

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



News Flash – Videos slideshow presentations of ICD-10 National Provider Calls are available on the Centers for Medicare & Medicaid Services (CMS) YouTube Channel. In the [ICD-10 Implementation Strategies and Planning Presentation](#) (November 17, 2011), the ICD-9-CM and ICD-10 Cooperating Parties discuss ICD-10 implementation strategies and planning, and staff from the CMS Provider Billing Group discuss the Medicare Fee-for-Service (FFS) claims processing guidance issued in August, 2011. In the [ICD-10 Implementation Strategies for Physicians Presentation](#) (August 3, 2011), CMS subject matter experts discuss how physician offices can prepare for the change to ICD-10 and provide updates on national ICD-10 implementation issues affecting all providers. In the [CMS ICD-10 Conversion Activities Presentation](#) (May 18, 2011), CMS subject matter experts discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the CMS Coverage and Analysis Group. Available 24/7, CMS YouTube video presentations make learning about the ICD-10 transition easy and convenient. Check them out today!

MLN Matters® Number: SE1214 **Revised**

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: NA

Related CR Transmittal #: N/A

Implementation Date: NA

Home Health Agencies (HHAs) Avoid Payment Reductions! Participate in HHCAHPS (Consumer Assessment of Healthcare Providers and Systems) Now!

Note: This article was revised on June 4, 2012 to add a reference to MM7833 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7833.pdf>) which describes revisions to the "Claims Processing Manual", that includes improvements to the payment reduction reconsideration process and other clarifications. It also adds a link to MM7459 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7459.pdf>) which revises the instructions regarding required home health agency quality data to include the Home Health Consumer Assessment of Health Provider and Systems Data. All other information is unchanged.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

Provider Types Affected

This MLN Matters® Special Edition (SE) Article is intended for all Home Health Agencies (HHAs) that serve Medicare beneficiaries.

What Providers Need to Know

This article reminds all HHAs of the requirement to participate in the Home Health Care CAHPS (HHCAHPS) survey for patients served in April 2012 and after to be eligible for the full market basket payment increase for calendar year (CY) 2014.

Background

It is in your agency's best interest to participate in HHCAHPS so that your agency may receive the full annual payment update.

Participation by all HHAs will enable people with Medicare and their families to benefit from the availability of HHCAHPS data about patients' perspectives on care received from Medicare-certified HHAs nationwide.

Key Points

- For the CY 2014 annual payment update, your agency needs to start HHCAHPS in May 2012. This can be accomplished by providing a sample file of HHCAHPS-eligible patients who received services in your agency in April 2012.
- HHAs that fail to start HHCAHPS will have their CY 2014 payments reduced by 2 percent.

Additional Information

CMS urges you to visit the Home Health Care CAHPS Survey website at <https://homehealthcahps.org> to learn how to register for the HHCAHPS survey and contract with an approved HHCAHPS survey vendor.

HHAs may also email hhcahps@rti.org, or call 866-354-0985, for further assistance with HHCAHPS.

News Flash - It's Not too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) also recommends that patients, healthcare workers and caregivers be vaccinated against the seasonal flu. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu. Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug.** For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit [2011-2012 Provider Seasonal Flu Resources](#) and [Immunizations](#). For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the Centers for Medicare & Medicaid Services (CMS) website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.