

CAHPS Insider

SEPTEMBER 2018

INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



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HCAHPS

HCAHPS - Upcoming Submission Deadline & Review and Correction Period

NRC Health is on track to have all HCAHPS submissions complete by the Quarter 2, 2018 deadline of **October 3, 2018**. Immediately following the Quarter 2 submission deadline, the Review and Correction Period will begin. This allows participating hospitals a seven-day window (October 4, 2018 - October 10, 2018) to access and review the HCAHPS Data Review and Correction Report.

The report contains a summary of the data accepted into the HCAHPS Data Warehouse for the quarter. New data are not accepted into the warehouse during the Review and Correction Period. Errors in data accepted into the warehouse by the **October 3, 2018** deadline can be corrected. During this seven-day period, the corrected data can be submitted to the warehouse to replace incorrect data.

HCAHPS - MS-DRG Code Updates & APR-DRG Code Crosswalk

CMS has adopted V.36 MS-DRG Codes effective October 1, 2018. [Click here](#) to view the Table of V.36 MS-DRG Codes and HCAHPS Service Line Categories.

Every year, CMS makes minor modifications to the MS-DRG classification system through rulemaking. This typically has a minimal impact on data processing. However, a substantial revision was made to the codes that make up the maternity service line for HCAHPS administration and the data submission in the recently finalized IPPS rule. Please ensure that your coding and IT departments are prepared to transition to V.36 starting with October 1, 2018 discharges to minimize issues with providing appropriate demographic data for your HCAHPS surveying. NRC Health is also in the process of adjusting our database appropriately to prepare for this transition.

Overview of the FY 2019 Percentage Payment Summary Reports

CMS conducted a webinar in August titled, "Overview of the Fiscal Year (FY) 2019 Percentage Payment Summary Reports." During this webinar CMS provided information on the FY 2019 Hospital VBP Program Percentage Payment Summary Report (PPSR), including discussions on the following topics:

1. Evaluation of hospitals within each domain and measure of the report
2. Hospital VBP Program scoring methodology in the report
3. Eligibility requirements of the Hospital VBP Program
4. Locating Total Performance Scores (TPSs) and value-based incentive payment percentages on the report

Several questions were posed to CMS regarding the FY 2019 Percentage Payment Summary Reports. NRC Health has pulled some baseline information we feel will benefit you as you prepare to review your reports.

Q: When will payments be adjusted based on this report?

A: The FY 2019 Hospital VBP Program will impact payments made by CMS in FY 2019, which is from October 1 of 2018 through September 30 of 2019.

Q: What happens if 100 HCAHPS surveys are not completed within the two time periods?

A: If a hospital is unable to submit enough completed surveys during the performance period, the Person and Community Engagement Domain will not be scored. If less than the three domains are scored in the FY 2019 program, the hospital will be excluded from the FY 2019 program. Hospitals that are excluded from the Hospital VBP Program will not be eligible for the payment adjustment and, if a hospital does not submit at least 100 HCAHPS surveys during the baseline period but does during the performance period, only achievement points can be awarded as improvement points based on that comparison between the baseline period and the performance period.

Q: Is FY 2019 really Calendar Year (CY) 2017?

A: FY 2019 is the year in which payment adjustments will be made. The performance periods and baseline periods range in FY 2019. However, the general idea is the FY 2019 utilizes a performance period of CY 2017 and a baseline period of CY 2015. This does not apply to the claims-based measures.

Q: How do we determine the monetary impact with TPS? We have executives that are interested in the dollar amount impacted by the VBP scores.

A: You may use the payment adjustment factor listed on your hospital Percentage Payment Summary Report. This value is multiplied against your hospital's base operating DRG payment amount. You may estimate the total impact of value-based purchasing by multiplying the factor by an estimated base operating DRG payment amount and then determining the difference between the result and the original DRG payment amount.

CMS has also provided Help Guides and Quick Reference Guides to assist you in accessing and reading your reports. [Click here](#) to access these helpful resources via the QualityNet webpage.

HCAHPS Citation:

<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. September 20, 2018.

HCAHPS website:

<http://www.hcahpsonline.org>

CAHPS Hospice

Hospice Provider Preview Reports - Now Available

Hospice provider preview reports and Hospice CAHPS survey provider preview reports have been updated and are available until **October 5, 2018**. These reports are available in your CASPER non-validation report folders. We encourage you to review your Hospice Item Set (HIS) quality measure results from Quarter 1, 2017 to Quarter 4, 2017 and your facility-level CAHPS survey results from Quarter 1, 2016 to Quarter 4, 2017.

