

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

Expanded Home Health Value-Based Purchasing (HHVBP) Model

July 2023

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Objectives

- ✓ Review the timeline for the Interim Performance Reports (IPRs) during the first performance year, calendar year (CY) 2023
- ✓ Describe how to access the IPRs
- ✓ Review information available on the IPRs
- ✓ Describe the process of submitting a recalculation request
- ✓ Provide answers to commonly asked questions about the IPRs

Performance Feedback Reports

- CMS publishes two (2) types of expanded Model reports that provide home health agencies (HHAs) feedback on their performance during the respective performance year. *IPRs are only available to HHAs through iQIES. IPRS are not available to the public.* For the CY 2023 performance year, the schedule of reports includes:
 - Interim Performance Report (IPR), available quarterly beginning July 2023
 - Annual Performance Report (APR), available annually beginning August 2024
- The content for this presentation will focus on the IPRs for the CY 2023 performance year.
- The July 2023 IPR is the first quarterly report that contains CY 2023 performance year data.

Performance Feedback Reports (continued)

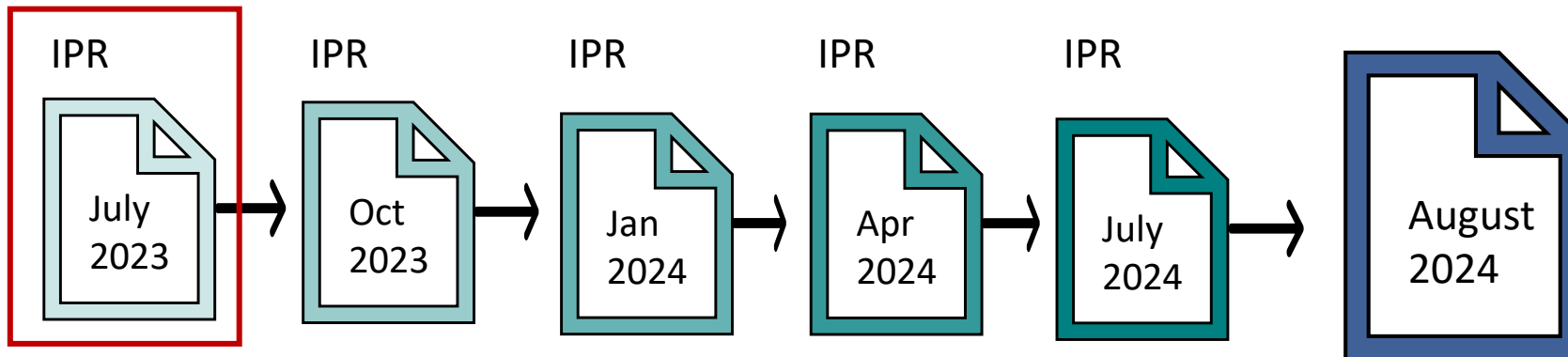
- Each quarterly IPR provides information on quality measure performance during the CY 2023 performance year and HHA performance relative to peers in their respective cohort.
 - Cohort data are reported at the cohort level. HHA-specific data for all agencies in the cohort are not available.
- To receive an IPR during the CY 2023 performance year, HHAs must meet the following criteria:
 - active,
 - Medicare-certified prior to January 1, 2022, and
 - meets the minimum threshold of data for at least one 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 a TPS during the CY 2023 performance year and be eligible for a payment adjustment in the CY 2025 payment year.

CY 2023 Performance Year: IPR Timeline

CY 2023 Performance Year: Report Timeline

QUARTERLY INTERIM PERFORMANCE REPORTS (IPRs)
CY 2023 Performance Year Quality Measure Data

ANNUAL PERFORMANCE REPORT (APR)



Each IPR will:

- Include performance year measure data for the 12 most recent months of data available.
- Include the HHA's cohort assignment and performance relative to their respective cohort.
- Provide an opportunity for HHAs to monitor their performance in the expanded Model, compared to other agencies in their cohort.

1/1/2023 –
12/31/2023
performance year
data time period

CY 2023 Performance Year Data Time Periods

This table lists the performance year data periods and report type for the CY 2023 performance year/CY 2025 payment year.

Report Title	OASIS-based Measures	Claims-based and HCAHPS 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
Annual Performance Report (APR) (Aug 2024)	1/1/2023 – 12/31/2023	1/1/2023 – 12/31/2023

Accessing the IPRs

Accessing Reports in iQIES

- Expanded HHVBP Model IPRs are available on the Internet Quality Improvement and Evaluation System (iQIES) portal: <https://iqies.cms.gov/iqies>.

**Expanded HHVBP Model Reports
– Access Instructions (PDF)**
on the
[Expanded HHVBP Model webpage](#)



- CMS will send emails announcing the availability of the reports in iQIES to registered users through the Expanded HHVBP Model listserv and the iQIES listserv.

