

Quality Reporting Program Provider Training

Achieving a Full APU/Market Basket Increase



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Quality Reporting Program Provider Training



Achieving a Full APU/Market Basket Increase

Heidi Magladry, Lori Teichman, and
Kathryn Roby
June 19, 2019

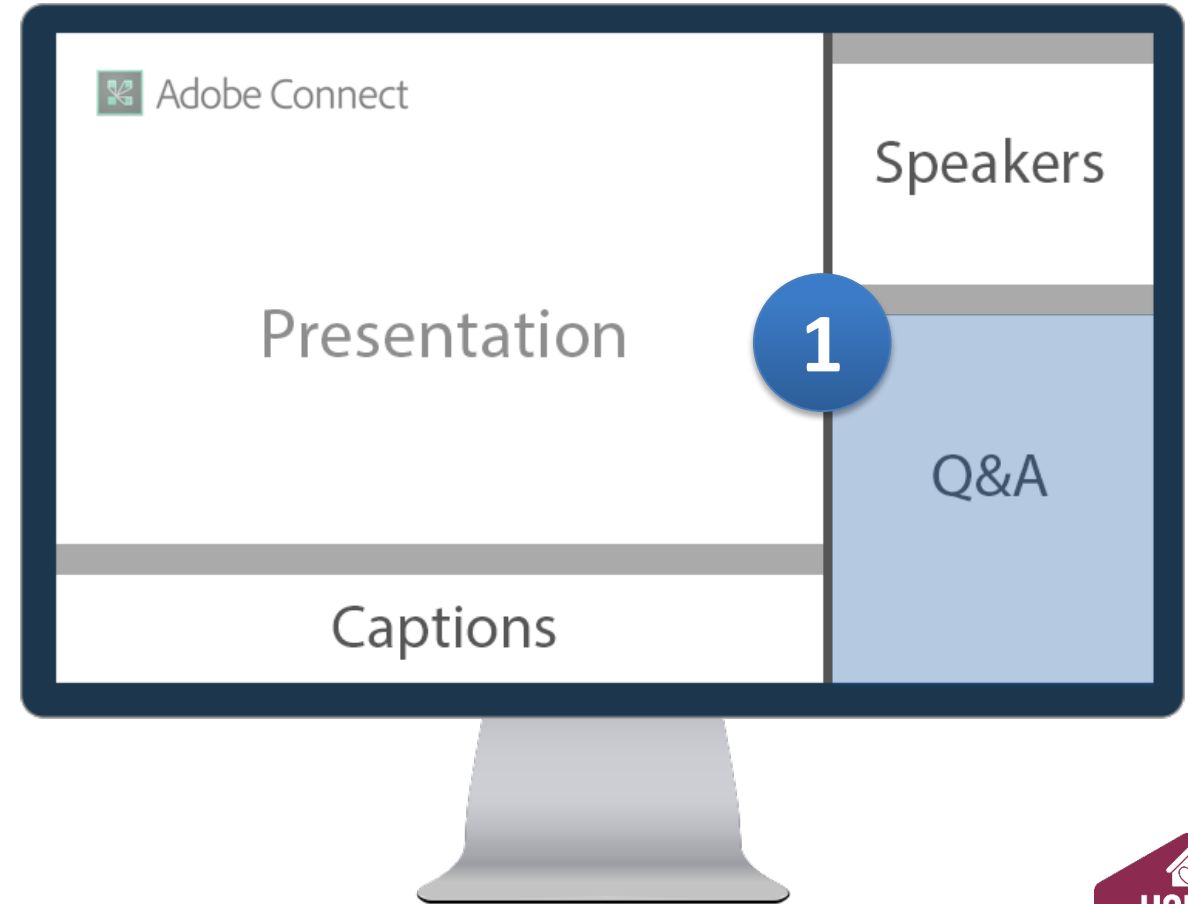
How to Download Training Materials

- Training materials can be downloaded from:
 - Home Health Quality Reporting Training page:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html>
- The **Downloads** section is at the bottom of the Training web pages.



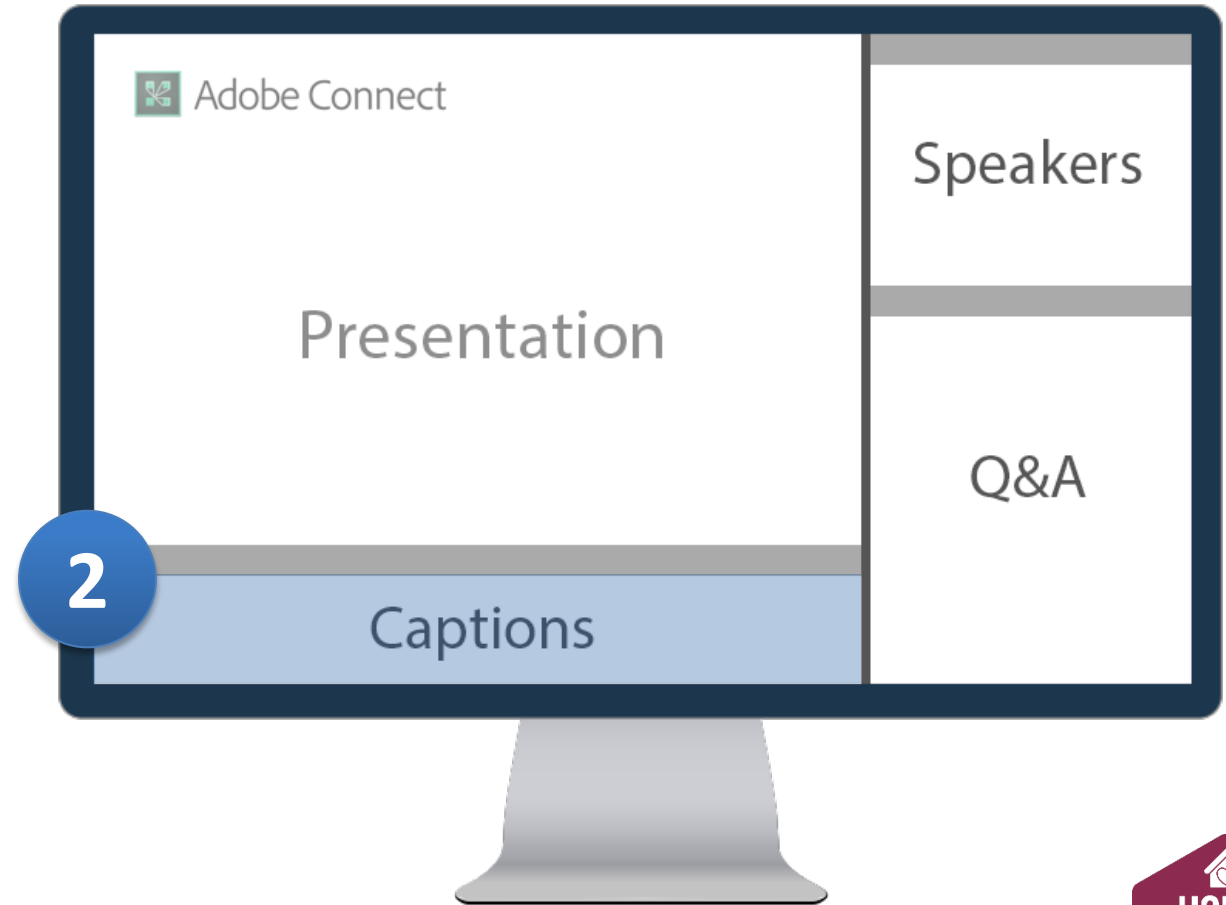
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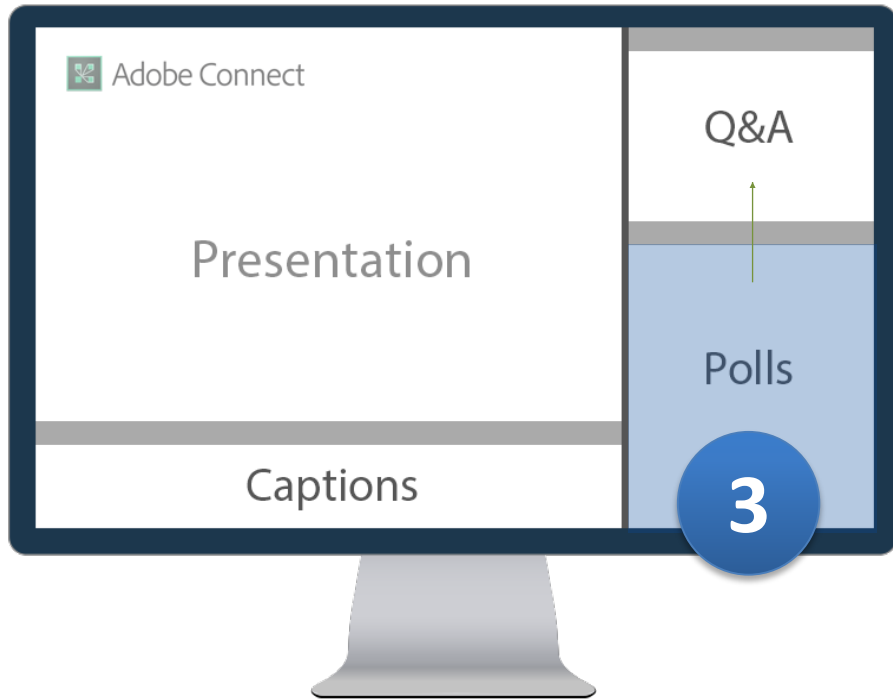


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 - The Q&A panel will slide up, revealing a Polls panel beneath it. This is where you will respond.
 - When prompted with a question, review the options offered and select your answer.
 - Once you select your answer, it will automatically be submitted for you.**Let's give it a try.**



How many people (including you) are joining this webinar together in the same room?

- A. Just me – I am the only one participating.
- B. Two people.
- C. Three or four people.
- D. Five or more people.





Approximately how many certified home health agencies (HHAs) were there throughout the United States in 2018?

