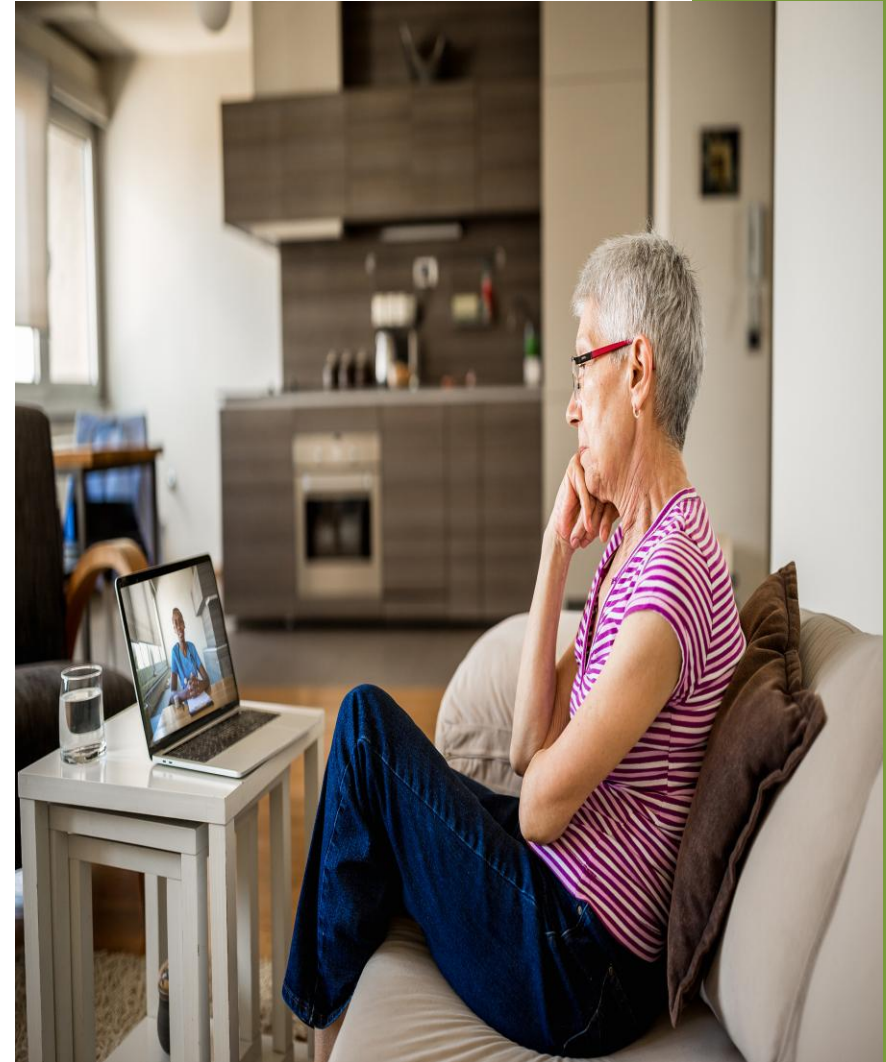


LeadingAge HHVBP Workgroup

*Submitting Effective Recalculation
Requests*

August 26, 2025

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What to Expect

- Virtual meetings the final Tuesday of every other month at 3pm ET.
- All staff welcome: suggested for quality/clinical managers, program managers, billing/finance.
- Participants will submit quarterly data from Interim Performance Reports (IPR) and Annual Performance Reports (APR).
- Meetings will be highly interactive and include presentations (recorded) as well as small and full group conversations (not recorded).
- Participants will be encouraged to be on camera and be present for the full duration of all meetings.
- Suggested readings, videos, and other resources will be shared on webpage between meetings.



Applicable Measure Set: Beginning with the CY 2025 Performance Year

Category	Count	Quality Measure
OASIS-based	3	Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Discharge Function Score (DC Function) 2
Claims-based	2	Home Health Within-Stay Potentially Preventable Hospitalization (PPH) 1
		Discharge to Community – Post Acute Care (DTC-PAC)
HHAHPS Survey-based	5	Care of Patients
		Communication Between Providers and Patients
		Specific Care Issues 3
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency

Annual Performance Report

- CY2025 APRs issued on August 21, 2025.
- The CY25 APRs provide the HHA's Annual Payment Percentage (APP) based on CY24 performance year.
- These APPs will be applied to Medicare Fee-for-Service (FFS) claims with through dates in the CY26 payment year.
- Recalculation requests due Friday, September 5, 2025.