CAHPS Hospice Survey Response Rate - Now Available

The CAHPS Hospice Survey response rate for the upcoming public period (Q1, 2016 – Quarter 4, 2017) is 33%, which is the same as the response rate for the current public reporting period (Quarter 4, 2015 – Quarter 3, 2017). [Click here](#) to access the CAHPS Hospice Survey Quality Assurance Guidelines, Version 5.0 for more details regarding the formula used by CMS to calculate the survey response rate.

[Click here](#) to access the data via Hospice Compare.

CAHPS Hospice Citation:

<http://www.hospicecahpssurvey.org/en/> Centers for Medicare & Medicaid Services, Baltimore, MD. September 20, 2018.

CAHPS Hospice website:

<http://www.hospicecahpssurvey.org/en/>

Home Health CAHPS

Home Health CAHPS Preview Reports with Star Ratings - Now Available

The Home Health CAHPS (HHCAHPS) Team has posted the Preview Reports on the [Home Health CAHPS website](https://homehealthcahps.org/). The Preview Reports reflect results from the HHCAHPS Survey from April 2017 through March 2018 and present the publicly reported results with star ratings for those agencies with a sufficient number of completed interviews (40 or more patient surveys) in the reporting period.

To access your preview reports, log into the [HHCAHPS website](https://homehealthcahps.org/) using your username and password. Select the “Survey Preview Report” link under the “For HHAs” tab.

The same data will be updated on [Home Health Compare \(HHC\)](https://www.medicare.gov/homehealthcompare) via [Medicare.gov](https://www.medicare.gov) in October 2018.

If you have comments regarding your HHCAHPS star ratings, you can email the HHCAHPS Coordination Team directly at hhcahps@rti.org by **October 12, 2018**.

Home Health CAHPS Citation:

<https://homehealthcahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. September 21, 2018.

<https://www.medicare.gov> Centers for Medicare & Medicaid Services, Baltimore, MD. September 21, 2018.

Home Health CAHPS website:

<https://homehealthcahps.org/>

CAHPS for ACO

CAHPS for ACO Survey Updates

Starting in reporting year 2018, CMS will use a single version of the CAHPS for ACOs Survey to assess patient experience for ACOs. The CAHPS for ACO survey will capture the core CG-CAHPS Survey and the Summary Survey Measures that are part of the ACO quality standard and finalized in the Shared Savings Program final rule.

[Click here](#) to access the new survey for reporting year 2018. The survey will continue to be administered through a mixed-mode data collection protocol:

1. CMS prenotification letter

2. Two survey mailing waves
3. Up to six follow-up phone call(s) to non-respondents

CAHPS for ACO 2017 Performance Year Reporting

NRC Health recently received an update from the CAHPS for ACOs Survey Project Team regarding the finalized results for the CAHPS for ACOs Survey for the 2017 performance year. It is anticipated that the CAHPS for ACOs Survey results for the 2017 performance year will be available to participating ACOs in Fall of 2018. NRC Health will continue to monitor announcements shared regarding this topic and update you should the anticipated timeline change.

CAHPS for ACO Survey Data Collection Schedule

Task	Date
Mail-out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing.	10/23/2018-10/24/2018
Customer support phone center opens. (Survey Vendor toll-free phone number)	10/24/2018
Mail-out of the first survey with cover letter.	10/30/2018-10/31/2018
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/13/2018-11/14/2018
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1st attempt must occur during this time)	12/4/2018-12/11/2018
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. <ul style="list-style-type: none"> •Make no more than 6 call attempts. •Call attempts must occur over a minimum of two different calendar weeks. •Call attempts must be scheduled at different times of the day and on different days of the week. <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019
Data Collection Ends.	1/16/2019
Submit final data files to CMS after close of data collection via the ACO Data Warehouse. Data can be submitted starting 1/23/2019. No files will be accepted after the submission deadline date of 1/25/2019.	1/23/2019-1/25/2019

Please reach out to the NRC Health Corporate Compliance team with any questions at compliance@nrchealth.com.

CAHPS for ACO Citation:

<http://acocahps.cms.gov/> Centers for Medicare & Medicaid, Baltimore, MD. September 21, 2018.