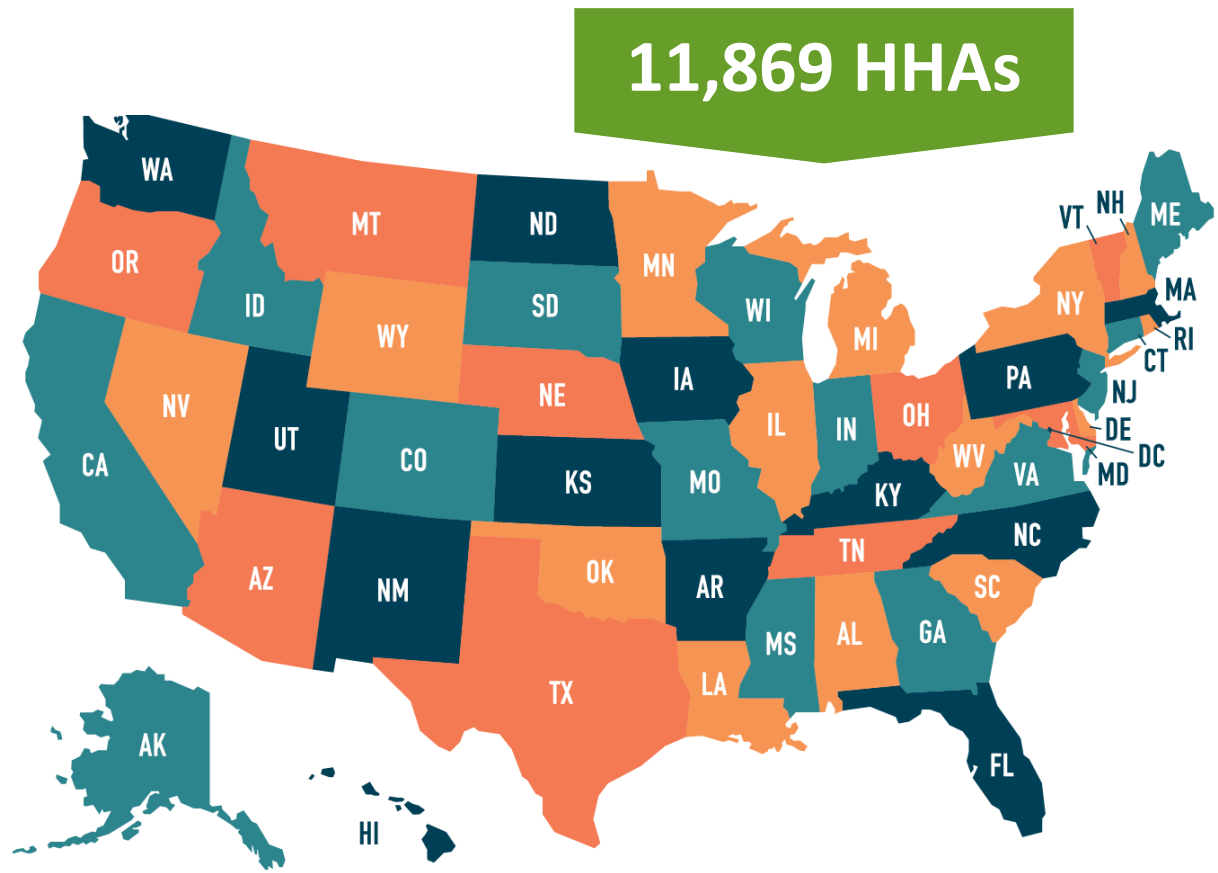
- A. 8,500.
- B. 10,000.
- C. 12,000.
- D. 15,000.



Q₂

Approximately how many certified home health agencies (HHAs) were there throughout the United States in 2018? (cont.)

- A. 8,500.
- B. 10,000.
- C. 12,000.**
- D. 15,000.



Today's Presenters



Heidi Magladry, R.N.

OASIS Lead Home Health Quality Reporting Program
Centers for Medicare & Medicaid Services



Lori Teichman, Ph.D.

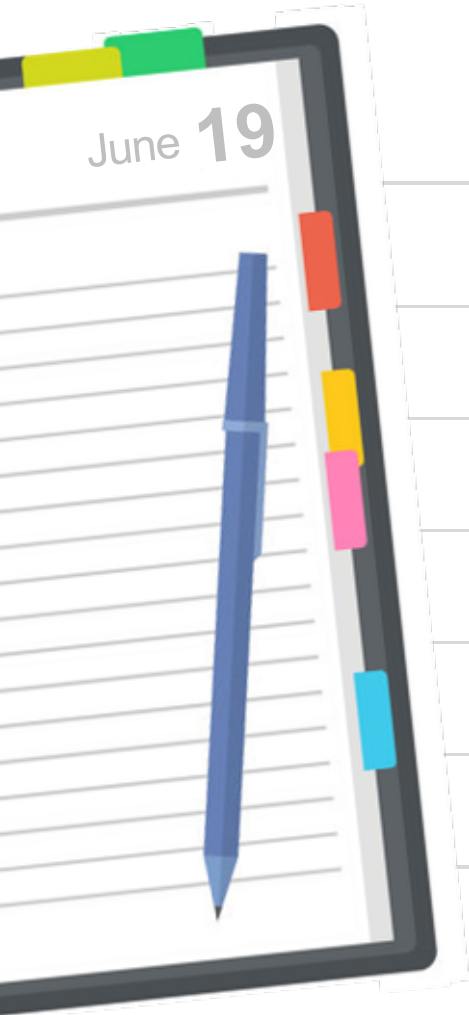
COR for HHCAHPS and HEDIS Contracts
Centers for Medicare & Medicaid Services

Today's Presenters (cont.)



Kathryn D. Roby, M.Ed., M.S., R.N., CHCE, CHAP/ACHC
Senior Consultant, Home Health Services
Qualidigm

Today's Agenda



Welcome.

Basics of the Home Health Quality Reporting Program.

Reporting OASIS and HHCAHPS Data.

CASPER On-Demand Reports.

Reconsideration Process.

Resources.

Questions & Answers.

Acronyms in This Presentation

- APU – Annual Payment Update
- ASAP – Assessment Submission and Processing
- ASPEN – Automated Survey Processing Environment
- CAHPS® – Consumer Assessment of Healthcare Providers and Systems
- CASPER – Certification and Survey Provider Enhanced Reports
- CCN – CMS Certification Number
- CFR – Code of Federal Regulations
- CMS – Centers for Medicare & Medicaid Services

CASPER CCN ASPEN
ASAP CMS CY CAHPS® EOC
CFR APU

Acronyms in This Presentation (cont. 1)

- CY – Calendar Year
- EOC – End of Care
- FVR – Final Validation Report
- HH – Home Health
- HHA – Home Health Agency
- HHCAHPS – Home Health Care Consumer Assessment of Healthcare Providers and Systems
- iQIES – Internet Quality Improvement and Evaluation System
- MAC – Medicare Administrative Contractor

EOC
HH MAC FVR CY
S OASIS HHA
iQIES HHCAHPS

Acronyms in This Presentation (cont. 2)

- OASIS – Outcome and Assessment Information Set
- PER – Participation Exemption Request
- PHI – Protected Health Information
- PII – Personally Identifiable Information
- PPS – Prospective Payment System
- QAO – Quality Assessments Only
- QIES – Quality Improvement and Evaluation System
- QRP – Quality Reporting Program
- ROC – Resumption of Care
- SOC – Start of Care

QAO C
QIES RO PHI
OASIS QRP SOC
PPS PER PII

Disclaimer

- This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation 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.

Objectives

- Discuss the Home Health (HH) Quality Reporting Program (QRP) and relationship to the Annual Payment Update (APU)/market basket increase.
- List the steps for reporting Outcome and Assessment Information Set (OASIS) and Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey data.



Objectives (cont.)

- Describe the Certification and Survey Provider Enhanced Reports (CASPER) that inform OASIS submission errors.
- Define the reconsideration process and HH QRP life cycle.
- Identify the resources available to assist home health providers to achieve a full market basket increase.



Basics of the Home Health Quality Reporting Program

What is the HH QRP?

- The Home Health Quality Reporting Program (HH QRP) was implemented on January 1, 2007, with home health quality data being collected with the Outcome and Assessment Information Set (OASIS) data collection instrument.
- The HH QRP promotes the delivery of person-centered, high-quality, and safe care by home health agencies.



Home Health Quality Goals

- Quality health care for people with Medicare is a high priority for CMS.
- CMS defines quality as having the following properties or domains:

Effectiveness

- Providing care processes and achieving outcomes as supported by scientific evidence.

Efficiency

- Maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.

Equity

- Providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.

Patient Centeredness

- Meeting patients' needs and preferences and providing education and support.

Safety

- Preventing or reducing risk for actual or potential bodily harm.

Timeliness

- Obtaining needed care while minimizing delays.

HH QRP Requirements

- Currently, there are two requirements for the HH QRP:
 - OASIS data collection and submission.
 - Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey data collection and submission.
- All Medicare-certified home health agency providers must comply with these two reporting requirements.



The HH QRP



OASIS Submission Requirements

- All Medicare-certified HHA providers are required to collect and submit OASIS data at the following timepoints:
 - Start of care (SOC).
 - Resumption of care (ROC) following inpatient facility stay.
 - Recertification within the last 5 days of each 60-day recertification period.
 - Other follow-up during the home health episode of care.
 - Transfer to an inpatient facility.
 - Death at home.
 - Discharge from agency.

OASIS Exclusions

- HHAs should not submit OASIS data for patients:
 - Who are receiving only non-skilled services.
 - For whom neither Medicare, Medicare managed care, Medicaid, nor Medicaid managed care is paying for HH care.
 - Who are receiving pre- or postpartum services.
 - Who are under the age of 18 years.

OASIS Data Submission

- OASIS data is required to be submitted and accepted within the acceptable threshold.
 - Submission within 30 days from the date the assessment is completed (M0090) in accordance with the Medicare Home Health Conditions of Participation.

OASIS Data Submissions and Corrections

Data Submission *Requirement*

- OASIS submission requirement by Medicare Home Health Conditions of Participation.
- Within 30 days from the date the assessment is completed (M0090).

Data Correction *Deadline*

- Deadline for OASIS submissions and corrections to be reflected in public reporting.
- Approximately 4.5 months after the close of the calendar quarter.
- Dates noted on CASPER Review and Correct Reports.

Data Submission *Limit*

- Deadline for OASIS submissions and corrections to be accepted in the OASIS QIES ASAP System.
- 24 months from the OASIS Assessment effective date.*

* 36 months prior to 01/01/2020

Annual Payment Update (APU)/Market Basket Increase

- CMS annually updates the prospective payment rates provided to home health agencies for furnishing home health services (in accordance with section 1895(b)(1)(B) of the Social Security Act). This annual payment update (APU) occurs on a calendar year basis.
- The APU applies to Medicare fee-for-service home health payment rates, meaning home health agencies that are billing Medicare Administrative Contractors for services provided to Medicare beneficiaries. Section 1895(b)(3)(B) of the Social Security Act requires that the home health payment update be decreased by 2 percentage points for those Home Health Agencies (HHAs) that do not submit quality data as required by the Secretary of Health and Human Services.

Source: “MLN Matters, MM10992, Home Health Prospective Payment System (HH PPS) Rate Update Calendar (CY) 2019”.

“Pay-for-Reporting” Requirement

- The mandate to report quality measure data to CMS with a resulting reduction in Medicare payments for non-performance is commonly referred to as a “pay-for-reporting program” or “pay-for-reporting requirement.”
- Section 484.225(i) of Part 42 of the Code of Federal Regulations (C.F.R.) provides that HHAs that meet the quality data reporting requirements are eligible to receive the full HH market basket percentage increase.
- HHAs that do not meet the reporting requirements are subject to a two (2%) percentage point reduction to the HH market basket increase.

“Pay-for-Reporting” Requirement (cont.)

- Performance Period - For purposes of calculating compliance with this requirement, OASIS data collection is measured from July 1 through June 30 each year.
- Starting with the July 1, 2017, to June 30, 2018, performance period, the Quality Assessment Only (QAO) performance requirement is increased to 90 percent.

Measuring OASIS “Pay-for-Reporting” Compliance

- Quality Assessment Only (QAO) Metric.
 - Calculation used to determine an individual agency’s compliance with the CMS OASIS quality reporting requirement.
 - **Uses “matching” OASIS assessments** for each patient admitted to their agency.
 - These matching assessments together create a “quality episode of care.”



Calculating the QAO Metric and “Pay-for-Reporting” Compliance

1. **Normal:** A SOC/ROC assessment that has a matching End of Care (EOC) assessment (transfer to an inpatient facility, discharge from the agency, or death at home).
2. **Late SOC/ROC:** A SOC/ROC assessment that could begin an episode of care, but *occurs* in the last 65 days of the performance period.
3. **Early EOC:** An EOC assessment that could end an episode of care that began in the previous reporting period (EOC *occurs* in the first 65 days of the performance period).
4. **SOC/ROC Pseudo Episode:** A SOC/ROC assessment that is followed by one or more follow-up assessments, the last of which *occurs* in the last 65 days of the performance period.

