY) when the HHA meets the sufficient data requirements.

Slide 24: *Your HHA's Improvement Threshold* is the HHA's performance on an applicable measure during the HHA baseline year for that measure.

The *Your Cohort's Benchmark* values found on the **Improvement Tab** are the same as those in the **Achievement Tab**.

As shown in footnote "f", the calculation of *Your HHA's Improvement Points* for a given quality measure is performed by dividing the difference between the value in *Your HHA's Performance Year Measure Value* (HHA Performance Score) column and the value in the *Your HHA's Improvement Threshold* column by the difference between the value in *Your Cohort's Benchmark* and the *Your HHA's Improvement Threshold* column, for each measure. The result is then multiplied by nine (9), the maximum points possible for each measure.

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 HHA is assigned zero (0) improvement points. If the measure value exceeds the benchmark, the HHA is assigned the *Maximum Possible Improvement Points*, or nine (9) which is shown in the last column.

It is important to note: for the July 2023 IPR, 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 HHA has sufficient data to report these measures, improvement points will be zero (0) by definition. In the July 2023 IPR, for these measures, HHAs have had no

opportunity to demonstrate improvement. This is a reminder that the IPRs provide *interim* results, based on available data.

Slide 25: The **Care Points Tab** includes the agency's *Achievement* and *Improvement Points* from the respective tabs and whether the HHA had *Sufficient Data for Measure Inclusion*. A "yes" value indicates that the HHA meets the minimum threshold of data for that measure category, whereas a "no" indicates no sufficient data is available for that measure category.

The values in the *Your HHA's Care Points* column indicate the higher of either the *Your HHA's Achievement* or *Your HHA's Improvement Points* for each measure.

The values in *Your HHA's Percentile Ranking* column are determined by comparing an HHA's *Care Points* to those of all HHAs in the same cohort.

The values in the *Your HHA's Percentile Ranking* column provide HHAs with information about where the agency's care points fall within the assigned cohort for *each* applicable measure, by quartile. This ranges from less than the 25th percentile for all the HHAs in the cohort, which would place the HHA in the lowest (worst performing) quartile for the cohort to greater than or equal to the 75th percentile, indicating the HHA is performing in the highest (best performing) quartile for the cohort, as cited in footnote "b".

Slide 26: The **Measure Scorecard Tab** contains the weighted measure points for each applicable measure that are then summed to calculate the interim Total Performance Score (TPS) for each IPR.

The OASIS-based, claims-based, and HHCAHPS Survey-based measure categories are weighted 35%, 35%, and 30% respectively, accounting for 100% of the TPS.

The values in the *Your HHA's Care Points* column carry over from the **Care Points Tab**.

The *Your HHA's Weighted Measure Points* for each applicable measure is the product of *Your HHA's Care Points* and the *Measure Weight* divided by the *Maximum Possible Points*, which is 10 for each measure.

If an HHA is missing all measures from a single measure category, CMS will redistribute the weights for the remaining two (2) measure categories. For example, for HHAs in the smaller-volume cohort, the IPR will not include the HHCAHPS Survey-based measures. Therefore, the claims-based and OASIS-based measure categories are each weighted at 50% of the total TPS.

Slide 27: The values in the *Your HHA's Weighted Measure Points* column are then summed to calculate the Total Performance Score (TPS) for the HHA. The TPS is a numeric score, ranging from zero (0) to 100, awarded to each qualifying HHA based on the performance scores for each applicable measure.

For all quarterly IPRs, the TPS is considered "interim". An HHA must have sufficient data to allow calculation of at least five (5) of the 12 measures to calculate an interim TPS. HHAs that have less than five (5) measures with sufficient data will see a dash "—" instead of a number.

An HHAs' final TPS will be available in the Annual Performance Report (APR). For the calendar year (CY) 2023 performance year, the APR will be available in August 2024. CMS will provide more information about the APR in 2024.

The *Percentile Ranking within Your HHA's Cohort* column compares the HHA's ranking to all agencies in the cohort, expressed in quartiles, as cited in footnote "c".

The *TPS Statistics for Your HHA's Cohort* table provides a breakdown of percentile rankings within the cohort.