Accessing Reports in iQIES (continued)

- IPRs are available 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 more information, please review the [QIES Technical Support Office webpage](#) for HHA Providers.

*For support with iQIES registration and/or accessing reports,
please contact the QIES/iQIES Service Center by
phone at (800) 339-9313 or email iqies@cms.hhs.gov.*

IPR Highlights

Important Notes about IPRs

- Submission of performance data
 - ✓ No additional data submission requirements for the expanded HHVBP Model
 - ✓ No requirements specific to the expanded Model that require HHAs to contract with external vendors outside of those required for HHCAHPS Surveys
- 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
 - ✓ HHCAHPS Survey-based measures from patients' responses to a set of standardized questions

Important Notes about IPRs (continued)

- Quality measure scores reported on the IPRs may differ from those displayed on Care Compare, other quality improvement reports in iQIES, or vendor-generated reports due to:
 - ✓ different data collection time periods for the measures;
 - ✓ completeness of the data used; and/or
 - ✓ formulas and rounding rules used when calculating values.
- 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) beginning August 2024.

For example, the OASIS-based performance data available in the expanded Model IPRs are more current than data in HH QRP reports.

Applicable Measures in the Expanded HHVBP Model

Category	Count	Quality Measure
OASIS-based	5	Discharged to Community
		Improvement in Dyspnea (Dyspnea)
		Improvement in Management of Oral Medications (Oral Medication)
		Total Normalized Composite Change in Mobility (TNC Mobility)
		Total Normalized Composite Change in Self-Care (TNC Self-Care)
Claims-based	2	Acute Care Hospitalization During the First 60 Days of Home Health Use (ACH)
		Emergency Department Use without Hospitalization During the First 60 Days of Home Health (ED Use)
HHCAHPS Survey-based*	5	Care of Patients/Professional Care
		Communication
		Overall Rating
		Specific Care Issues/Team Discussion
		Willingness to Recommend

**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 HHVBP 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.*



Minimum Data Requirements

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 category:

- 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 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.

Performance Data Time Periods

The quarterly IPR contains the HHA's information and data about measure performance in the expanded Model based on the 12 most recent months of data available for the respective data time period, as shown in this table.

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
Annual Performance Report (APR) (Aug 2024)	1/1/2023 – 12/31/2023	1/1/2023 – 12/31/2023

Summary of IPR Content


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 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 using 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.**

IPR Tabs

Table of Contents Tab

Home Health Value-Based Purchasing (HHVBP) Model July 2023 Interim Performance Report		
Your HHA		
CCN	999999	
HHA Name	We Love Home Health	
HHA Address	999 Home Health Ln, Home Health, MD 99999	
Your HHA's Cohort	Larger-Volume	
Table of Contents (TOC)		
Worksheet/Tab	Description	
Overview	This worksheet provides details about this Model report, an overview of the expanded HHVBP Model, and how your home health agency (HHA) can submit a recalculation request.	
Achievement	The "Achievement" worksheet shows your HHA's Achievement Points.	
Improvement	The "Improvement" worksheet shows your HHA's Improvement Points.	
Care Points	The "Care Points" worksheet shows your HHA's total points (i.e., "Care Points") based on the higher of your HHA's Achievement or Improvement Points.	
Measure Scorecard	The "Measure Scorecard" worksheet outlines the calculation of your HHA's Total Performance Score (TPS) and how it compares to HHAs in your HHA's cohort.	
TNC Change Reference	The "TNC Change Reference" worksheet displays your HHA's performance on individual OASIS items composing the Total Normalized Composite (TNC) change measures.	
AT and BM	The "AT and BM" worksheet reports final Achievement Thresholds (AT) and Benchmarks (BM) by volume-based cohort.	
Model Resources	The "Model Resources" worksheet resources is designed to assist with understanding the expanded HHVBP Model and the Model reports.	

- Contains the title of the report, e.g., “July 2023 Interim Performance Report”.
- HHA-specific information
 - ✓ CCN
 - ✓ Name & Address
 - ✓ Cohort assignment*
- Name, description, and hyperlink for each tab included in the IPR.

- **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.

Overview Tab

Home Health Value-Based Purchasing (HHVBP) Model

July 2023 Interim Performance Report

[Return to TOC](#)
[Go to Model Resources](#)

Your HHA	
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort	Larger-Volume
OASIS-based Measures	April 1, 2022 to March 31, 2023
Claims-based Measures	January 1, 2022 to December 31, 2022
HHCAHPS Survey-based Measures	January 1, 2022 to December 31, 2022

For this IPR, your HHA's cohort is determined by your HHA's unique beneficiary count in CY 2022. If your HHA's cohort shows "N/A" (Not Applicable), your HHA could not be assigned to a cohort for this report and cohort information presented in this report is based on the larger-volume cohort, which most HHAs fall into. Updates to your cohort assignment will appear in future reports as applicable. Please refer to the Expanded HHVBP Model Guide at <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model> for additional information.