Calculating the QAO Metric and “Pay-for-Reporting” Compliance (cont.)

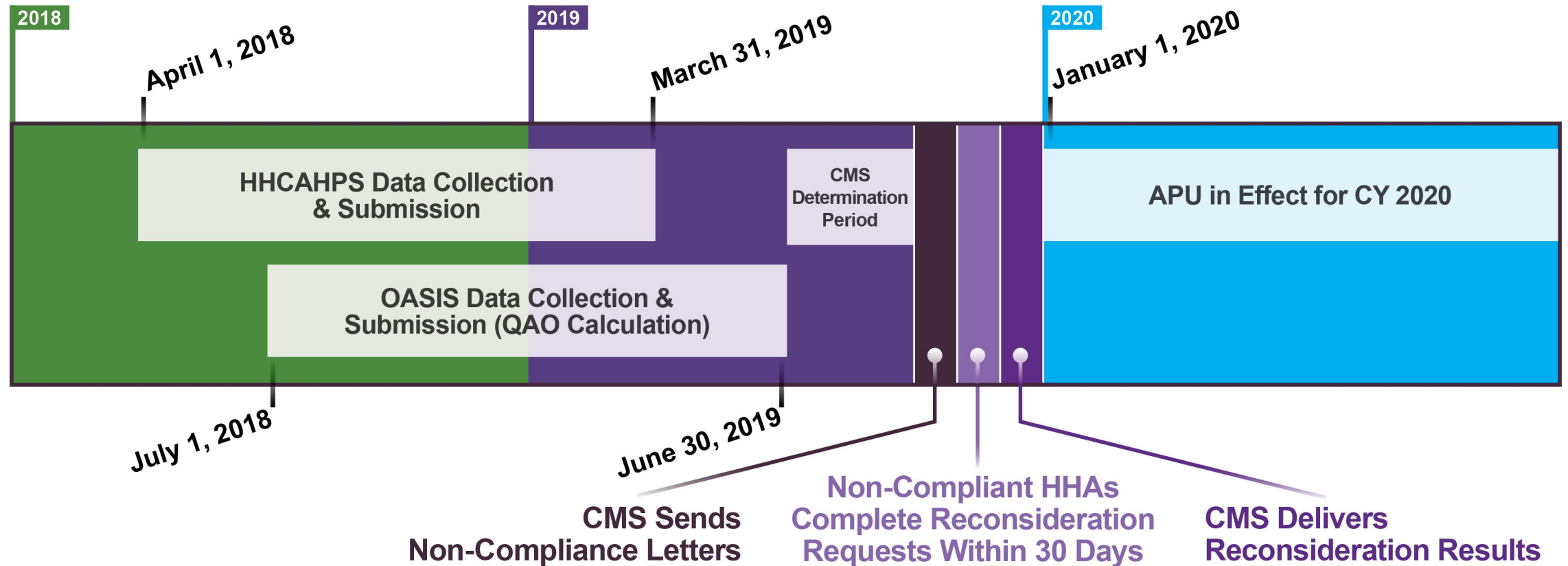
5. **EOC Pseudo Episode:** An EOC assessment that is preceded by one or more Follow-up assessments, the last of which *occurs* in the first 65 days of the performance period.
6. **One-Visit Episode:** A SOC/ROC assessment that is part of a known one-visit episode.
7. **Neutral Assessments:** Follow-up assessments (M0100 Reason for Assessment = ‘04’ or ‘05’) are considered “neutral” and do not count toward or against the pay for reporting performance requirement.
8. **Non-Quality Assessments:** SOC, ROC, and EOC assessments that do not meet any of these definitions.

QAO Calculation

- The Quality Assessments Only (QAO) metric is based on the proportion of Quality and Non-Quality assessments submitted by the HHA, ignoring the number of Neutral assessments.

$$\text{QAO} = \frac{\# \text{ Quality Assessments} \times 100}{\# \text{ Quality Assessments} + \# \text{ Non-Quality Assessments}}$$

HH QRP Life Cycle



QAO Interim Performance Report

- A quarterly informational report automatically generated and placed in the CASPER folder.
 - Provides an example of an agency's current QAO performance score based on data from assessment submissions over the most recent 12 months.
 - Intended to help HHAs monitor OASIS compliance with the annual pay-for-reporting requirements.
 - Available in January, April, and July.
- Agencies are encouraged to closely monitor these interim reports and investigate any discrepancies or concerns prior to receipt of the QAO Annual Performance Report.
 - Available in October.

QAO Interim Performance Report (cont. 1)



January 1, 2018 to December 31, 2018 Quality Assessments Only (QAO) Interim Performance Report for Quarter 2

This QAO Performance Report is based on assessments completed by your HHA during the period from January 1, 2018 to December 31, 2018 and submitted by January 31, 2019

The results displayed in this report do NOT affect any prior or current period APU adjustments for this agency.

QAO Interim Score for Example Home Health (123456) Somewhere, USA
98.1% (Your HHA would pass the Annual QAO performance requirement because your current QAO score was greater than or equal to the 90% criterion.)

QAO Interim Performance Report (cont. 2)

January 1, 2018 to December 31, 2018 QAO Interim Performance Report
Example Home Health (123456) Somewhere, USA

	Start or Resumption of Care (SOC/ROC) Assessments	#		End of Care (EOC) Assessments	#
	Quality Assessments			Quality Assessments	
[1]a	# matched to EOC assessments to form a quality episode of care	546	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	546
[2]a	# matched to follow-up assessments (occurring in last 65 days of APU period)	21	[2]b	# matched to follow-up assessment (occurring in first 65 days of APU period)	25
[3]a	# that occurred in last 65 days of APU period	53	[3]b	# that occurred in first 65 days of APU period	46
[4]a	# one-visit episodes	23	[4]b	N/A	N/A
[5]a	Total SOC/ROC Quality Assessments	643	[5]b	Total EOC Quality Assessments	617
	Non-Quality Assessments			Non-Quality Assessments	
[6]a	# that do not meet above Quality Assessment criteria	12	[6]b	# that do not meet above Quality Assessment criteria	12
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	1,260			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	24			
[9]	Total Assessments ([7] + [8])	1,284			
	QAO Score				
[10]	= 100 x [7] / [9]	98.1			

QAO Annual Performance Report

- A report that reflects an agency's actual OASIS compliance rate for the period of July 1 through June 30.
 - Used to determine the individual agency APU/market basket update for the following calendar year.
 - HHAs must score at least 90 percent on the annual QAO metric or be subject to a 2 percentage point reduction.

Note: This report reflects only the OASIS portion of the HH QRP requirements. It doesn't include HHCAHPS.

QAO Annual Performance Report (cont. 1)



July 1, 2017 to June 30, 2018 Quality Assessments Only Annual Performance Report

This QAO Performance Report is based on assessments completed by your HHA during the Annual Performance Update (APU) period from July 1, 2017 to June 30, 2018 and submitted by July 30, 2018

QAO Annual Performance Score for Example Home Health (123456) Somewhere, USA
99.2% (Your HHA passed the Annual QAO performance requirement because your QAO score was greater than or equal to the 90% criterion.)

QAO Annual Performance Report (cont. 2)

July 1, 2017 to June 30, 2018 Quality Assessments Only Annual Performance Report
Example Home Health (123456) Somewhere, USA

	Start or Resumption of Care (SOC/ROC) Assessments	#		End of Care (EOC) Assessments	#
	Quality Assessments			Quality Assessments	
[1]a	# matched to EOC assessments to form a quality episode of care	683	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	683
[2]a	# matched to follow-up assessments (occurring in last 65 days of APU period)	73	[2]b	# matched to follow-up assessment (occurring in first 65 days of APU period)	69
[3]a	# that occurred in last 65 days of APU period	87	[3]b	# that occurred in first 65 days of APU period	71
[4]a	# one-visit episodes	3	[4]b	N/A	N/A
[5]a	Total SOC/ROC Quality Assessments	846	[5]b	Total EOC Quality Assessments	823
	Non-Quality Assessments			Non-Quality Assessments	
[6]a	# that do not meet above Quality Assessment criteria	8	[6]b	# that do not meet above Quality Assessment criteria	5
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	1,670			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	13			
[9]	Total Assessments ([7] + [8])	1,683			
	QAO Score				
[10]	= 100 x [7] / [9]	99.2			

Additional Information: QAO Reports

- The QAO Interim and Annual Performance Reports will remain in the CASPER folders for 120 days.
- Additional information regarding the HH QRP requirements, QAO metric and data submission deadlines can be found at:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>.
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines.html>.

HHCAHPS Submission Requirements

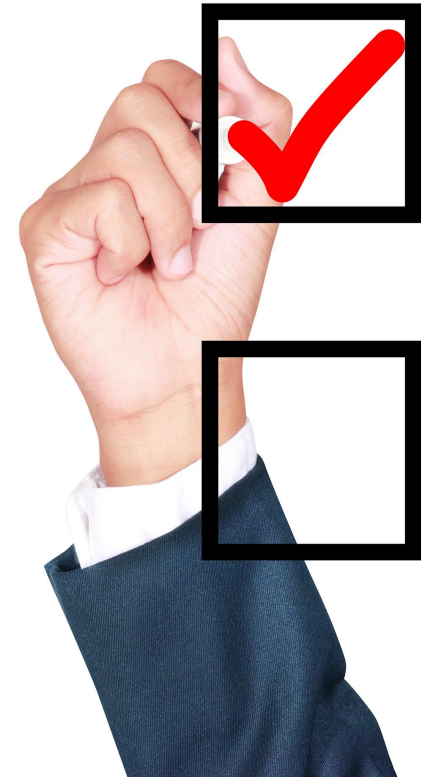
- All Medicare-certified HHAs must participate monthly (all 12 months) in order to receive their full APU.
- Must contract with an approved survey vendor.
- You must authorize your vendor to submit data on your behalf.
- Vendor must successfully submit data to the Home Health Care CAHPS Data Center.
- Data collection year is April 1 through March 31.



Reporting OASIS and CAHPS® Data

Reporting OASIS and CAHPS® Data

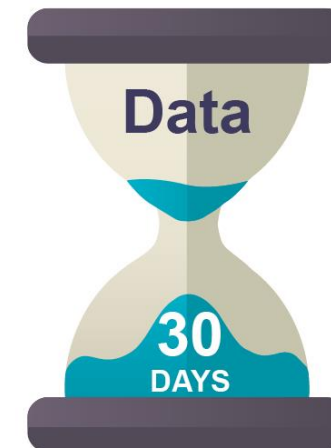
- To meet HH QRP requirements, HHAs must:
 - Meet the requirements for both OASIS and CAHPS®.
 - Data must be submitted **and** accepted on time.



OASIS: When to Submit Data?

- OASIS data for all timepoints must be submitted and accepted within 30 days from the date the assessment is completed (M0090).
- The act of **submission does not equal acceptance.**
- It is recommended that HHAs submit data within 7–14 days to be sure of acceptance by the 30-day deadline.

**Submit data within
30 days of the
M0090 date.**



It is recommended, that
HHAs submit data within
14 days
to ensure acceptance by
the 30-day deadline.