Annual Payment Adjustment Calculation								
	(C1)	Step 1 (C2)	Step 2 (C3)	Step 3 (C4)	Step 4 (C5)	Step 5 (C6)	Step 6 (C7)	Step 7 (C8)
	Total Performance Score (TPS)	Prior Year Payment	Unadjusted Payment Amount $5\% \times (C2)$	TPS-Adjusted Payment Amount $(C1/100) \times (C3)$	Linear Exchange Function (LEF) Ratio $Total (C3)/Total (C4)$	Final TPS-Adjusted Payment Amount $(C4) \times (C5)$	TPS-Adjusted Payment Percentage $(C6)/(C2)$	Final TPS-Adjusted Payment Percentage $(C7) - 5\%$
Your HHA:	23.411	\$2,307,857	\$115,393	\$27,015	4.574	\$123,569	5.354%	0.354%
Your HHA's Cohort (all HHAs):	22.501	\$17,184,680,726	\$859,234,036	\$187,845,948	4.574	\$859,234,036	5.000%	-

Recalculation Steps

Review your Performance Reports

Prepare your recalculation request

Submit your request

Reconsideration and Review

Review your preliminary performance reports

CMS provides Home Health Agencies (HHAs) with Interim Performance Reports (IPRs) throughout the year and an Annual Performance Report (APR) at the end of the performance year (usually August).

Review these reports thoroughly for any potential errors in data or calculations.

IPR/APR data is Medicare data, from OASIS submission. This should not include Medicare Advantage, VA or Commercial information. Doublecheck payer information and compare number of Medicare beneficiaries to information in IPRs/APRs to ensure accuracy.

Instructions for accessing performance reports:

<https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-reports-access-instr>

What counts as an error?

Inaccuracies that would warrant a recalculation request generally stem from discrepancies in the **calculation of applicable measures and interim performance scores.**

- Errors in Data Calculation
- Incorrect Data Input (within the calculation system)
- Discrepancies in Comparative Data



Errors in Data Calculation

If the agency believes that the formulas or methodology used to calculate their performance scores or other measures are incorrect and led to skewed results.

This could include mistakes in how quality measure achievement thresholds, benchmarks, or improvement thresholds are applied.

Example: The HHA did not receive achievement points for an OASIS-based measure (e.g., Dyspnea) even though their score exceeded the cohort's achievement threshold.

Incorrect Data Input

While the recalculation request doesn't apply to errors made when submitting the initial data, if there's evidence that the data ***within the calculation system itself*** was incorrect or incomplete, leading to an inaccurate IPR/APR, a recalculation could be warranted.

Examples:

- The HHA believes specific data points used in the IPR or APR are inaccurate.
- Differences in data collection time periods or completeness of data used for calculations can lead to discrepancies between IPR/APR and other quality reports.

Discrepancies in Comparative Data

The IPRs and APRs often compare an HHA's performance to peers within their cohort. If an agency has evidence that this comparative data is inaccurate or was inappropriately used in the calculations, a recalculation request may be necessary.

Examples:

- Instances where the HHA believes they have evidence of extraordinary circumstances that prevented timely submission of data and impacted their HHVBP scores.
- HHA has evidence that a cohort member with significant volume requested a recalculation which impacts HHA's performance scoring within the cohort.

Supporting Documentation

- Internal report showing your calculation of the measure(s) in question
- Relevant OASIS data extracts
- Relevant claims data extracts
- Any additional documentation supporting your claim, such as copies of internal audits or process improvement logs

ENSURE NO PHI/PII IS INCLUDED

Prepare your recalculation request

Per CFR [§484.375](#), your request should contain the following:

- The provider's name, address associated with the services delivered, and CCN.