Your HHA's Interim Total Performance Score (TPS):	0.000
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The Expanded HHVBP Model

The HHVBP Model is designed to support greater quality and efficiency of care among Medicare-certified HHAs nationally. Under this model, Medicare payments made to HHAs are dependent on the HHAs' performance on specified quality measures relative to their peers (i.e., value-based payments). The HHVBP Model was first tested among HHAs in nine states from January 1, 2016 to December 31, 2021. National expansion began on January 1, 2022. Calendar Year (CY) 2022 was the pre-implementation year. The first full performance year for the expanded HHVBP Model is CY 2023. For more information related to the expanded HHVBP Model, please refer to the CY 2022 and CY 2023 Home Health Prospective Payment System (HH PPS) Final Rules.

Submitting a Recalculation Request

Publication of quarterly IPRs occurs in two (2) stages: 1) a Preliminary IPR, and 2) a Final IPR. As cited in the [CY 2022 HH PPS final rule](#) (p. 62331) and CFR §484.375, the Preliminary IPR provides an HHA with an opportunity submit a recalculation request for applicable measures and interim performance scores if the agency believes there is evidence of a discrepancy in the calculation (e.g., the HHA did not receive achievement points for the OASIS-based Dyspnea applicable measure even though the HHA's achievement score/points exceeded the cohort's achievement threshold for this applicable measure).

Please note, the recalculation request does not apply to errors in data submission since submission requirements for the expanded Model align with current

- 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.
- 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.
- Interim Total Performance Score (TPS).
 - 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 a TPS.
- Instructions for submitting a recalculation request.

Achievement Tab

Report	July 2023 Interim Performance Report	Return to TOC
CCN	999999	Go to Model Resources
HHA Name	We Love Home Health	
HHA Address	999 Home Health Ln, Home Health, MD 99999	
Your HHA's Cohort	Larger-Volume	

Achievement Points						
Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community						10.000
Improvement in Dyspnea						10.000
Improvement in Management of Oral Medications						10.000
Total Normalized Composite (TNC) Change in Mobility [f]						10.000
Total Normalized Composite (TNC) Change in Self-Care [g]						10.000
Claims-based Measures						
Acute Care Hospitalizations						10.000
Emergency Department Use Without Hospitalization						10.000
HHCAHPS Survey-based Measures						
Care of Patients						10.000
Communications Between Providers and Patients						10.000
Specific Care Issues						10.000
Overall Rating of Home Health Care						10.000
Willingness to Recommend the Agency						10.000

Notes:

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

N/A = Not Applicable.

[a] Performance Year Data Periods vary by measure category due to different data lags for OASIS-based, claims-based measures, and HHCAHPS Survey-based measures.

[b] The Performance Year Measure Value is also referred to as "HHA Performance Score".

- List of applicable measures by category (available on each tab containing performance measure data except for the **TNC Change Reference Tab**).
- **Performance Year Data Period** for each applicable measure carries over from the **Overview Tab**.
- **Your HHA's Performance Year Measure Value** (also referred to as the "HHA Performance Score"), which 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, as discussed on slide 15, and cited in the footnotes for this tab.
- Footnotes to further explain the data available in the **Achievement Tab**. *It is important to read the footnotes on each tab carefully.*

Achievement Tab (continued)

HHAs can compare own performance to overall performance of agencies in their cohort.

Report	July 2023 Interim Performance Report	Return to TOC				
CCN	999999	Go to Model Resources				
HHA Name	We Love Home Health					
HHA Address	999 Home Health Ln, Home Health, MD 99999					
Your HHA's Cohort	Larger-Volume					
Achievement Points						
Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community						10.000
Improvement in Dyspnea						10.000
Improvement in Management of Oral Medications						10.000
Total Normalized Composite (TNC) Change in Mobility [f]						10.000
Total Normalized Composite (TNC) Change in Self-Care [g]						10.000
Claims-based Measures						
Acute Care Hospitalizations						10.000
Emergency Department Use Without Hospitalization						10.000
HHCAHPS Survey-based Measures						
Care of Patients						10.000
Communications Between Providers and Patients						10.000
Specific Care Issues						10.000
Overall Rating of Home Health Care						10.000
Willingness to Recommend the Agency						10.000

- The **Model baseline year** is used to determine the **Your Cohort's Achievement Threshold** and the **Your Cohort's Benchmark** for each measure.
 - Calendar year (CY) 2022 is the Model baseline year for the CY 2023 performance year, as noted in footnotes "c" and "d".
- Footnote "e" illustrates the formula used to calculate **Your HHA's Achievement Points**.
- 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.
 - Measure Value ≤ Achievement Threshold = "0" Achievement Points
 - Measure Value > Benchmark = Maximum of 10 Achievement Points
- 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"](#).