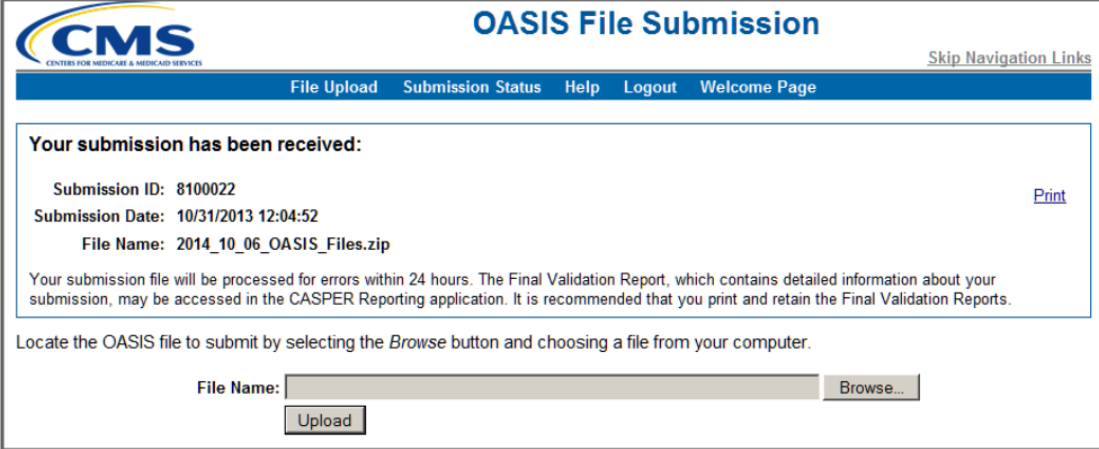
OASIS: Where to Submit Data?

- OASIS records are submitted into the CMS Quality Improvement and Evaluation System - Assessment Submission and Processing (QIES ASAP) system.
- The ***OASIS Submission User's Guide*** is an important resource.
- Ensure that your submissions are in the correct format, contain the correct information, and will be accepted by the QIES ASAP system.



OASIS: How to Ensure That Data Submitted Are Accepted?

- The QIES ASAP system:
 - Confirms that the submission was received.
 - Includes the name of the file you submitted.
 - Does not mean your data were accepted.
- The **OASIS Agency Final Validation Report** (FVR) will verify acceptance or rejection of the OASIS records.
- Print and keep a copy of this confirmation from FVR. This is your proof of OASIS data acceptance.



The screenshot shows the 'OASIS File Submission' page on the CMS (Centers for Medicare & Medicaid Services) website. The page has a blue header with the CMS logo and navigation links: 'File Upload', 'Submission Status', 'Help', 'Logout', and 'Welcome Page'. A 'Skip Navigation Links' link is also present. The main content area is titled 'Your submission has been received:' and displays the following information: Submission ID: 8100022, Submission Date: 10/31/2013 12:04:52, and File Name: 2014_10_06_OASIS_Files.zip. A 'Print' link is available to the right of the submission details. Below this, a message states: 'Your submission file will be processed for errors within 24 hours. The Final Validation Report, which contains detailed information about your submission, may be accessed in the CASPER Reporting application. It is recommended that you print and retain the Final Validation Reports.' At the bottom, there is a section for uploading a file, with the text 'Locate the OASIS file to submit by selecting the Browse button and choosing a file from your computer.' This section includes a 'File Name' input field, a 'Browse...' button, and an 'Upload' button.

The FVR is the only way to verify that submitted files were also accepted.

Resources Available to Support Submission

- Refer to the *OASIS Submission User's Guide* for detailed information about submission of OASIS data to the ASAP system.
- The guide is available for download in the following locations:
 - Welcome to the CMS QIES Systems for Providers web page.
 - OASIS User Guides and Training page on the QIES Technical Support Office (QTSO) website (<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>).

The screenshot shows the CMSNet - Submission Access page for Home Health Agency (HHA) Providers. The page has a dark blue header with navigation links: I am a..., Software, Reference & Manuals, Training, Access Forms, and CMSNet - Submission Access. Below the header, the breadcrumb trail reads HOME / PROVIDERS / HOME HEALTH AGENCY HHA PROVIDERS. The main heading is "Home Health Agency (HHA) Providers". A paragraph states: "The purpose of this page is to display technical information related to OASIS (the Outcome and Assessment Information Set) data set for use in Home Health Agencies (HHAs)". On the right, there is a "CMSNet - Submission Access" button with a "Launch CMSNet" link. Below this, a navigation bar includes News, Software, Reference & Manuals (highlighted), Training, Access Forms, FAQs, and Important Links. The "Reference & Manuals" section features a book icon and the title "Reference & Manuals". Underneath, it lists "CASPER HHA Reporting User's Manual" with a list of sections: Cover (v1.05 posted 03/2019), Section 1 - Introduction (v1.00 posted 02/2018), Section 2 - Functionality (updated 09/2012), Section 3 - Utility Reports (updated 11/2012), Section 4 - Home Health Agency Provider Reports (v1.05 posted 12/2017), Section 6 - OASIS Quality Improvement Reports (v1.05 posted 03/2019), and Appendix A - Quick Reference Submissions, Status and Final Validation Reports (v1.02 posted 12/2016). The date "Dec 28, 2018" is shown. Below this, the "CMSNet Installation Guide & FAQ's" section lists "Install Instructions CMSNet-12215014.pdf" with the date "Dec 15, 2014". The footer of the page includes the "HOME HEALTH QUALITY REPORTING PROGRAM" logo.

Resources Available to Support Submission (cont.)

- For additional assistance you may contact the state OASIS Automation Coordinator.
- OASIS Automation Coordinators assist home health agencies with:
 - Facilitating the initial transmission of test data for new HHAs.
 - Providing ongoing technical assistance to HHA providers on the transmission of OASIS data.
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/OASIS-Coordinators.html>.

HHCAHPS: Data Submission

- HHCAHPS Survey data are submitted to the Home Health Care CAHPS Data Center.
- Data submission deadlines occur quarterly on the third Thursday of the months of January, April, July, and October.
- Your authorized survey **vendor** submits your data on your behalf.

HHCAHPS data submission occurs quarterly.



HHCAHPS: Data Submission (cont.)

- HHAs must successfully submit HHCAHPS data for all months in the APU period to be compliant with the HHCAHPS requirements for the APU period.
- The HHAs' survey vendors submit the HHCAHPS survey data for the HHAs to the HHCAHPS Survey Data Center, maintained by RTI.
- HHAs access their data submission reports in the secure portal called "For HHAs" on <https://homehealthcahps.org> with their user IDs assigned by RTI. HHAs assign their own passwords in the "For HHAs" portal.
- Email hhcahps@rti.org or telephone RTI at (866) 354-0985 for HHCAHPS help.



HHCAHPS: Data Submission, Vendors, and RTI

- HHAs contract with a CMS-approved HHCAHPS vendor from the list posted on <https://homehealthcahps.org> or request the approved HHCAHPS survey vendor list by emailing hhcahps@rti.org.
 - HHAs authorize their vendors with RTI's assistance so their vendors can successfully submit HHCAHPS survey data to the HHCAHPS Survey Data Center.
 - HHAs regularly check HHCAHPS data submission reports in the "For HHAs" portal on <https://homehealthcahps.org> to monitor HHCAHPS data submission from vendors.
 - HHAs maintain payment to their vendors for HHCAHPS survey data services so that their vendors do not stop their HHCAHPS data collection. Continuous data collection ensures compliance with the HH APU requirements.
 - HHAs regularly communicate with vendors about their data collection statuses.
 - RTI is the federal contractor for the national implementation of the HHCAHPS Survey. HHAs should contact RTI at hhcahps@rti.org or they should call RTI at (866) 354-0985 with any HHCAHPS-related questions.

HHCAHPS: Data Submission, Vendors, and RTI (cont.)

- Contact RTI if you want to change vendors. RTI will show you how to authorize the new HHCAHPS survey vendor, and will show you how to end your authorization for the prior HHCAHPS survey vendor.
- There is no limit on how many times you can switch vendors but contact RTI to be sure that you will not be interrupting data collection in your telephone surveying schedule, or in your mail surveying schedule.
- It is advisable to switch vendors at the beginning of each data collection quarter:
 - Beginning of January, beginning of April, beginning of July, and beginning of October.

HHCAHPS Survey: Exemptions

Two exemptions from CAHPS® Survey.

1. CAHPS® Size Exemption.
2. CAHPS® Newness Exemption.

These exemptions
are unique to
CAHPS®; they do
not apply to OASIS.



HHCAHPS Survey: Size Exemption

- If your agency served **59 or fewer survey-eligible patients** in the reference year, you are eligible to apply for a size exemption.
- To apply for the size exemption:
 - Go to the survey website (<https://homehealthcahps.org>).
 - Look for “Participation Exemption Request” (PER) under the HHA tab.
 - Fill out and submit the form online.
- Know the key date ranges for each APU and HHCAHPS Survey participation period.

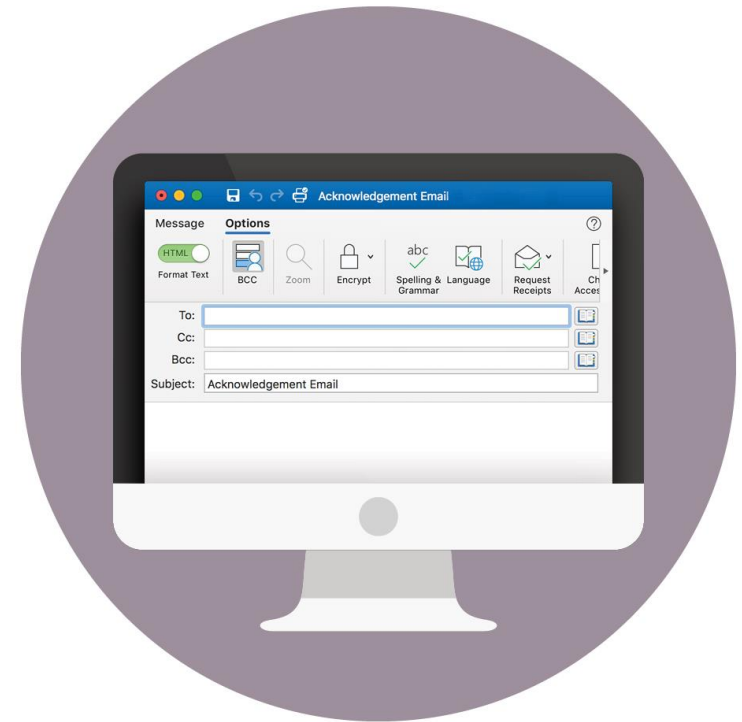
HHCAHPS Survey: Size Exemption (cont. 1)

- Calendar year (CY) 2021 APU requirements:
 - **Reference Period** is between April 1, 2018, and March 31, 2019.
 - **Data Collection Period** is between April 1, 2019, and March 31, 2020.
 - **Exemption Application Deadline** is March 31, 2020.
- To complete the PER form, determine the number of your HHA's HHCAHPS-eligible patients served in the reference year.
 - The online form will guide you through the process.
- Exemption is good for 1 year only.
- Need to resubmit exemption request annually.

HHCAHPS Survey: Size Exemption (cont. 2)

- After you submit the form:
 - You will get an acknowledgement email.
 - Does **not** mean you are approved.
- CMS verifies your counts before the APU season and then makes a decision.
- Save the acknowledgement email for future reference!

Acknowledgement Email



HHCAHPS: Newness Exemption

Second CAHPS®-only exemption: Newness.

- If you receive a new CMS Certification Number (CCN) on or after the start of the data collection year, then:
 - You are automatically exempted for 1 year.
 - CMS grants the exemption.
- We recommend that you save your letter with your new CCN and save the envelope.




Where do you submit OASIS data for the HH QRP?

- A. The Home Health Care Survey Data Center.
- B. RTI International.
- C. The Quality Manager at your agency.
- D. The QIES ASAP system.



