HHVBP Model Help Desk Highlights

The following are highlights of inquiries received through the expanded HHVBP Model Help Desk.

Question 1: What do dashes mean on the Interim Performance Reports (IPRs) and the Annual Performance Report (APR)?

A dash ("-") indicates that there is no or insufficient data available to receive a measure score. An HHA must have sufficient data for both the HHA baseline year AND the performance year for an applicable measure's achievement points, improvement points, and care points to be calculated in the expanded HHVBP Model. Therefore, if your HHA does not have sufficient data to establish an HHA baseline score (despite having sufficient data to calculate a performance year measure score) for an applicable measure, no care points can be earned for the measure.

The following is the minimum threshold of data an HHA must have for each applicable measure to receive a measure score:

- For OASIS-based measures, 20 home health quality episodes per reporting period.
- For claims-based measures, 20 home health stays per reporting period.
- For the HHCAHPS Survey-based measures, 40 completed surveys per reporting period.

Question 2: Now that the number of applicable measures decreased from 12 measures in CY 2024 performance year to 10 measures in CY 2025 performance year, what are the minimum number of measures needed to calculate a Total Performance Score (TPS) in the CY 2025 performance year?

For the CY 2025 performance year, an agency must have sufficient data to calculate at least 5 (five) applicable measures in the expanded Model measure set. Specifically, a minimum of 5 measures must have sufficient data in both the HHA baseline year and in the performance year to calculate the agency's TPS.

Question 3: How will my agency receive payment adjustments from the expanded HHVBP Model? Will we get a check at the end of the year? Or will the adjustment be applied for each claim?

Through the expanded Model, CMS will adjust the HH Medicare fee-for-service (FFS) final claim payment amount to an HHA with a "through date" in the HHVBP payment year by an amount up to or down to the maximum applicable percent. Medicare FFS payment adjustments are not made to aggregate revenue but occur for each final Medicare FFS claim an agency submits for claims with a payment episode "through date" in the HHVBP payment year.

Question 4: Will the collected all-payer OASIS data be used in the expanded HHVBP Model measure calculations?

At this time, CMS has not announced if, when or how non-Medicare/non-Medicaid OASIS data will be used for the expanded HHVBP Model. Any changes will be announced on the expanded HHVBP Model webpage and/or through future rule making.