Notes:

- [c] The Achievement Threshold is the median measure value for HHAs in your HHA's cohort in CY 2022.
- [d] The Benchmark is the mean of the top decile measure values for HHAs in your HHA's cohort in CY 2022.
- [e] The formula for calculating the Achievement Points is:

$$10 \times \left(\frac{\text{HHA Performance Score} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right)$$

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



Improvement Tab

HHAs can assess how well they performed throughout the performance year when compared to performance during their HHA baseline year

Report	July 2023 Interim Performance Report		Return to TOC				
CCN	999999		Go to Model Resources				
HHA Name	We Love Home Health						
HHA Address	999 Home Health Ln, Home Health, MD 99999						
Your HHA's Cohort	Larger-Volume						
Improvement Points							
Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]	Maximum Possible Improvement Points
OASIS-based Measures							
Discharged to Community							9,000
Improvement in Dyspnea							9,000
Improvement in Management of Oral Medications							9,000
Total Normalized Composite (TNC) Change in Mobility [g]							9,000
Total Normalized Composite (TNC) Change in Self-Care [h]							9,000
Claims-based Measures							
Acute Care Hospitalizations							9,000
Emergency Department Use Without Hospitalization							9,000
HHCAHPS Survey-based Measures							
Care of Patients							9,000
Communications Between Providers and Patients							9,000
Specific Care Issues							9,000
Overall Rating of Home Health Care							9,000
Willingness to Recommend the Agency							9,000

Notes:

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

N/A = Not Applicable.

[a] Performance Year Data Periods vary by measure category due to different data lags for OASIS-based, claims-based measures, and HHCAHPS Survey-based measures.

[b] The Baseline Year varies depending on the measure and data availability for your HHA.

[c] The Performance Year Measure Value is also referred to as "HHA Performance Score".

- 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.

- HHAs must have sufficient data, as discussed on slide 15, to establish an HHA baseline year for each measure, thus the **Baseline Year Data Period** may vary across measures.

- For HHAs without sufficient data in CY 2022, the HHA baseline year will be the next calendar year when the HHA does meet the sufficient data requirements.

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



Improvement Tab (continued)

Report	July 2023 Interim Performance Report	Return to TOC
CCN	999999	Go to Model Resources
HHA Name	We Love Home Health	
HHA Address	999 Home Health Ln, Home Health, MD 99999	
Your HHA's Cohort	Larger-Volume	

Improvement Points							
Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]	Maximum Possible Improvement Points
OASIS-based Measures							
Discharged to Community							9.000
Improvement in Dyspnea							9.000
Improvement in Management of Oral Medications							9.000
Total Normalized Composite (TNC) Change in Mobility [g]							9.000
Total Normalized Composite (TNC) Change in Self-Care [h]							9.000
Claims-based Measures							
Acute Care Hospitalizations							9.000
Emergency Department Use Without Hospitalization							9.000
HHCAHPS Survey-based Measures							
Care of Patients							9.000
Communications Between Providers and Patients							9.000
Specific Care Issues							9.000
Overall Rating of Home Health Care							9.000
Willingness to Recommend the Agency							9.000

- **Your HHA's Improvement Threshold** is the HHA's performance on an applicable measure during the HHA baseline year for that measure.
- **Your Cohort's Benchmark** values found on the **Improvement Tab** are the same as those in the **Achievement Tab**.
- Footnote "f" illustrates the formula used to calculate **Your HHA's Improvement Points**.
- The value in the **Your Performance Year Measure Value** column must exceed the value in the **Your Cohort's Improvement Threshold** column for an HHA to receive improvement points for a measure.
 - Measure Value ≤ Improvement Threshold = "0" Improvement Points
 - Measure Value > Benchmark Maximum of 9 Improvement Points

Notes:

[d] The Improvement Threshold is also referred to as "HHA Baseline Year Score".

[e] The Benchmark is the mean of the top decile of measure values for HHAs in your HHA's cohort in CY 2022.

[f] The formula for calculating the Improvement Points is:

$$9 \times \left(\frac{\text{HHA Performance Score} - \text{HHA Improvement Threshold}}{\text{Benchmark} - \text{HHA Improvement Threshold}} \right)$$

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. For the July 2023 IPR, if the HHA has sufficient data to report these measures, improvement points will be zero (0) by definition.