Where do you submit OASIS data for the HH QRP? (cont.)

- A. The Home Health Care Survey Data Center.
- B. RTI International.
- C. The Quality Manager at your agency.
-  D. **The QIES ASAP system.**




Q₄ Who submits CAHPS[®] data for the HH QRP?

- A. The Home Health Care Survey Data Center.
- B. RTI International.
- C. Your authorized CAHPS[®] Survey vendor.
- D. The Quality Manager at your agency.



Who submits CAHPS® data for the HH QRP? (cont.)

- A. The Home Health Care Survey Data Center.
- B. RTI International.
-  C. **Your authorized CAHPS® Survey vendor.**
- D. The Quality Manager at your agency.



CASPER On-Demand Reports

CASPER Reports

- Many valuable reports in CASPER.
 - Select the CASPER Reporting link on the CMS QIES Systems for Providers web page.
 - Locate HHA-specific reports in the HHA Provider and HH QRP Quality Reporting Program report categories in CASPER.
- The CASPER Reporting User's Guide For HHA Providers is available at <https://qtso.cms.gov/providers/home-health-agency-hha-providers/training>.
 - Chapter 4 of the guide outlines all reports available via the HHA Provider Reports category.

Error Reports

There are four types of HHA error reports:

1. HHA Error By Field By Agency.
2. HHA Error By Month By Agency.
3. HHA Error Message.
4. HHA Error Summary By Agency.

HHA Error by Field by Agency Report

- Lists warning errors encountered in successful assessment submissions during a specified period for an agency.
- Summarizes the following information about assessments submitted successfully during the specified period:
 - Field in error.
 - Number of assessments with errors in the field.
 - Total number of assessments successfully processed.
 - Percentage of assessments with errors in the field.

HHA Error by Field by Agency Report (cont.)

Run Date: 04/23/2019

Page 1 of 2

CASPER Report (MD) HHA Error by Field by Agency from 03/01/2019 thru 03/31/2019

Agency ID: XX123456

Agency Name: HAPPY HARBOR HOME CARE

Agency City: BALTIMORE

Field In Error	Number of Assessments with Field In Error	Total Number of Assessments Successfully Processed	% of Assessments with Field In Error
Current M0100_ASSMT_REASON, Prior M0100_ASSMT_REASON, Prior HHA_ASMT_ID	11	1,318	0.83%
Death Date	6	1,318	0.46%
M0030_START_CARE_DT, M0032_ROC_DT, M0032_ROC_DT_NA, M0040_PAT_FNAME, M0040_PAT_LNAME, M0064_SSN, M0064_SSN_UK, M0066_PAT_BIRTH_DT, M0069_PAT_GENDER, M0090_INFO_COMPLETED_DT, M0100_ASSMT_REASON, M0906_DC_TRAN_DTH_DT	2	1,318	0.15%
M0040_PAT_FNAME	3	1,318	0.23%
M0040_PAT_FNAME, M0040_PAT_MI	1	1,318	0.08%
M0040_PAT_FNAME, M0063_MEDICARE_NUM	1	1,318	0.08%
M0040_PAT_LNAME	3	1,318	0.23%
M0040_PAT_MI	35	1,318	2.66%
M0040_PAT_MI, M0064_SSN	1	1,318	0.08%
M0040_PAT_MI, M0065_MEDICAID_NUM	1	1,318	0.08%
M0063_MEDICARE_NUM	17	1,318	1.29%
M0064_SSN	12	1,318	0.91%
M0064_SSN, M0063_MEDICARE_NUM	3	1,318	0.23%
M0065_MEDICAID_NUM	1	1,318	0.08%
M0069_PAT_GENDER	1	1,318	0.08%
M0100_ASSMT_REASON, M0030_START_CARE_DT, M1005_INP_DISCHARGE_DT	9	1,318	0.68%
M0100_ASSMT_REASON, M0090_INFO_COMPLETED_DT, M0906_DC_TRAN_DTH_DT	1	1,318	0.08%

This report contains fictional data for demonstration purposes only.

HHA Error by Month by Agency Report

- Summarizes detail about a specific error encountered in assessments submitted by the agency during the specified period:
 - Error number.
 - Error description.
 - Agency ID.
 - Number of occurrences of the error for each month by agency.
 - Total number of occurrences of the error for each agency for the reporting period.
 - Total number of occurrences of the error by month and reporting period.
- The reported records are sorted by error number and agency ID in ascending order.

HHA Error by Month by Agency Report (cont.)

Run Date: 11/12/2018

Page 5 of 5

CASPER Report (IA) HHA Error by Month by Agency from 01/2017 thru 12/2017

Error Number: -915

Error Description: Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.

Agency ID	01/17	02/17	03/17	04/17	05/17	06/17	07/17	08/17	09/17	10/17	11/17	12/17	Grand Total
XXHHA123	1	8	1	10	10	0	4	0	1	4	3	0	42
Grand Total	1	8	1	10	10	0	4	0	1	4	3	0	42

This report contains fictional data for demonstration purposes only.

HHA Error Message Report

- Provides a current listing of the errors that may be associated with assessment submissions.
- Details the message type (fatal and warning) and message text of each.
- Sorts the reported records by message number in ascending order.

HHA Error Message Report (cont.)

Run Date: 02/3/2018

Page 11 of 11

CASPER Report HHA Error Message


Message Number	Message Type	Message Text
-914	F	Invalid Format: The value submitted for this item contains one or more non-printable or control characters.
-915	W	Patient Information Updated: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. The database has been updated.
-916	F	Multiple Matches Found: The submitted record matches multiple records in the database. Please contact the QTSO Help Desk.
-921	F	Assessment Completed Late: The Effective Date of the assessment was more than 36 months prior to the submission date.
-922	F	Submission Period Expired: The assessment was submitted 24 months after the agency's closed date.
-923	F	Inconsistent Dates: M0090 is greater than the agency's termination date.
-924	F	Test Record Processed: The submitting agency is not identified as being certified at this time; this record was processed as a test record. If you believe this is incorrect, please contact your state OASIS Automation Coordinator.
-925	W	Follow-up Record Completed Late: Under CMS sequencing guidelines, this follow-up record was completed late.
-926	F	Invalid CCN: M0010 must not equal blank (^) for a CMS-certified agency.

This report contains fictional data for demonstration purposes only.

HHA Error Summary by Agency Report

- Summarizes the errors an agency encountered in submissions during a specified period.
- Provides the following detail:
 - Error number.
 - Error message.
 - Total number of submitted assessments processed.
 - Number of submitted assessment with field in error.
 - Percentage of submitted assessments with field in error.
- The reported records are sorted by State code, agency ID, and error message number in ascending order.

HHA Error Summary by Agency Report (cont.)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
(MD) HHA Error Summary by Agency
from 01/2019 thru 03/2019

Run Date: 04/23/2019
Page 1 of 1

Agency ID: XX123456
Agency Name: HAPPY HARBOR HOME CARE
Agency City: BALTIMORE

Error #	Error Description	# of Assessments Processed	# of Assessments with the Error	% of Assessments with the Error
-3190	No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items of this record did not match the corresponding items of an existing record in the database.	4,009	2	0.05%
-3280	Inconsistent Dates: If M0100 is equal to 01, then M0030 minus M1005 should be greater than or equal to zero and less than or equal to 14 days.	4,009	10	0.25%
-3320	Inconsistent Dates: If M0100 is equal to 09, then M0090 minus M0906 should be greater than or equal to zero and less than or equal to 2 days.	4,009	4	0.10%
-3330	Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.	4,009	61	1.52%
-3650	Inconsistent M1000 Values: If M1000-NA is equal to 0, then at least one item M1000-1 through M1000-7 must equal 1.	4,009	2	0.05%
-907	Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.	4,009	4	0.10%
-909	Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.	4,009	31	0.77%
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	4,009	226	5.64%
-925	Record Timing Invalid: CMS timing guidelines require recertification follow-up records (M0100=4) at least every 60 days, but no earlier than day 56 of the follow-up cycle.	4,009	3	0.07%
Total:			343	

This report contains fictional data for demonstration purposes only.

HHA Submission Statistics by Agency Report

- Lists the submissions made by or on behalf of an agency during a specified period.
- Summarizes the following about files submitted during the specified period:
 - Submission date/time.
 - Submission ID.
 - Number of records processed.
 - Number of records rejected.
 - Number of records accepted.
 - Percentage of records rejected.

HHA Submission Statistics by Agency Report (cont.)

Run Date: 04/23/2019

Page 1 of 1

CASPER Report

(MD) HHA Submission Statistics by Agency

from 01/01/2019 thru 03/31/2019

Agency ID: XX123456

Agency Name: HAPPY HARBOR HOME CARE

Agency City: BALTIMORE


Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %
03/28/2019 17:03:40	X5528216	338	0	338	0.00%
03/21/2019 15:02:40	X5500634	115	0	115	0.00%
03/19/2019 15:21:23	X5490407	28	0	28	0.00%
03/19/2019 12:33:38	X5489312	389	1	388	0.26%
03/11/2019 12:26:46	X5457115	1	1	0	100.00%
03/11/2019 11:30:13	X5456592	114	1	113	0.88%
03/07/2019 16:50:35	X5447378	149	0	149	0.00%
03/07/2019 11:49:55	X5445139	1	0	1	0.00%
03/07/2019 10:10:14	X5444413	2	0	2	0.00%
03/05/2019 13:27:24	X5435303	181	0	181	0.00%
02/28/2019 15:06:03	X5419091	308	1	307	0.32%
02/21/2019 14:02:26	X5390955	311	0	311	0.00%
02/19/2019 13:37:29	X5380270	2	0	2	0.00%
02/19/2019 11:27:18	X5379123	1	0	1	0.00%
02/14/2019 15:12:14	X5365822	339	0	339	0.00%
02/07/2019 13:59:25	X5336841	303	1	302	0.33%
01/31/2019 15:30:19	X5309097	348	1	347	0.29%
01/24/2019 15:23:46	X5281303	298	0	298	0.00%
01/17/2019 15:41:31	X5253327	348	1	347	0.29%
01/10/2019 09:32:36	X5222668	233	0	233	0.00%
01/04/2019 16:23:12	X5202987	25	0	25	0.00%
01/04/2019 13:39:46	X5201565	1	0	1	0.00%
01/04/2019 11:33:54	X5200381	15	1	14	6.67%
01/03/2019 16:15:51	X5197278	158	0	158	0.00%
01/02/2019 09:39:26	X5189324	1	0	1	0.00%
Agency Totals:		4,009	8	4,001	0.20%

This report contains fictional data for demonstration purposes only.

OASIS Agency Final Validation Report (FVR)

- Provides detailed information about the status of select submission files.
 - Indicates if the records submitted were accepted or rejected.
 - Details the warning and fatal errors encountered.
- Report is automatically generated by the ASAP system within 24 hours of the submission of a file and placed in the provider's FVR folder which is named: [State Code] HHA [Facility ID] VR.
- Can be user-generated upon request.

OASIS Agency Final Validation Report (FVR) (cont.)


