



# Expanded Home Health Value-Based Purchasing Model

## *Instructions for Submitting a Recalculation Request*

**July 2023**

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.<sup>1</sup>

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.
- 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.

HHAs must submit recalculation requests **within 15 days after publication of the Preliminary IPR** by emailing [hvbp\\_recalculation\\_requests@abtassoc.com](mailto:hvbp_recalculation_requests@abtassoc.com). Recalculation 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 Protected Health Information (PHI), the HHA wishes to submit in electronic form.

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<sup>1</sup> Medicare Conditions of Participation (CoPs) ([§484.55](#)), Condition for Payment ([§484.205\(c\)](#)).