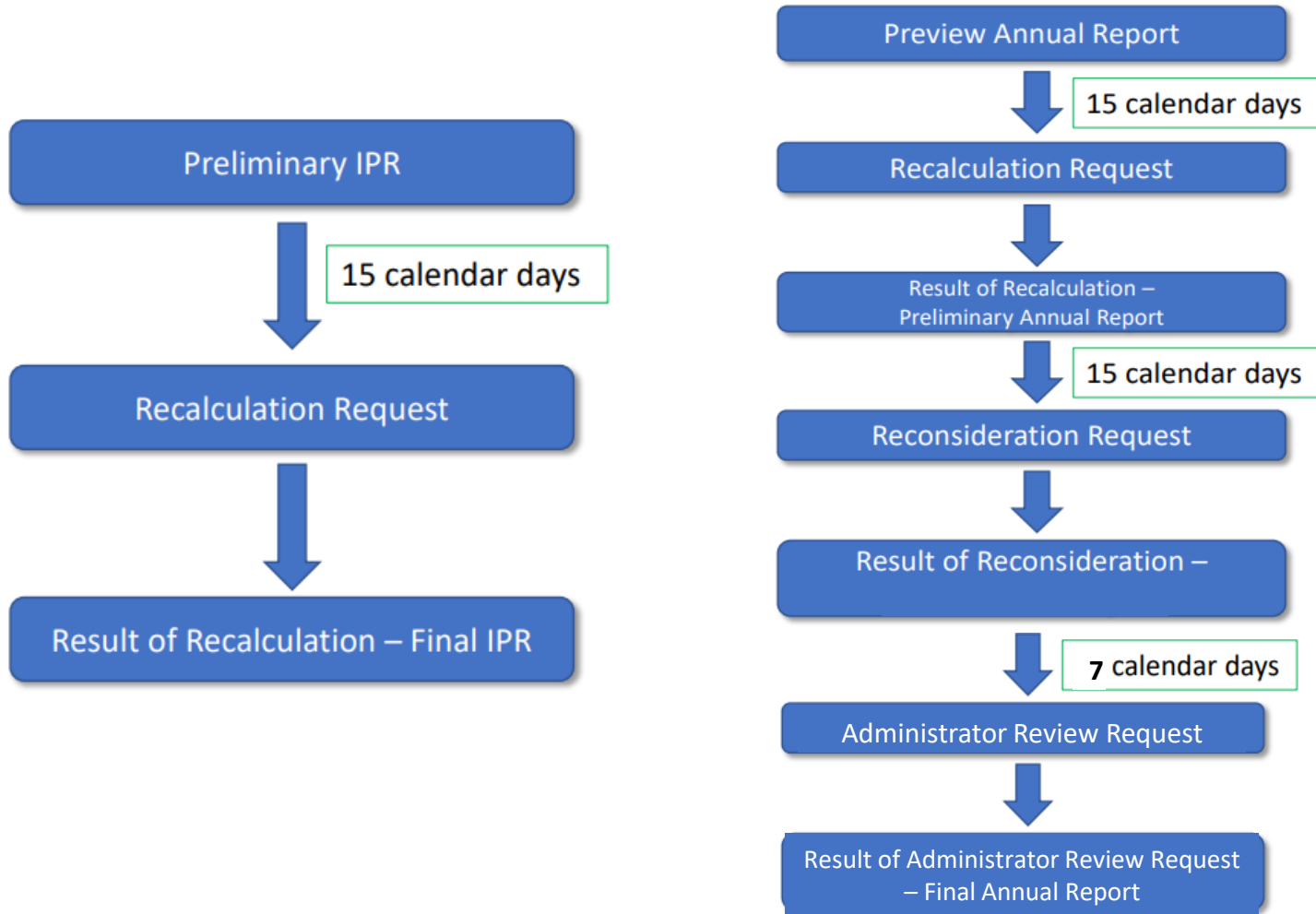
- The basis for requesting recalculation to include the specific data that the HHA believes is inaccurate or the calculation the HHA believes is incorrect.

- 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, PII.



Submitting your Request



Email your recalculation request to hvbp_recalculation_requests@abtglobal.com



Requests must be submitted within 15 calendar days of the **Preliminary IPR or APR** publication.

Reconsideration and Review

If you disagree with the recalculation decision shown in the **Preliminary IPR**, you can submit a reconsideration request within 15 calendar days of its publication.

If you disagree with the recalculation decision shown in the **Preliminary APR**, you can submit a reconsideration request within 15 calendar days of its publication. If you disagree with the reconsideration outcome, you can request Administrator review within 7 calendar days of notification for your **Preliminary APR**.

Additional Considerations



Timeliness: Recalculation requests for Preliminary IPRs/APRs must be submitted within 15 calendar days of publication.



Documentation: Recalculation requests require supporting documentation. CMS will not grant recalculations based solely on the request.



Data Submission Errors: Recalculation requests do not apply to errors in data submission, as submission requirements align with existing regulations.



Reconsideration: HHAs may also request reconsideration of a recalculation decision if they disagree with the outcome

Resources



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



CMS Expanding Home Health Value-Based Purchasing(HHVBP) Model www.cms.gov/priorities/innovation/media/document/hhvbvp-exp-faqs June 2025



LeadingAge Home Health Value Base Purchasing Workgroup: <https://leadingage.org/home-health-value-based-purchasing-workgroup/>

Group Discussion



	LeadingAge Home Health Value Based Purchasing Workgroup Timeline	IPR	APR
January		X	
February <input checked="" type="checkbox"/>	Introductory Workgroup Meeting CY2025 (HHVBP 101, CY2023 Performance Analysis, Identified Areas for Improvement, IPR/APR Survey Data Collection)		
March			
April <input checked="" type="checkbox"/>	Claims-Based Measure: Home Health within-stay Potentially Preventable Hospitalization (PPH) – Discussion in group	X	
May			
June <input checked="" type="checkbox"/>	OASIS-Based Measure: Discharge Function Score – Discussion in group		
July		X	
August <input checked="" type="checkbox"/>	Submitting Effective Recalculation Requests – Discussion in group		X
September			X
October	CAHPS-Based Measures: Special Care Issues – Discussion in group	X	X
November			
December	HHVBP CY2026 IPR Final Workgroup Results – Discussion in group		X

Thank You!

[LeadingAge HHVBP Workgroup Webpage](#)

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