		Run Date: 04/23/2019 Page 1 of 39	
CMS Submission Report OASIS Agency Final Validation Report			
Submission Date/Time:		03/05/2019 13:27:24	
Submission ID:		X5435303	
Submitter User ID:		HHA1234567	
Submission File Name:		OASIS1234567.zip [D41E156C-DEEA-4D7E-AF5A-839E336C749C}.zip	
Submission File Status:		Completed	
Processing Completion Date/Time:		2019-03-05 13:33:12.485489	
Agency ID (FAC_ID):		XX123456	
Agency Name:		HAPPY HARBOR HOME CARE	
State Code:		MD	
# Records Processed:		181	
# Production Records Accepted:		181	
# Production Records Rejected:		0	
# Production Duplicate Records:		0	
# Production Records Submitted Without Agency Authority:		0	
# Test Records Passed:		0	
# Test Records Failed:		0	
Total # of Messages:		11	
Record: 1		Accepted	
Asmt_ID: 123456789		Name (M0040): DOE, JANE	
Res_Int_ID: 12345678		SSN (M0064): XXX-XX-XXXX	
RFA, BRANCH_ID: 09 P		Medicare Num (M0063): X987654321	
M0090 Date: 03/01/2019		Eff Date: 03/01/2019	
Type of Transaction: NEW RECORD		Correction Num: 0	
XML File Name:		OASIS7654321.xml	
This report contains fictional data for demonstration purposes only.			



OASIS Submitter Final Validation Report

- Provides detailed information about the status of a select submission file.
 - Indicates whether the records submitted were accepted or rejected.
 - Details the warning messages and fatal errors encountered.
- You must enter a valid Submission ID.
 - Only those submissions you submitted for agencies to which your User ID is authorized are allowed.

OASIS Submitter Final Validation Report (cont.)



CMS Submission Report

OASIS Submitter Final Validation Report

Run Date: 06/25/2018
Page 1 of 2

Submission Date/Time:10/23/2018 10:34:33

Submission ID:200000448

Submitter User ID:

Submission File Name:OASIS_20181018.zip

Submission File Status:Completed

Processing Completion Date/Time:10/23/2018

Records Processed:1

Production Records Accepted:0

Production Records Rejected:1

Production Duplicate Records:0

Production Records Submitted Without Provider Authority:0

Test Records Passed:0

Test Records Failed:0

Invalid Records:0

Total # of Messages:2

Record: 1

Rejected

Agency ID (FAC_ID): H12345

State Code: MN

Agency Name: Happy Harbor Home Health Services

RFA, BRANCH_ID: 01,

Name (M0040): TEST435098, FNAME-001

SSN (M0064):

Medicare Num (M0063):

Res_Int_ID: 0

Asmt_ID: 70001000209

Correction Num: 01

M0090 Date: 04/30/2018

Eff Date: 10/05/2017

Type of Transaction: Inactivate

XML File Name: OASIS_20180501.xml

OASIS Item(s):

M0030_START_CARE_DT, M0032_ROC_DT, M0032_ROC_DT_NA, M0040_PAT_FNAME, M0040_PAT_LNAME, M0064_SSN, M0064_SSN_UK, M0066_PAT_BIRTH_DT, M0069_PAT_GENDER, M0090_INFO_COMPLETED_DT, M0100_ASSMT_REASON

Data Submitted:

10/05/2017, , 1, FNAME-001, TEST435098, , 0, , 1, 04/30/2018, 01

Message Number/Severity:

-3190 FATAL

Message:

No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items of this record did not match the corresponding items of an existing record in the database.

This report contains fictional data for demonstration purposes only.



Home Health Quality Reporting Program Reports

- For an overview of the OASIS Quality Improvement Reports, refer to the YouTube video entitled “Home Health Quality Reporting Program Reports” from the CMS March 2019 HH QRP training.



<https://youtu.be/FIFBhanGuaE>

Internet Quality Improvement and Evaluation System (iQIES)

- In 2020, a series of modernizing enhancements are being made to the following systems:
 - Quality Improvement and Evaluation System (QIES).
 - Certification and Survey Provider Enhanced Reports (CASPER).
 - Automated Survey Processing Environment (ASPEN).
- Once updated, the system will be called the Internet Quality Improvement and Evaluation System (iQIES).

iQIES Highlights

- iQIES is internet-facing and maintains the latest system architecture and security standards.
 - Supports flexible and user-friendly data reports, allowing real-time data for care planning and quality improvement.
 - Provides access to important information anywhere, at any time, from mobile devices, laptops, and tablets.
- CMS will be sharing more information specific to Home Health in the near future.
 - For questions, please contact help@qtso.com or 800-339-9313.



Which report provides detailed information about the status of select submission files?

- A. HHA Error by Field by Agency Report.
- B. OASIS Agency Final Validation Report.
- C. HHA Error Summary by Agency Report.
- D. HHA Submission Statistics by Agency Report.





Which report provides detailed information about the status of select submission files? (cont.)



- A. HHA Error by Field by Agency Report.
- B. OASIS Agency Final Validation Report.**
- C. HHA Error Summary by Agency Report.
- D. HHA Submission Statistics by Agency Report.





Which report lists warning errors encountered in successful assessment submissions during a specified period for an agency?

- A. HHA Error by Field by Agency Report.
- B. HHA Error by Month by Agency Report.
- C. HHA Error Message Report.
- D. HHA Error Summary by Agency Report.



Which report lists warning errors encountered in successful assessment submissions during a specified period for an agency?
(cont.)



A. HHA Error by Field by Agency Report.

B. HHA Error by Month by Agency Report.

C. HHA Error Message Report.

D. HHA Error Summary by Agency Report.

Reconsideration Process

What Is Reconsideration?

- Reconsideration is a request for a review of the initial CMS compliance determination for a given HHA for a given calendar year (CY).
- Any HHA found non-compliant with the HH QRP requirements will receive a letter of notification, which will include instructions for requesting reconsideration of the decision.
- If you believe your HHA has been identified for this payment reduction in error, you have the right to request a reconsideration of the non-compliant decision.


Why Would an HHA Submit a Reconsideration Request?

- HHAs may file for reconsideration if:
 1. They believe the CMS finding of non-compliance is in error; or
 2. They have evidence of the impact of extraordinary circumstances that prevented timely submission of data.
- Requests must be submitted within 30 days after the date documented on the non-compliance notification letter.
- No requests will be accepted after the 30-day deadline.



The Reconsideration Request Process

- CMS will notify HHAs that are non-compliant with the HH QRP in two ways:
 1. Via the Medicare Administrative Contractor (MAC) through the U.S. Postal Service.
 2. An electronic letter via the CASPER system.
- Agencies should **look for the letter** and be sure to access the CASPER system since either letter serves as notice of HH QRP non-compliance.



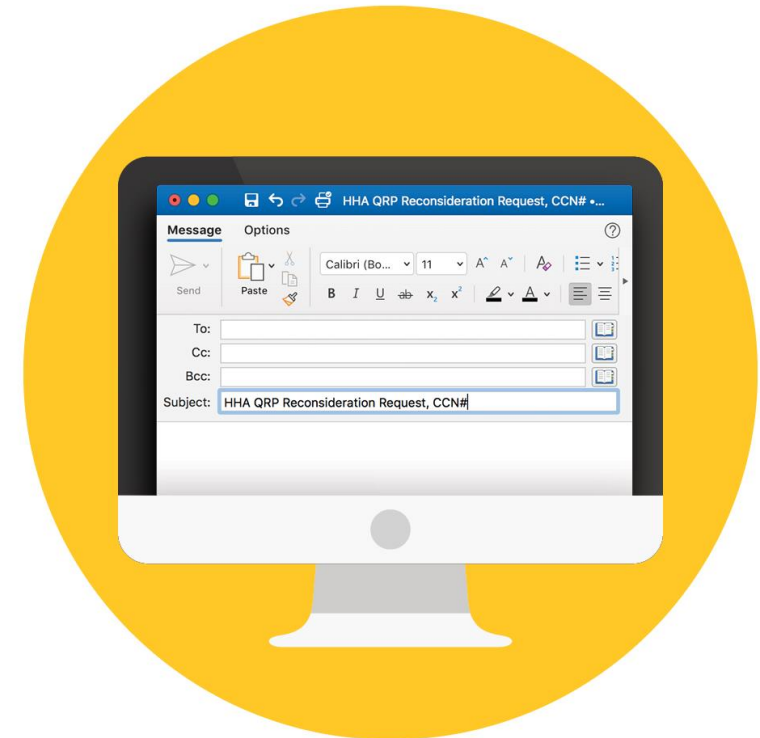
Remember there are only thirty (30) days after the date documented on the letter to seek reconsideration.

Creating a Reconsideration Request

- The **only** method for submitting a reconsideration request is via email to CMS.
- The request must be sent to the following email address:

HHAPUreconsiderations@CMS.hhs.gov.

HHA QRP Reconsideration Request, CCN#



Creating a Reconsideration Request (cont. 1)

- The subject line should include: “HHA QRP Reconsideration Request” and the HHA CMS Certification Number (CCN).
- Include the following in the request:
 - The CCN, business name, and address.
 - The CEO or designated contact information.
 - The CMS-identified reason(s) for non-compliance (from the notification letter).
 - The reason(s) for requesting reconsideration.
 - Information supporting the HHA belief that non-compliance is in error, or the evidence of the impact of extraordinary circumstances which prevented timely submission of data.

Creating a Reconsideration Request (cont. 2)

- Include supporting documentation demonstrating compliance, such as:
 - Proof of submission.
 - Email communications.
 - Data submission reports from the Quality Improvement Evaluation System (QIES).
 - Proof of approved exception or extension for the reporting timeframe.
 - Copy of the CCN activation letter.
 - Other documentation supporting the rationale for seeking reconsideration.

Creating a Reconsideration Request (cont. 3)

- Determination will be made based solely on the documentation provided.
- CMS **will not** contact the agency to request additional information or to clarify incomplete or inconclusive information.

IMPORTANT NOTICE

Never include patient information (i.e., protected health information (PHI) or personally identifiable information (PII)), in the documentation being submitted to CMS for review.

The Reconsideration Response

- CMS should acknowledge receipt of the reconsideration request within 5 business days through an email.
- Following its review of the request and supporting documentation, CMS will issue its decision by regular mail through the MAC and an electronic letter through the CASPER system.
- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board.



Reconsideration Process: Estimated Timeline

- **Late September to Early October:** Non-compliant HHAs that failed to meet the quality reporting requirements are notified.
- **Early October to Early November:** Reconsideration requests are due to CMS no later than 30 days from the date on the notification of non-compliance.
 - CMS provides an email acknowledgement within 5 business days upon receipt of the reconsideration request.
- **Mid-December:** CMS notifies HHAs of its decision on the reconsideration requests.

Estimated Timelines



HH QRP Reconsideration Resources

- For more information, visit the HH QRP Reconsideration web page:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Reconsideration-and-Exception-and-Extension.html>.





Which of the following statements regarding the reconsideration process is **false**?

- A. An agency has 30 days to submit a request.
- B. CMS contacts the agency if it has further questions.
- C. Requests can *only* be sent by email.
- D. CMS issues a decision by regular mail and via the CASPER system.