Care Points Tab

Report	July 2023 Interim Performance Report		Return to TOC		
CCN	999999		Go to Model Resources		
HHA Name	We Love Home Health				
HHA Address	999 Home Health Ln, Home Health, MD 99999				
Your HHA's Cohort	Larger-Volume				
Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community					
Improvement in Dyspnea					
Improvement in Management of Oral Medications					
Total Normalized Composite (TNC) Change in Mobility					
Total Normalized Composite (TNC) Change in Self-Care					
Claims-based Measures					
Acute Care Hospitalizations					
Emergency Department Use Without Hospitalization					
HHCAHPS Survey-based Measures					
Care of Patients					
Communications Between Providers and Patients					
Specific Care Issues					
Overall Rating of Home Health Care					
Willingness to Recommend the Agency					
Number of Measures Included			Summed Care Points:		

- Includes both the agency's *Achievement* and *Improvement Points* from the respective tabs.
- Whether the HHA had **Sufficient Data for Measure Inclusion** (see slide 15), indicated by “yes” or “no”.
- **Your HHA's Care Points** is the higher of either **Your HHA's Achievement Points** or **Your HHA's Improvement Points** for each measure.
- Values in **Your HHA's Percentile Ranking** are determined by comparing an HHA's care points to those of all HHAs in the same cohort.
- **Your HHA's Percentile Ranking** column provides HHAs with information about where the agency's care points fall within the assigned cohort for each applicable measure, by quartile, as cited in footnote “b”.

Notes:

[a] Your HHA's Care Points are the higher of your HHA's Achievement or Improvement Points.

[b] Your HHA's Percentile Ranking is computed by comparing your HHA's Care Points to those of the HHAs in your HHA's cohort:

- <25 indicates that, on this measure, your HHA is performing in the lowest (worst performing) quartile in your HHA's cohort.
- 25-49 indicates that, on this measure, your HHA is performing in the second lowest quartile in your HHA's cohort.
- 50-74 indicates that, on this measure, your HHA is performing in the second highest quartile in your HHA's cohort.
- ≥75 indicates that, on this measure, your HHA is performing in the highest (best performing) quartile in your HHA's cohort.



Measure Scorecard Tab

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

Report	July 2023 Interim Performance Report	Return to TOC
CCN	999999	Go to Model Resources
HHA Name	We Love Home Health	
HHA Address	999 Home Health Ln, Home Health, MD 99999	
Your HHA's Cohort	Larger-Volume	

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community		10.000		
Improvement in Dyspnea		10.000		
Improvement in Management of Oral Medications		10.000		
Total Normalized Composite (TNC) Change in Mobility		10.000		
Total Normalized Composite (TNC) Change in Self-Care		10.000		
Sum of OASIS-based Measures				
Claims-based Measures				
Acute Care Hospitalizations		10.000		
Emergency Department Use Without Hospitalization		10.000		
Sum of Claims-based Measures				
HHCAHPS Survey-based Measures				
Care of Patients		10.000		
Communications Between Providers and Patients		10.000		
Specific Care Issues		10.000		
Overall Rating of Home Health Care		10.000		
Willingness to Recommend the Agency		10.000		
Sum of HHCAHPS Survey-based Measures				
Sum of All Measures				

- Contains the weighted measure points for each applicable measure that are then summed to calculate the interim Total Performance Score (TPS).
- Values in the **Your HHA's Care Points** column carry over from the **Care Points Tab**.
- **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.

Total Performance Score (TPS)	
Number of Measures Included	
Your HHA's Summed Care Points	
Your HHA's Interim TPS	
Percentile Ranking within Your HHA's Cohort [c]	

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	
25th Percentile	
50th Percentile	
75th Percentile	
99th Percentile	

Notes:

- [a] The weights for each measure may vary depending on the availability of measures within each measure category. For more information, please refer to the Expanded HHVBP Model Guide.
- [b] Your HHA's Weighted Measure Points are calculated by dividing your HHA's Care Points by the Maximum Possible Points and multiplying by the Measure Weight. The totals for each measure category are computed by summing across the individual measures within the measure category.



Measure Scorecard Tab (continued)

Report	July 2023 Interim Performance Report	Return to TOC
CCN	999999	Go to Model Resources
HHA Name	We Love Home Health	
HHA Address	999 Home Health Ln, Home Health, MD 99999	
Your HHA's Cohort	Larger-Volume	

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community		10.000		
Improvement in Dyspnea		10.000		
Improvement in Management of Oral Medications		10.000		
Total Normalized Composite (TNC) Change in Mobility		10.000		
Total Normalized Composite (TNC) Change in Self-Care		10.000		
Sum of OASIS-based Measures				
Claims-based Measures				
Acute Care Hospitalizations		10.000		
Emergency Department Use Without Hospitalization		10.000		
Sum of Claims-based Measures				
HHCAPHS Survey-based Measures				
Care of Patients		10.000		
Communications Between Providers and Patients		10.000		
Specific Care Issues		10.000		
Overall Rating of Home Health Care		10.000		
Willingness to Recommend the Agency		10.000		
Sum of HHCAPHS Survey-based Measures				
Sum of All Measures				

- Values in the **Your HHA's Weighted Measure Points** column are then summed to calculate the TPS.
- 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 CY 2023 performance year, the APR will be available in August 2024.
- **Percentile Ranking within Your HHA's Cohort** compares the HHA's ranking to all agencies in the cohort, as cited in footnote "c".
- The **TPS Statistics for Your HHA's Cohort** table provides a breakdown of percentile rankings within the cohort.

