

# Expanded Home Health Value-Based Purchasing (HHVBP) Model Interim Performance Report (IPR) Quick Reference Guide

The Interim Performance Report (IPR) contains home health agency (HHA) quality measure performance information based on the 12-most recent months of data available—24 months for Discharge to Community-Post Acute Care (DTC-PAC) and Medicare Spending Per Beneficiary-Post Acute Care (MSPB-PAC)—for each of the applicable measure set categories. Exhibit 1 shows the upcoming performance year IPRs and the respective performance year data periods.

*Exhibit 1. Upcoming Performance Year: IPRs and Performance Year Data Periods*

IPR	OASIS-based Measures	Claims-based Measures	HCAHPS Survey-based Measures
January 2026	10/1/2024 – 9/30/2025	7/1/2023 – 6/30/2025 (DTC-PAC); 7/1/2024 – 6/30/2025 (Potentially Preventable Hospitalization [PPH])	7/1/2024 – 6/30/2025
April 2026	1/1/2025 – 12/31/2025	10/1/2023 – 9/30/2025 (DTC-PAC); 10/1/2024 – 9/30/2025 (PPH)	10/1/2024 – 9/30/2025
July 2026	4/1/2025 – 3/31/2026	1/1/2024 – 12/31/2025 (DTC-PAC); 1/1/2025 – 12/31/2025 (PPH)	1/1/2025 – 12/31/2025
October 2026	7/1/2025 – 6/30/2026	4/1/2024 – 3/31/2026 (DTC-PAC and MSPB-PAC); 4/1/2025 – 3/31/2026 (PPH)	4/1/2025 – 3/31/2026
January 2027	10/1/2025 – 9/30/2026	7/1/2024 – 6/30/2026 (DTC-PAC and MSPB-PAC); 7/1/2025 – 6/30/2026 (PPH)	7/1/2025 – 6/30/2026
April 2027	1/1/2026 – 12/31/2026	10/01/2024 – 9/30/2026 (DTC-PAC and MSPB-PAC); 10/1/2025 – 9/30/2026 (PPH)	10/1/2025 – 9/30/2026
July 2027	4/1/2026 – 3/31/2027	1/1/2025 – 12/31/2026 (DTC-PAC and MSPB-PAC); 1/1/2026 – 12/31/2026 (PPH)	1/1/2026 – 12/31/2026

Each year, the October IPR is the first quarterly IPR that calculates a Total Performance Score (TPS) based on that calendar year (CY) performance year.

An HHA will receive an IPR if they:

- Were Medicare certified by the end of the calendar year that is 2 years before the performance year; and
- Meet the minimum threshold of data for at least one quality measure in the quarterly reporting period for the baseline and performance year(s).

If an agency has more than one Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), a report will be available for each CCN.

## Information Available in the IPR

The IPR provides feedback to HHAs about their measure performance relative to achievement thresholds, benchmarks, improvement thresholds, and the performance of their cohort. The IPR includes:

- The HHA's interim measure performance scores and an interim TPS if the HHA has sufficient data to allow calculation of at least five of the applicable measures to calculate a TPS.
- Improvement, achievement, and care points reflecting the HHA's performance relative to their own performance and the performance of other HHAs in their cohort, including the achievement thresholds and benchmarks for the HHA's cohort.

- Measure scorecard information to support HHAs with an understanding of how each individual measure contributes to their interim TPS.
- When there's a new applicable measure set, two additional worksheets with the achievement thresholds (AT) and benchmarks (BM) by measure and the improvement threshold for the new applicable measure set.

Medicare-certified HHAs can access their IPRs through [Internet Quality Improvement and Evaluation System \(iQIES\)](#). Access instructions are available on the [Expanded Home Health Value-Based Purchasing \(HHVBP\) Model](#) webpage.

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 is available in the Annual Performance Report (APR), published annually each August.

### Recalculation Requests for Preliminary IPRs

Publication of quarterly IPRs occur in two stages: 1) Preliminary IPR and 2) Final IPR.

The Preliminary IPR provides an HHA with an opportunity to submit a recalculation request for applicable measures and interim performance scores if the HHA believes there's evidence of a discrepancy in the calculation.

- To dispute the calculation of the performance scores in the Preliminary IPR, an HHA must submit a recalculation request within 15 calendar days after the Preliminary IPR's publication.
- HHAs may submit requests for recalculation by emailing [hvbp\\_recalculation\\_requests@abtglobal.com](mailto:hvbp_recalculation_requests@abtglobal.com).

Recalculation requests must have the following information:

- 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); and
- A copy of any supporting documentation, not containing Protected Health Information (PHI), the HHA wishes to submit in electronic form.

Note that when submitting recalculation and reconsideration requests, CMS asks HHAs to only include one CCN per request.

- If you are submitting a recalculation request due to a suspected discrepancy between measure values reported in your IPR and measure values calculated internally or by your HHA's vendor, please consider providing a copy of the internal/vendor report used to generate the internal data to assist CMS with investigating your HHA's request.
- If possible, confirm whether 1) your internal data are risk-adjusted and 2) the data source used to generate your internal measure values (e.g., OASIS data, claims data).

HHAs receive a Final IPR after all recalculation requests within their cohort have been processed. The Final IPR reflects any changes from all approved recalculations.

### Questions?

For questions about IPR content, email the expanded HHVBP Model Help Desk at [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov).

If you're having trouble accessing the agency IPR, contact the iQIES Service Center by:

- Calling 1-800-339-9313, Monday to Friday, 8 a.m. to 8 p.m. ET
- Emailing [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov)

To create or track an online ticket, visit the [Center for Clinical Standards and Quality \(CCSQ\) Support Central](#).