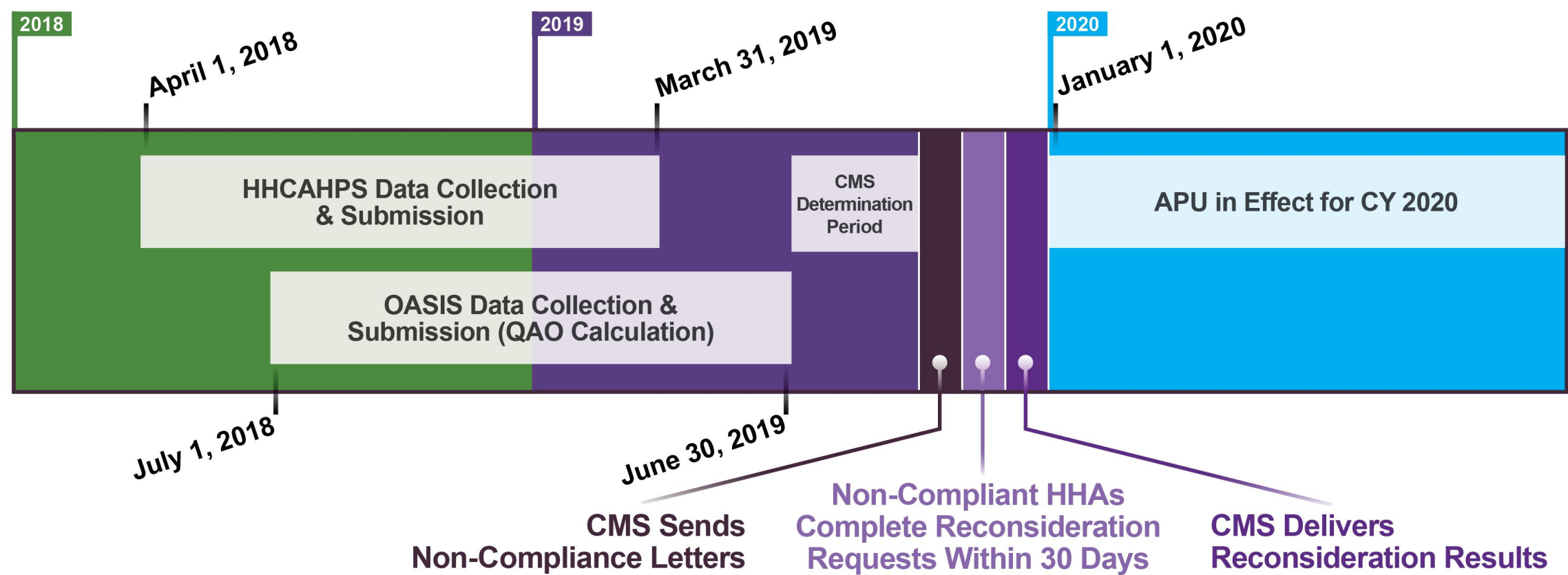
Which of the following statements regarding the reconsideration process is **false**? (cont.)



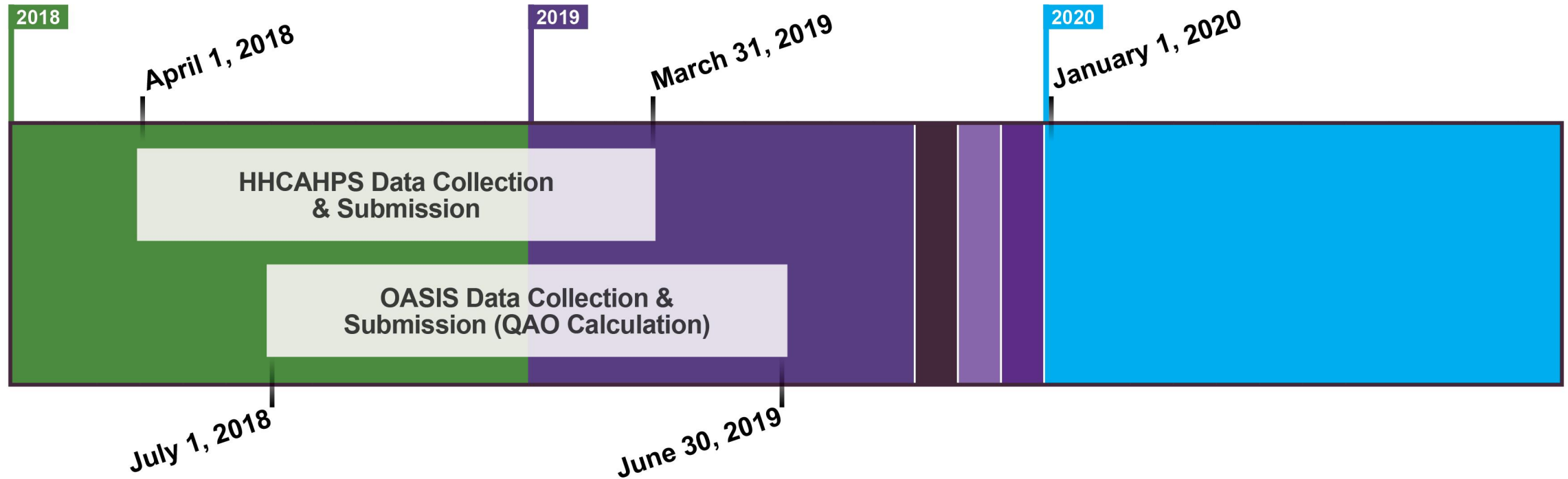
- A. An agency has 30 days to submit a request.
- B. CMS contacts the agency if it has further questions.**
- C. Requests can *only* be sent by email.
- D. CMS issues a decision by regular mail and via the CASPER system.

The HH QRP Life Cycle - Determining Compliance

HH QRP Life Cycle (cont.)

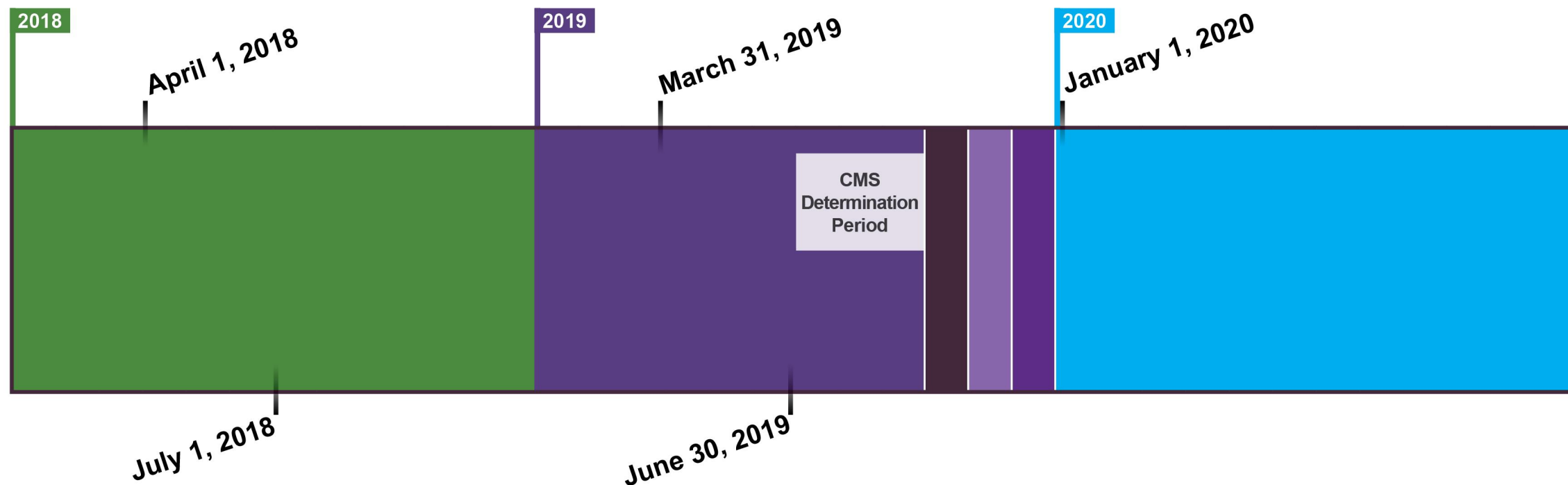


The HH QRP Life Cycle: Data Submission

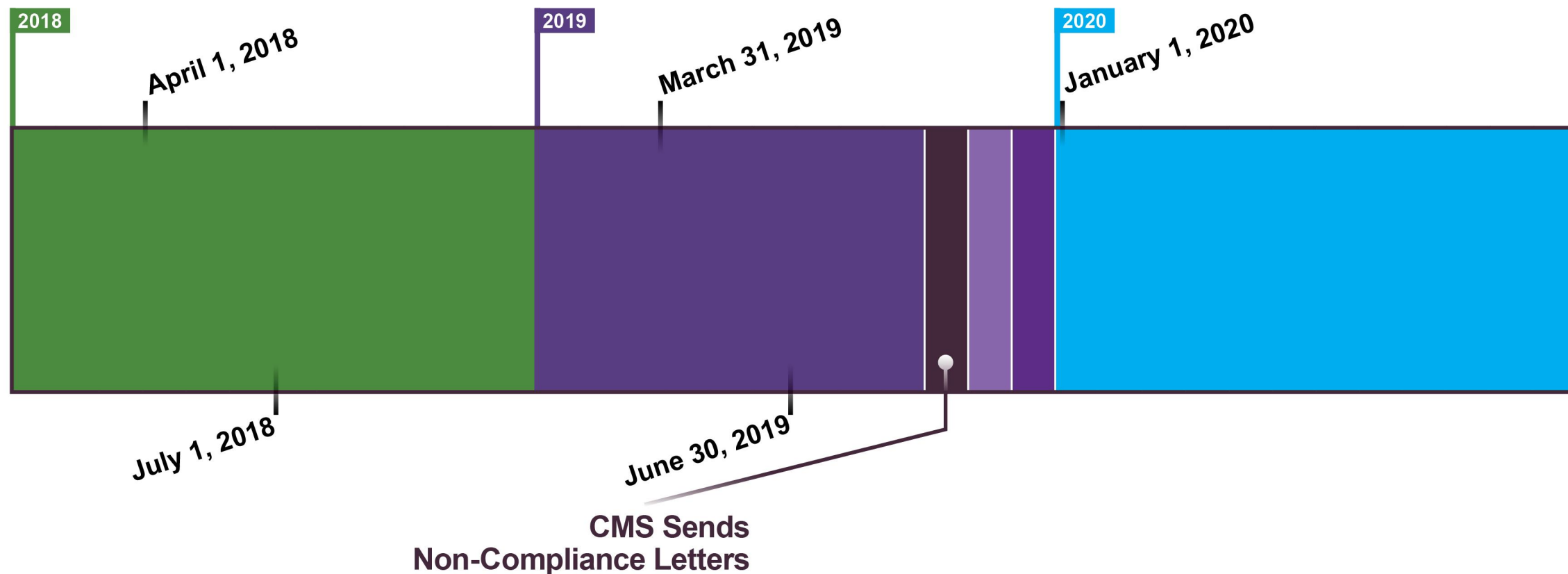


- The calculation of the APU includes:
 - HHCAHPS data.
 - OASIS data.