Total Performance Score (TPS)	
Number of Measures Included	
Your HHA's Summed Care Points	
Your HHA's Interim TPS	
Percentile Ranking within Your HHA's Cohort [c]	

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	
25th Percentile	
50th Percentile	
75th Percentile	
99th Percentile	

Notes:

- [c] Your HHA's Percentile Ranking is computed by comparing your HHA's TPS to those of the HHAs in your HHA's cohort:
- <25 indicates that your HHA is performing in the lowest (worst performing) quartile in your HHA's cohort.
 - 25-49 indicates that your HHA is performing in the second lowest quartile in your HHA's cohort.
 - 50-74 indicates that your HHA is performing in the second highest quartile in your HHA's cohort.
 - ≥75 indicates that your HHA is performing in the highest (best performing) quartile in your HHA's cohort.



TNC Change Reference Tab

Report	July 2023 Interim Performance Report	Return to TOC				
CCN	999999	Go to Model Resources				
HHA Name	We Love Home Health					
HHA Address	999 Home Health Ln, Home Health, MD 99999					
Your HHA's Cohort [a]	Larger-volume					
Performance Summary for TNC Change Measures [b]						
Your HHA's count of eligible quality episodes [c]						
	Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [e]					
OASIS Item [d]	YOUR HHA			AVERAGE FOR YOUR HHA'S COHORT [f]		
	% No Change	% Positive Change	% Negative Change	% No Change	% Positive Change	% Negative Change
Total Normalized Composite (TNC) Change in Mobility						
M1840 Toilet Transferring (0-4)						
M1850 Transferring (0-5)						
M1860 Ambulation/Locomotion (0-6)						
Total Normalized Composite (TNC) Change in Self-Care						
M1800 Grooming (0-3)						
M1810 Ability to Dress Upper Body (0-3)						
M1820 Ability to Dress Lower Body (0-3)						
M1830 Bathing (0-6)						
M1845 Toileting Hygiene (0-3)						
M1870 Feeding or Eating (0-5)						

Notes:

- [c] The count of quality episodes used in constructing each TNC Normalized Composite measure. For more information on measure specifications, including exclusions, please refer to the Expanded HHVBP Model Guide.
- [d] Response value range in parentheses. OASIS item response zero (0) indicates independence in performing the activity and higher values indicate less independence in performing the activity.
- [e] For each HHA, eligible quality episodes used in constructing the TNC change measures are categorized as follows:
 - The episode is categorized as "No Change" if the End of Care (EOC) item value is the same as the Start of Care (SOC)/Resumption of Care (ROC) item value.
 - The episode is categorized as "Positive Change" if the EOC item value indicates greater independence (lower response value) compared with the SOC/ROC item value.
 - The episode is categorized as "Negative Change" if the EOC item value indicates less independence (higher response value) compared with the SOC/ROC item value.

The counts for each category are divided by the total number of eligible quality episodes to obtain the percentages shown in the table.

- OASIS-based performance data specific to the two (2) Total Normalized Composite (TNC) Change measures, not risk-adjusted.
- Serves as a reference tool - HHAs should refer to their iQIES reports or internal databases to track how each patient performed at End of Care (EOC) relative to Start of Care/Resumption of Care (SOC/ROC).
- Includes the number of the eligible quality episodes used to generate the TNC Change measures (footnote "c").
- Percentage of observed change in OASIS item responses between SOC/ROC and EOC, as a percent of the eligible quality episodes in columns under "**YOUR HHA**" (as cited in footnote "e"):
 - "No Change" if the EOC item value is the same as the SOC/ROC item value.
 - "Positive Change" if the EOC item value indicates greater independence (lower response value) compared with the SOC/ROC item value.
 - "Negative Change" if the EOC item value indicates less independence (higher response value) compared with the SOC/ROC item value.



