



**News Flash – Remember: The Transition to ICD-10 is Coming October 1, 2013 – there will be no Extension.** On October 1, 2013, the Centers for Medicare & Medicaid Services (CMS) will implement the ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures), replacing the ICD-9-CM diagnosis and procedure code sets. ICD-10-CM diagnoses codes will be used by all providers in every health care setting. ICD-10-PCS procedure codes will be used only for hospital claims for inpatient hospital procedures. **The compliance dates are firm and not subject to change. There will be no delays. There will be no grace period for implementation.** For more information about ICD-10 Implementation, please read MLN Matters® Special Edition article SE1019 located at <http://www.cms.gov/MLNMattersArticles/downloads/SE1019.pdf> on the CMS website.

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## Consumer Assessment of Health Providers and Systems (CAHPS) Update for Home Health Agencies (HHA)

**Note:** This article was revised on December 6, 2011, to add a reference to MLN Matters® article MM7459 (<http://www.cms.gov/MLNMattersArticles/downloads/MM7459.pdf>) that revises the instructions regarding HHAs quality data to include the reporting of HHCAHPS data, effective October 3, 2011. All other information remains the same.

### Provider Types Affected

This is an informational article for Medicare-certified HHAs about the Home Health Care CAHPS Survey (HHCAHPS) or the HHCAHPS Survey requirements.

### Provider Action Needed

HHCAHPS will be linked to the quality reporting requirement for the CY 2012 annual payment update or APU. CMS has delayed the HHCAHPS requirement until CY 2012 to allow HHAs to first fully implement OASIS-C before implementing the HHCAHPS.

#### Disclaimer

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To fulfill the HHCAHPS requirements for the CY 2012 APU, Medicare HHAs must begin participating in the Home Health Care CAHPS Survey by September 2010 (one dry run month in either July, August, or September, and then every month starting 10/01/10). In order to get set up in the survey process, you should visit the HHCAHPS website at <https://www.homehealthcahps.org> on the Internet.

## Background

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By now you may have heard about the HHCAHPS, but you may need to know more about how to start it. On the HHCAHPS home page, which can be found at <https://www.homehealthcahps.org>, there are two links on the left side navigational panel under "Steps for Home Health Agencies" that provide additional guidance.

The following are steps that each HHA must complete BEFORE beginning participation in the HHCAHPS:

1. **Contract with an approved HHCAHPS vendor** to administer the HHCAHPS and to submit the HHCAHPS data to the official Data Center on the HHA's behalf. (The complete and up-to-date list of approved vendors is on the HHCAHPS website.)
2. **Register for credentials** to access the private and secure links on the HHCAHPS website.
3. When registering for credentials to access the private links on the HHCAHPS website, the system will automatically generate a customized Consent Form for the HHA. Each agency must **print this Consent Form and mail the completed signed and notarized** Consent Form to the HHCAHPS Coordination Team.
4. **Authorize an HHCAHPS vendor** to collect and submit the HHCAHPS data to the HHCAHPS Data Center.

Once an HHA has completed the setup steps, and the contracted survey vendor begins administering the HHCAHPS for the HHA, the HHA still has some responsibilities. These responsibilities are to:

- Stay informed about HHCAHPS by regularly checking the website;
- Prepare a monthly patient information file containing information that the survey vendor needs for sampling and fielding the survey; and
- Submit the monthly patient information file to the survey vendor by the date specified (or agreed to) by your contracted survey vendor.

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CMS would like to stress that if you are an HHA with more than 60 or more HHCAHPS eligible patients between the period of April 1, 2009, and March 31, 2010, then you will need to do a **dry run in the third quarter 2010** – which is now July, August, and September, and you need to **contract with a CMS-approved HHCAHPS vendor** which can be found on a list posted on <https://www.homehealthcahps.org> on the Internet. CMS would also like to stress that the HHCAHPS dry run is an opportunity for HHAs to start a collection of HHCAHPS data during the period when it will not be publicly reported on Home Health Compare. HHAs may do the dry run for one, two or three months in the third quarter 2010. The dry run data must be submitted by January 21, 2011.

If you are an HHA with **less than 60 HHCAHPS eligible patients** between the period of April 1, 2009, and March 31, 2010, then you must file a Participation Exemption Request Form as soon as possible. This form is available on the HHCAHPS website at <https://www.homehealthcahps.org>. **Again, all the information about the Home Health Care CAHPS Survey may be found on <https://www.homehealthcahps.org> on the Internet.**

## Additional Information

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HHCAHPS data will be reported on <http://www.medicare.gov/> on the Home Health Compare website. CMS will tentatively begin reporting HHCAHPS data in late Spring 2011 or early Summer 2011. Data will not be publicly reported for an HHA until that HHA has four quarters of data. These quarters of data can be a mix of voluntary and non-voluntary HHCAHPS data. HHAs can suppress their HHCAHPS data only when voluntary data are included. When an HHA has all four quarters of non-voluntary data being publicly reported, then they can no longer suppress their HHCAHPS data. Dry run data from 3<sup>RD</sup> quarter 2010 will NOT be publicly reported.

Information about the HHCAHPS requirements was published in the Home Health Prospective Payment System (HPPS) Final Rule which may be viewed at <http://edocket.access.gpo.gov/2009/pdf/E9-26503.pdf> on the Internet. CMS advises that all designated quality staff in Medicare-certified HHAs read the Final Rule.

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