The HH QRP Life Cycle: CMS Determination Period



The HH QRP Life Cycle: Non-Compliance Letters



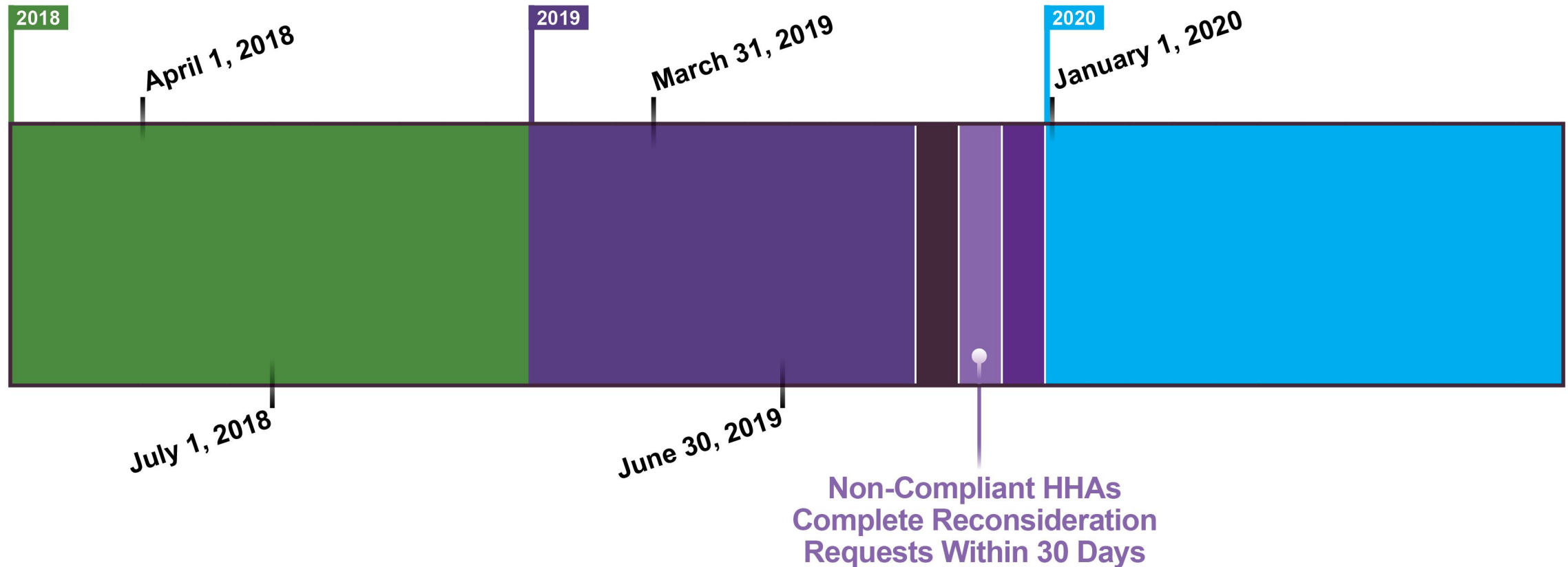
- Non-compliance letters are sent in late September/early October to agencies that did not meet the HH QRP requirements.

HH QRP Non-compliance Letters

- HH providers who failed to reach the 90-percent threshold for the OASIS submissions or do not comply with the CAHPS[®] survey requirements will receive notification from CMS via an HH QRP non-compliance letter.

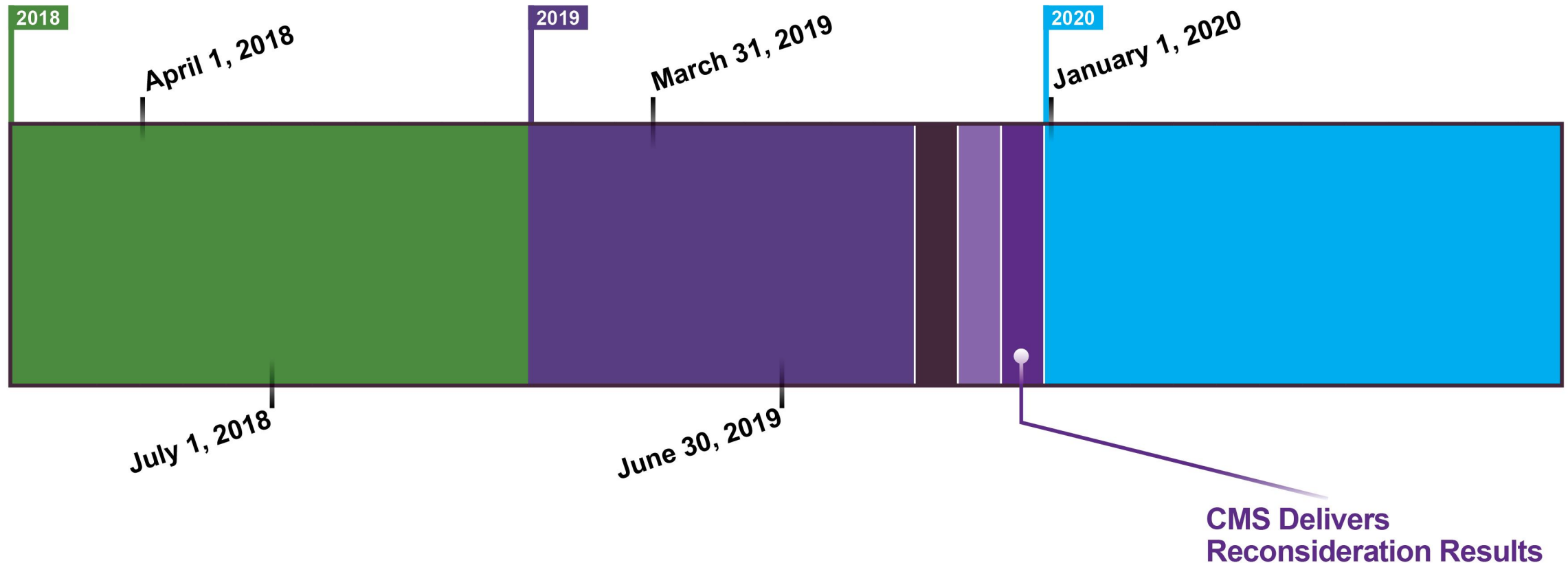


The HH QRP Life Cycle: Reconsideration Requests



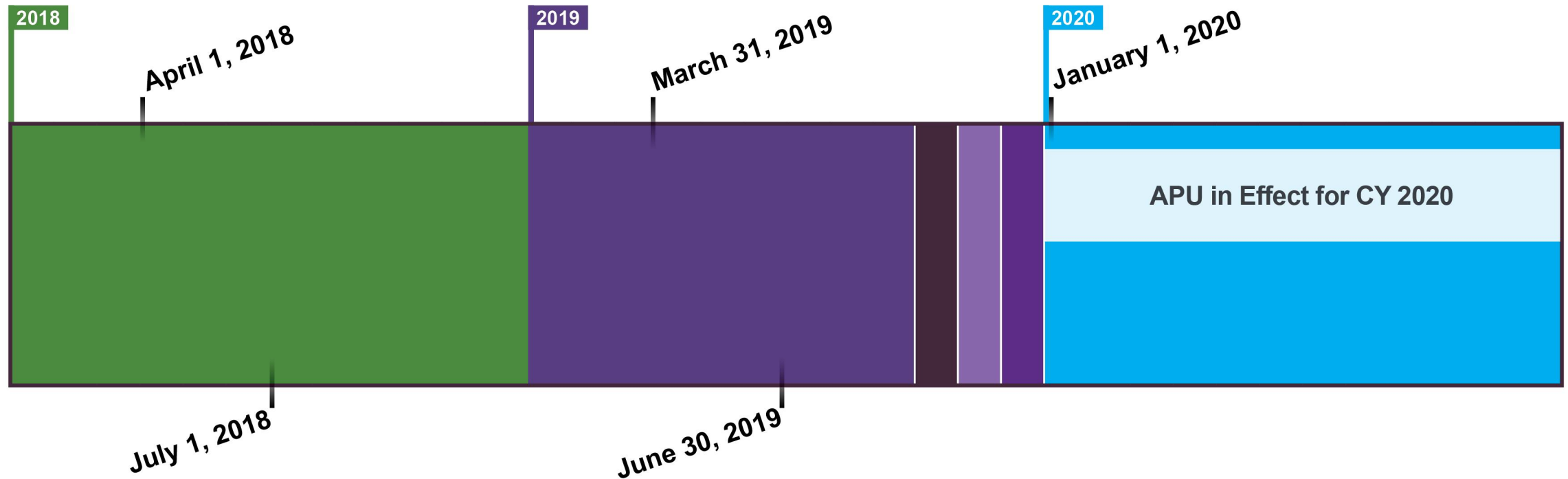
- Providers receiving non-compliance letters may submit reconsideration requests to CMS.
- This occurs between early October and early November.

The HH QRP Life Cycle: Reconsideration Results



- HHAs applying for reconsideration will be notified of the results of the request mid-December.

The HH QRP Life Cycle: APU Implementation



- Receipt of the full APU is possible for agencies that meet the HH QRP requirements.
- APUs go into effect on January 1 of each year.

The HH QRP Life Cycle: APU Implementation (cont.)

- January 1: APU implementation.
- It is the act of submitting data (OASIS and CAHPS®) **and** the acceptance of that data that determines compliance.
- Failure to comply with the HH QRP requirements will result in:
 - A 2-percentage-point reduction in the APU.
 - Impact your results on Home Health Compare.



Resources

Resources

- The Home Health Quality Reporting web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>.
- OASIS Data Sets web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html>.
- The official Home Health Care CAHPS® Survey website:
 - <https://homehealthcahps.org/>.

Resources (cont.)

- Reconsiderations Request web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Reconsideration-and-Exception-and-Extension.html>.
- The *CASPER Reporting User's Guide* available for download in the following location:
 - Home Health Agency Providers – Reference & Manuals page on the QIES Technical Support Office (QTSO) website:
<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>.

QIES Technical Support Office (QTSO) Website

- Data Submission and CASPER: QTSO Help Desk.



Phone:
(800) 339-9313



Email:
Help@qtso.com



Website:
<https://qtso.cms.gov>

Help Desk Assistance

- Home Health Quality Help Desk:
 - HomeHealthQualityQuestions@cms.hhs.gov
 - For questions about quality reporting requirements, quality measures, and reporting deadlines.
- HHCAHPS Survey Help Desk:
 - HHCAHPS@rti.org or (866) 354-0985.
 - For questions related to the HHCAHPS Survey or the Patient Survey Star Ratings.



Previous Trainings

- Home Health Quality Reporting Training web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html>

The screenshot shows the CMS.gov website with the following elements:

- Header:** CMS.gov logo, navigation links (Home | About CMS | Newsroom | Archive | Share | Help | Print), and a search bar.
- Menu:** A row of yellow buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education.
- Breadcrumbs:** Home > Medicare > Home Health Quality Reporting Program > Home Health Quality Reporting Training
- Left Sidebar:** A list of links including Home Health Quality Reporting Program, Educational Resources, Spotlight and Announcements, Home Health Quality Reporting Requirements, Home Health Quality Measures, Home Health Star Ratings, OASIS Data Sets, OASIS User Manuals, jHAVEN, Data Specifications, Home Health Quality Reporting Training, Home Health Quality Reporting Data Submission Deadlines, Home Health Quality Reporting Reconsideration and Exception & Extension, How to Update Home Health Demographic Data, and Home Health Quality Reporting.
- Main Content Area:**
 - Home Health Quality Reporting Training**
 - Updates**
 - May 14, 2019**
 - Post-Training Materials for the March 2019 Home Health QRP Provider Training Are Now Available**
 - Post-training materials (includes answers to knowledge checks and interactive exercises) for the Home Health Quality Reporting Program (QRP) Provider Training held on March 5 and 6, 2019, are now available in the Downloads section at the bottom of this webpage.
 - Also available in the Downloads section of this webpage is a question and answer (Q+A) document containing responses to questions submitted by providers during the event.
 - [CLICK HERE to access video recordings of presentations.](#)
 - March 15, 2019**
 - OASIS-D Q+A is Available**
 - A question and answer (Q+A) document containing responses to questions posed by providers during the following trainings on the OASIS-D is now available in the Downloads section at the bottom of this webpage.
 - The Introduction to the OASIS-D Webinar that occurred on August 28, 2018;
 - The Section GG: Functional Abilities and Goals Webinar that took place on September 5, 2018; and
 - The November 2018 Home Health Quality Reporting Program Provider Training that occurred on November 6 and 7, 2018, in Baltimore, MD.
 - Please note: This is an update to the Q+A document posted on December 4, 2018, and includes responses to questions that required additional research.





Thank You.

The webinar has now concluded.