



Provider Inquiry Assistance

Consumer Assessment of Health Providers and Systems (CAHPS) Update for Home Health Agencies (HHA) – JA1025

Related CR Release Date: N/A

Date Job Aid Revised: August 30, 2010

Effective Date: N/A

Implementation Date: N/A

Key Words SE1025, CAHPS, HHA, Update

Contractors Affected

- Carriers
- Fiscal Intermediaries
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Regional HH Intermediaries
- Durable Medical Equipment MACS

Provider Types Affected

Provider types affected are Medicare-certified HHAs and the HH Care CAHPS or the HHCAHPS requirements.



- HHCAHPS will be linked to the quality reporting requirement for the calendar year (CY) 2012 annual payment update or APU.
- The Centers for Medicare & Medicaid Services (CMS) has delayed the HHCAHPS requirement until CY 2012 to allow HHAs to first fully implement the Outcome and Assessment Information Set -C before implementing the HHCAHPS survey.

Provider Needs to Know...

- To fulfill the HHCAHPS requirements for the CY 2012 APU, Medicare HHAs must begin participating in the HHCAHPS Survey by September 2010 (one dry run month in either July, August, or September, and then every month starting October 1, 2010).
- In order to get set up in the survey process, providers should visit the HHCAHPS website at <https://www.homehealthcahps.org> on the Internet. On the HHCAHPS home page, there are two links on the left side navigational panel under "Steps for Home Health Agencies" that provide guidance.
- The steps that each HHA must complete BEFORE beginning participation in the HHCAHPS survey are:
 1. **Contract with an approved HHCAHPS survey vendor** to administer the HHCAHPS survey and to submit the HHCAHPS survey 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 survey vendor to collect and submit the HHCAHPS survey data to the HHCAHPS Data Center.

- Once a 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.
 - CMS would like to stress that if a provider is an HHA with more than 60 or more HHCAHPS eligible patients between the period of April 1, 2009, and March 31, 2010, then the HHA will need to do a **dry run in the third quarter 2010** (July, August, and September) and will need to **contract with a CMS-approved HHCAHPS survey 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 HH 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 a provider is an HHA with **less than 60 HHCAHPS eligible patients** between the period of April 1, 2009, and March 31, 2010, then the provider must file a Participation Exemption Request Form as soon as possible. This form is available on the HHCAHPS website at <https://www.homehealthcahps.org> on the Internet. **Again, all the information about the HHCAHPS Survey may be found on <https://www.homehealthcahps.org> on the Internet.**
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Background N/A

Operational Impact	N/A
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The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/SE1025.pdf> on the CMS website.

Reference
Materials

HHCAHPS data will be reported on <http://www.medicare.gov/> on the HH 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 HHAs 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 the 3RD quarter 2010 will NOT be publicly reported.

Information about the HHCAHPS requirements was published in the HH Prospective Payment System 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.