TNC Change Reference Tab (continued)

Report	July 2023 Interim Performance Report	Return to TOC				
CCN	999999	Go to Model Resources				
HHA Name	We Love Home Health					
HHA Address	999 Home Health Ln, Home Health, MD 99999					
Your HHA's Cohort [a]	Larger-volume					
Performance Summary for TNC Change Measures [b]						
Your HHA's count of eligible quality episodes [c]						
OASIS Item [d]	Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [e]					
	YOUR HHA			AVERAGE FOR YOUR HHA'S COHORT [f]		
	% No Change	% Positive Change	% Negative Change	% No Change	% Positive Change	% Negative Change
Total Normalized Composite (TNC) Change in Mobility						
M1840 Toilet Transferring (0-4)						
M1850 Transferring (0-5)						
M1860 Ambulation/Locomotion (0-6)						
Total Normalized Composite (TNC) Change in Self-Care						
M1800 Grooming (0-3)						
M1810 Ability to Dress Upper Body (0-3)						
M1820 Ability to Dress Lower Body (0-3)						
M1830 Bathing (0-6)						
M1845 Toileting Hygiene (0-3)						
M1870 Feeding or Eating (0-5)						

Notes:

[f] "Average for Your HHA's Cohort" represents the average percentages by category (No Change, Positive Change, Negative Change) for all HHAs in your HHA's cohort.

- 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 in further understanding the TNC Measures under “Quality Measures.”

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.



Achievement Thresholds (AT) and Benchmarks (BM) Tab

Report	July 2023 Interim Performance Report	Return to TOC			
CCN	999999	Go to Model Resources			
HHA Name	We Love Home Health				
HHA Address	999 Home Health Ln, Home Health, MD 99999				
Your HHA's Cohort [a]	Larger-volume				
Final Achievement Thresholds and Benchmarks					
Measure	Performance Year Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharged to Community					
Improvement in Dyspnea					
Improvement in Management of Oral Medications					
Total Normalized Composite (TNC) Change in Mobility					
Total Normalized Composite (TNC) Change in Self-Care					
Claims-based Measures					
Acute Care Hospitalizations					
Emergency Department Use Without Hospitalization					
HHCAHPS Survey-based Measures					
Care of Patients					
Communications Between Providers and Patients					
Specific Care Issues					
Overall Rating of Home Health Care					
Willingness to Recommend the Agency					

- Calculated specific to *each cohort* for *each applicable measure*.
 - **“Achievement Threshold”**: the 50th percentile or median measure values for all HHAs in the specific cohort; used for calculating the achievement score (see **Achievement Tab**).
 - **“Benchmark”**: the mean of the top decile of measure values for all HHAs in the specific cohort. Used for calculating both the achievement score and the improvement score (see **Achievement and Improvement Tabs**).
- Achievement Thresholds and Benchmarks **are not** calculated for HHCAHPS measures for HHAs in the smaller-volume cohort.

Notes:

[c] The 50th percentile (median) measure value for HHAs in your HHA's cohort is the final Achievement Threshold for each measure. The mean of the top decile measure values for HHAs in your HHA's cohort is the final Benchmark. The final Achievement Threshold and Benchmark for each measure is based on CY 2022 baseline year data. Achievement Thresholds and Benchmarks are not calculated for HHCAHPS measures for HHAs in the smaller-volume cohort. For additional guidance on how to interpret your HHA's cohort statistics, please refer to the Expanded HHVBP Model Guide.



Model Resource Tab

Home Health Value-Based Purchasing (HHVBP) Model

[Return to TOC](#)

July 2023 Interim Performance Report

Model Resources

CMS encourages HHAs to utilize the following resources designed to assist with implementation of the expanded HHVBP Model and understanding the Model reports. These key resources, as well as additional resources and information, are available on the [Expanded](#) Podcasts, instructional videos, and on-demand recordings on the Expanded HHVBP Model webpage are also accessible on the [Expanded HHVBP Model YouTube playlist](#).

Subscribe to the [CMS HHS YouTube channel](#) to receive updates when the latest videos are available.

Frequently Asked Questions (FAQs)

The Expanded HHVBP Model FAQs assist HHAs in understanding common terms used in the expanded HHVBP Model. CMS provides updates to the FAQs as needed and notifies HHAs that have signed up to receive communications when an updated version is available on the Expanded HHVBP Model webpage.

Model Guide

The Expanded HHVBP Model Guide includes an overview of the expanded Model, information on eligibility and cohorts, quality measures used in the expanded Model, Total Performance Score (TPS) methodology and payment adjustment methodologies, and an overview of the performance feedback reports.

TPS & Payment Adjustment Resource Series

These three (3) on-demand videos and accompanying resources are designed to support HHAs' understanding of how performance on quality measures may impact future Medicare payments. HHAs can view them as stand-alone resources or as part of a series. However, we suggest you review the materials in the following order:

1) How Measure Performance Becomes Care Points (15-minute video)

Designed to illustrate how performance on a quality measure becomes achievement points, improvement points, and care points.

2) How Care Points Become the Total Performance Score (TPS) (16-minute video & downloadable resource)

Provides an overview of the use of care points in the TPS calculation.

