

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Effective April 1, 2011, the Centers for Medicare & Medicaid Services (CMS) expects home health agencies and hospices have fully established internal processes to comply with the face-to-face encounter requirements mandated by the Affordable Care Act for purposes of certification of a patient's eligibility for Medicare home health services and of recertification for Medicare hospice services. CMS will continue to address industry questions concerning the new requirements, and will update information at <http://www.cms.gov/center/hha.asp> and <http://www.cms.gov/center/hospice.asp> on the CMS website.

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Recently Enrolled Home Health Agencies (HHAs): Submit OASIS and HHCAHPS Data Promptly to Ensure Full Medicare Payment

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 Home Health Agencies (HHAs) about the Outcome and Assessment Information Set (OASIS) and Home Health Care Consumer Assessment of Health Providers and Systems (CAHPS) data requirements.

Provider Action Needed

This article reminds recently enrolled HHAs of the deadlines associated with the current home health pay for reporting program. HHAs should submit required data

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timely to ensure they avoid reductions to their Calendar Year (CY) 2012 payments for home health services.

Background

Since 2006, the payment rates for HHAs that do not submit required quality data have been reduced by two percentage points for home health services provided in the following Calendar Year. The Centers for Medicare & Medicaid Services (CMS) considers OASIS data submitted by HHAs during a specified reporting year as meeting the quality data reporting requirement. The reporting year for Calendar Year 2012 payment reductions began in July 1, 2010, and runs through June 30, 2011. CMS will continue to use that reporting timeframe, July 1 through June 30 for future years.

HHAs also need to submit HHCAHPS data to receive their full annual payment update, beginning with CY 2012 payments. For the CY 2012 annual payment update, HHAs were to participate in a dry run in third quarter 2010, and continue monthly data collection beginning in October 2010, through March 2011. If agencies had less than 60 patients between April 1, 2009, and March 31, 2010, then they are exempt from HHCAHPS participation for CY 2012, and they were to complete an HHCAHPS Participation Exemption Request form for CY 2012 on the HHCAHPS website, <https://homehealthcahps.org> on the Internet. HHAs first beginning HHCAHPS need to register for credentials and authorize their HHCAHPS survey vendor to do HHCAHPS on their behalf, by completing the relevant forms on <https://homehealthcahps.org> on the Internet.

Be aware that:

- HHAs with Medicare participation dates on or after May 1, 2011, are excluded from the OASIS reporting requirement for CY 2012;
- HHAs with Medicare participation dates on or after April 1, 2011, are excluded from the HHCAHPS reporting requirement for CY 2012; and
- Other recently enrolled HHAs, with participation dates earlier than May 1, must comply with the OASIS quality data reporting requirement and with the HHCAHPS reporting requirement if they served 60 or more patients in the period of April 1, 2009, and March 31, 2010.
- HHAs that opened after April 1, 2010 will not have patients in the period of April 1, 2009, and March 31, 2010, and therefore did not need to participate in HHCAHPS for the CY 2012 reporting requirement.

CMS recognizes that HHAs whose initial surveys are completed in the early months of the year may not receive their retroactive notification of participation, containing their CMS Certification Number (CCN), from the CMS Regional Office until May or June.

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For these recently enrolled HHAs, it is important to act immediately after receiving their CCN. The HHA should immediately begin to submit OASIS data, as required by their Conditions of Participation, before June 30, 2011. Failure to do this will result in a two percent reduction in the HHA's Calendar Year 2012 payments. Similarly, newly certified HHAs should prepare as early as possible to participate in HHCAHPS.

The HHA will have completed test OASIS transactions as part of the initial survey process. In order to complete these test transactions, the State Survey Agency will have provided the HHA with the agency Facility ID, and the HHA will have completed an OASIS Individual User Account Request form. In response to their account request, the HHA will have also received their personal login ID from the Quality Improvement Evaluation System Technical Support Office (QTSO) Help Desk. Immediately after receiving their CCN, the HHA should use their personal login ID to begin to submit OASIS production data files.

Recently enrolled HHAs should note that the process of establishing an OASIS IDs and beginning to submit OASIS data is in no way dependent on establishing electronic data interchange connectivity with their Medicare claims processing contractor for purposes of billing. The process of requesting billing identifiers can and should begin simultaneously with the process of requesting a permanent OASIS submitter ID.

CMS urges recently enrolled HHAs to take action to submit OASIS data before June 30, 2011, to prevent avoidable reductions to their Calendar Year 2012 payments for home health services. The quarterly data submission deadlines for HHCAHPS for CY 2012 are January 21, 2011, for the third quarter 2010 data; April 21, 2011, for the fourth quarter 2010 data; and July 21, 2011, for the first quarter 2011 data.

Additional Information

If needed, OASIS Automation Coordinator contacts for each State are available from http://www.cms.gov/OASIS/07_AutomationCoord.asp on the CMS website.

Additional information regarding the quality data reporting requirement is available in the "Medicare Claims Processing Manual," Chapter 10, Section 120, entitled "Payments to Home Health Agencies That Do Not Submit Required Quality Data."

HHAs may also want to review MLN Matters® article SE1025, titled "CAHPS Update for HHAs," which is available at <http://www.cms.gov/MLNMattersArticles/downloads/SE1025.pdf> on the CMS website.

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