Slide 28: The next tab is the **TNC Change Reference Tab**. This tab contains data about the HHA's performance on the two (2) OASIS-based Total Normalized Composite (TNC) Change measures. It is important to note that, unlike the quality measures shown in the **Achievement, Improvement, and Care Points Tabs**, the OASIS item responses shown in the **TNC Change Reference Tab are not risk-adjusted**.

The information presented in this tab serves as a reference tool and is not intended to provide HHAs with all the information needed to construct the TNC Change measures. HHAs should refer to their iQIES reports or internal databases to track how each patient performed at EOC relative to SOC/ROC for the OASIS items included in the TNC measures.

This tab includes the number of the *eligible quality episodes* used to generate the TNC measures. For more information on measure specifications, including exclusions, please refer to the Expanded HHVBP Model Guide.

The data shown in the three (3) columns under "YOUR HHA" presents the percentage of observed change in OASIS item responses between Start of Care or Resumption of Care (SOC/ROC), and End-of-Care (EOC), as a percent of the eligible quality episodes.

As described in footnote "e" in the IPR, the level of change will be categorized as "no change" if the item value is the same at End of Care (EOC) as it was at Start or Resumption of Care (SOC/ROC), "positive change" if the value at end of care indicates greater independence than at start or resumption of care and "negative change" if the End of Care value indicates less independence compared with the Start or Resumption of Care value.

Slide 29: HHAs can compare their performance on the TNC measures with the average for their cohort by reviewing the columns under "Average for Your HHA's Cohort". These three (3) columns present the average percentages by the level of change between SOC and EOC (No Change, Positive Change, Negative Change) for all HHAs in the cohort **with at least 20 eligible episodes in the performance year data period**.

The TNC measures are exclusive to the expanded Model. Resources are available on the [Expanded HHVBP Model webpage](#) to assist HHAs with understanding the TNC measures under "Quality Measures".

A quick reminder, unlike the quality measures shown in the **Achievement, Improvement, and Care Points Tabs**, the OASIS item responses shown in the **TNC Change Reference Tab are not risk-adjusted. Information available on this tab is for reference only**.

Slide 30: In the **Achievement Thresholds and Benchmarks Tab**, we see columns that are specific to both cohorts in the expanded Model: the nationwide smaller-volume cohort, and larger-volume cohort.

This tab includes the *Final Achievement Thresholds and Benchmarks* for each applicable measure for both cohorts. As a reminder, Achievement Thresholds are the 50th percentile or

median measure values for all HHAs in the specific cohort. Benchmarks are the mean of the top decile of measure values for all HHAs in the specific cohort.

As noted earlier, the Achievement Thresholds and Benchmarks are not calculated for HHCAHPS measures for HHAs in the smaller-volume cohort.

Slide 31: The final tab is the **Model Resource Tab**. This tab contains a list of expanded Model resources HHAs can use to navigate and interpret information and data contained in the IPR. These resources, and many more designed to assist HHAs with implementation of the expanded Model, are available on the [Expanded HHVBP Model webpage](#).

Slide 32: If an HHA believes there is a discrepancy in the data presented in the IPR, they have an opportunity to dispute a calculation using a recalculation request.

Slide 33: An HHA may submit a recalculation request if the agency believes there is evidence of a discrepancy in the calculation of applicable measures and interim performance scores.

Note, recalculation requests do not apply to errors with data submission since the data submission requirements align with the Code of Federal Regulations including the Conditions of Participation (CoPs) and the conditions for payment.

Slide 34: The IPR will be published in two (2) stages, as shown on this slide, using the July 2023 IPR as an example.

The Preliminary IPR provides an HHA with the opportunity to review the data and calculations in the IPR. If the HHA has evidence of a discrepancy in calculations, the agency must submit a recalculation request within 15 days from publishing of the Preliminary IPR in iQIES.

The Final IPR will then reflect any changes resulting from approved recalculation(s). All HHAs that receive a Preliminary IPR will receive a Final IPR, even if the HHA did not submit a recalculation request.

Slide 35: The **Overview Tab** for the IPR contains the recalculation instructions. These instructions are also available on the [Expanded HHVBP Model webpage](#).