3) How the Total Performance Score (TPS) Becomes the Final Payment Adjustment (12-minute video & downloadable resource)

Presents an overview of how the TPS informs the calculation of the payment adjustment. Includes a review of Model concepts such as the Linear Exchange Function (LEF) and adjusted payment percentage (APP).

For questions, please email the HHVBP Model Help Desk at HHVBPquestions@lewin.com.



[Expanded HHVBP Model webpage](#)

Recalculation Request Process

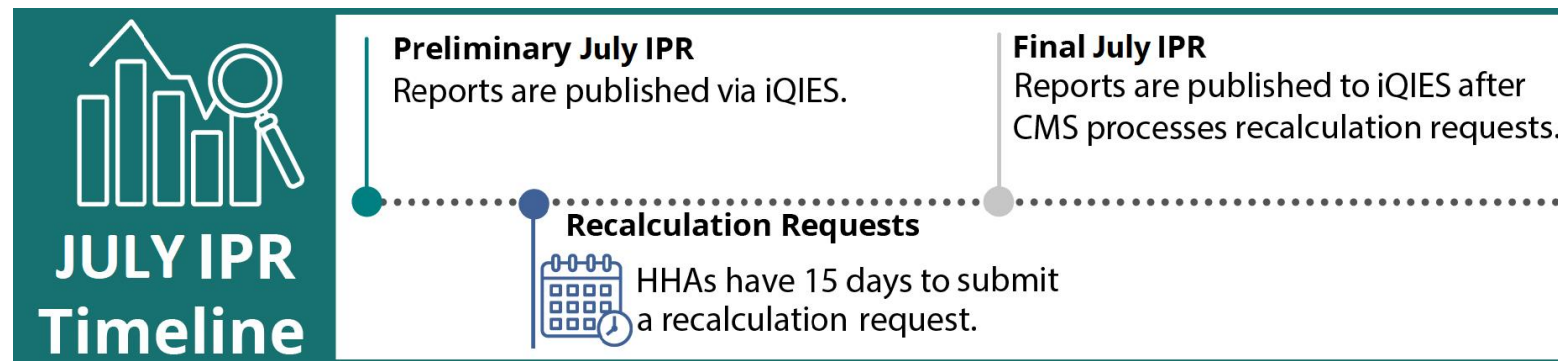
Recalculation Request

- 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.
- 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.

Recalculation Request Timeline

Publication of the IPR each quarter includes reports in two (2) stages:

- 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.



Steps for Recalculation

- 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 hhvbp_recalculation_requests@abtassoc.com. Requests must include the following:
 - ✓ 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 PHI, the HHA wishes to submit in electronic form.
- The Final IPR will reflect any changes resulting from an approved recalculation.

Commonly Asked Questions About the IPR

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 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.

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.

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.

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, and must include:
 - ✓ 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 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.

Expanded Model Resources

Key Expanded Model Resources

Resource Category	Resources available on the Expanded HHVBP Model webpage
FAQs, Model Guide & Resource Index	<ul style="list-style-type: none"> Expanded HHVBP Model Frequently Asked Questions (FAQs) Expanded HHVBP Model Guide Expanded HHVBP Model Resource Index
Model Reports	<ul style="list-style-type: none"> Expanded HHVBP Model Reports- Access Instructions Expanded HHVBP Model Recalculation Instructions IPR Quick Reference Guide
Quality Measures	<ul style="list-style-type: none"> HHVBP Model: Quality Measures Used in the Expanded Model Calculating Episode-Level Observed Values for the Total Normalized Composite Change Measures Risk Adjustment in the Expanded HHVBP Model Technical Specifications for the Total Normalized Composite Change Measures – April 2023 Technical Specifications for the Total Normalized Composite Change Measures – October 2021
Total Performance Score & Payment Adjustment	<ul style="list-style-type: none"> How Measure Performance Becomes Care Points Instructional Video How Care Points Become the Total Performance Score (TPS) How the Total Performance Score (TPS) Becomes the Final Payment Adjustment

****Also see the many resources on the [Expanded HHVBP Model webpage](#) to support HHAs’ quality improvement efforts, under the “Quality Improvement” category!***

Staying Connected Checklist

- ❑ Visit and bookmark the [Expanded HHVBP Model webpage](#).
- ❑ Review the [Expanded HHVBP Model YouTube playlist](#) for all recorded content.
- ❑ [Subscribe to the Expanded HHVBP Model listserv](#) by entering your email address on the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list. To ensure you receive expanded Model communications via email, please add “cmslists@subscriptions.cms.hhs.gov” to your email safe sender list.
- ❑ Access and review the reports available in [iQIES](#) in the “HHA Provider Preview Reports” folder.
- ❑ Contact the HHVBP Help Desk with questions: HHVBPquestions@lewin.com.