HHAs must submit requests for recalculation within 15 days after publication of the Preliminary IPR by emailing hvbp_recalculation_requests@abtassoc.com. Requests must include the following information:

- The provider's name, address associated with the services delivered, and CMS Certification Number (CCN);
- The basis for requesting recalculation to include the specific data that the HHA believes is inaccurate or the calculation the HHA believes is incorrect;
- Contact information for a person at the HHA with whom CMS or its agent can communicate about this request, including name, email address, telephone number, and mailing address (must include physical address, not just a post office box); and
- A copy of any supporting documentation, not containing Personal Health Information (PHI), the HHA wishes to submit in electronic form.

As previously noted, the Final IPR will reflect any changes resulting from an approved recalculation.

Slide 36: Commonly Asked Questions

Slide 37: Q1: Why didn't our HHA receive an IPR?

HHAs **will** receive a July 2023 IPR if the HHA

- ✓ is active,
- ✓ was Medicare-certified prior to January 1, 2022, and
- ✓ meets the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year.

If an HHA does not meet all criteria, the agency will not receive an IPR.

Slide 38: Q2: Where is our agency's IPR?

- Expanded HHVBP Model reports are available to HHAs via [iQIES](#), only to authorized users.
- In the "HHA Provider Preview Reports" folder, by the CCN assigned to the HHA. If a provider has more than one (1) CCN, a report will be available for each CCN.
- Detailed [access instructions](#) are available on the [Expanded HHVBP Model webpage](#).
- If an HHA needs to register a user or experiences trouble locating or downloading reports, please contact the QIES/iQIES Service Center at (800) 339-9313 or by email at iqies@cms.hhs.gov.

Slide 39: Q3: Why are we missing data for some measures?

For CMS to calculate an HHA's Total Performance Score (TPS), the HHA must have sufficient data.

- ✓ The minimum threshold of data required per reporting period is the following for each measure, by measure category.

Measure Category	Threshold
OASIS-based	20 home health quality episodes
Claims-based	20 home health stays
HHCAHPS Survey-based	40 completed surveys

- ✓ An HHA must have sufficient data to allow calculation of at least five (5) of the 12 measures to calculate a TPS.
- ✓ The HHCAHPS Survey-based measures are not included in the TPS calculations for the smaller-volume cohort. These measures are not calculated in expanded Model performance reports for the smaller-volume cohort and no achievement thresholds or benchmarks are calculated.

Slide 40: Q4: What if we find an error with the data in the IPR?

HHAs must submit requests for recalculation **within 15 days after publication of the Preliminary IPR** by emailing hhvbp_recalculation_requests@abtassoc.com. Requests must include the following information:

- The provider's name, address associated with the services delivered, and CMS Certification Number (CCN).
- The basis for requesting recalculation to include the specific data that the HHA believes is inaccurate or the calculation the HHA believes is incorrect.
- Contact information for a person at the HHA with whom CMS or its agent can communicate about this request, including name, email address, telephone number, and mailing address (must include physical address, not just a post office box).
- A copy of any supporting documentation, not containing Personal Health Information (PHI), the HHA wishes to submit in electronic form.

Recalculation requests do not apply to errors with data submission. Submission requirements for the expanded Model align with current Code of Federal Regulations (CFR), including the Conditions of Participation (CoPs) and the conditions for payment.

Slide 41: Expanded Model Resources Available to HHAs

Slide 42: This slide lists the key expanded Model resources designed to assist in understanding the data and information contained in the IPRs.

Be sure to check out the recently released Expanded HHVBP Model Resource Index. The Resource Index, released in June 2023, lists a brief description of the resources available to assist HHAs with understanding and participating in the expanded Model. Resources are organized according to the category and the order in which they appear on the [Expanded HHVBP Model webpage](#).

Also available on the webpage are several resources designed to support HHAs' with their quality improvement efforts.

Slide 43: Please visit the [Expanded HHVBP Model webpage](#). In addition to the regularly updated Frequently Asked Questions (FAQs) and Model Guide, there are resources available on quality measures, Total Performance Score (TPS) and payment adjustment, and more.

Additionally, the [Expanded HHVBP Model YouTube playlist](#) includes podcasts, instructional videos, and on-demand recordings to help HHAs understand the expanded Model, as well as strategies for improving care delivery in home health. Subscribe to the CMS HHS YouTube channel to receive updates when new videos are available.

Please subscribe to the Expanded HHVBP Model listserv to stay up to date on expanded Model communications and resources. For questions, please email the HHVBP Model Help Desk at HHVBPquestions@lewin.com.