CAHPS for MIPS

2019 CMS Quality Payment Program Proposed Rule - Executive Summary Available

CMS continues to build on what is working for clinicians by using your feedback to improve program policies. They continue to identify low-value or low-priority process measures, which will be recommended for removal, and focus on meaningful quality outcomes for patients and streamlining reporting for clinicians.

Some prominent proposals include expanding the definition of MIPS eligible clinicians to include new clinician types, including:

1. Physical Therapists
2. Occupational Therapists
3. Clinical Social Workers
4. Clinical Psychologists

CMS is also proposing to add a third element to the low-volume threshold determination and giving eligible clinicians who meet one or two elements of the low-volume threshold the choice to participate in MIPS (referred to as the opt-in policy). In addition, they propose adding new episode-based measures to the Cost performance category, restructuring the Promoting Interoperability (formerly Advancing Care Information) performance category, and creating an option to use facility-based Quality and Cost performance measures for certain facility-based clinicians.

NRC Health will continue to monitor and follow announcements released regarding the MIPS proposed rule and share important information via the CAHPS Insider when the rule is finalized.

[Click here](#) to access the full version of the Proposed Rule for the Quality Payment Program – Year 3.

Error in MIPS Payment Calculations

CMS is notifying providers it made a mistake when processing payments under the Merit-based Incentive Payment System (MIPS). CMS is urging providers to check their performance and reach out to them if they think a mistake was made.

If your practice feels a mistake was made when processing your MIPS data, you can request a targeted review through **October 15, 2018**.

How do I request a Targeted Review?

You can access your MIPS final score and performance feedback and request a targeted review by:

1. Going to the [Quality Payment Program website](#)
2. Logging in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data. Please refer to the [EIDM User Guide](#) for additional details.

When evaluating a targeted review request, CMS will generally require additional documentation to support the request. If your targeted review request is approved, CMS will update your final score and associated payment adjustment (if applicable), as soon as technically feasible. CMS will determine the amount of the upward payment adjustments after the conclusion of the targeted review submission period. **Please note: targeted review decisions are final and not eligible for further review.**

MIPS Final Scores and Performance Feedback - Now Available

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback is now available for review on the [Quality Payment Program](#) website. The payment adjustment you will receive in 2019 is based on this final score. A positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished under the Medicare Physician Fee Schedule in 2019.

MIPS Resources - Now Available

CMS has posted several resources to help eligible clinicians and groups understand more about their Merit-based Incentive Payment System (MIPS) 2019 payment adjustment and feedback based on their 2017 performance.

The following resources have been posted to CMS.gov for your convenience:

1. [2017 Performance Feedback User Guide](#)
2. [2017 Performance Feedback Fact Sheet](#)
3. [2019 MIPS Payment Adjustment Fact Sheet](#)

The *2017 Performance Feedback User Guide* will help you understand your 2017 MIPS performance feedback. The *2017 Performance Feedback Fact Sheet* offers an overview of what performance feedback is, who receives the feedback, and how to access it on the [Quality Payment Program](#) website.

The *2019 MIPS Payment Adjustment Fact Sheet* highlights how CMS assigns final scores to MIPS eligible clinicians, and how payment adjustment factors are applied for 2019 based on 2017 MIPS final scores.

Also available on the [Quality Payment Program](#) website for new and existing Quality Payment Program resources.

CAHPS for MIPS Survey Data Collection Schedule

Task	Date
Mail-out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing.	10/23/2018-10/24/2018
Customer support phone center opens. (Survey vendor toll-free phone number)	10/24/2018
Mail-out of the first survey with cover letter.	10/30/2018-10/31/2018
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/13/2018-11/14/2018
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1st attempt must occur during this time)	12/4/2018-12/11/2018
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. <ul style="list-style-type: none"> •Make no more than 6 call attempts. •Call attempts must occur over a minimum of two different calendar weeks. •Call attempts must be scheduled at different times of the day and on different days of the week. <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019
Data Collection Ends.	1/16/2019
Submit final data files to CMS after close of data collection via the MIPS Data Warehouse. Data can be submitted starting 1/23/2019. No files will be accepted after the submission deadline date of 1/25/2019.	1/23/2019-1/25/2019

Quality Payment Program Citation:

<https://qpp.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. September 21, 2018.

<http://data.medicare.gov/> Centers for Medicare & Medicaid, Baltimore, MD. September 21, 2018.

<https://www.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. September 21, 2018.

ICH CAHPS

Tentative Fall 2018 Data Collection Schedule - Available

The tentative data collection schedule and the dates for some key activities related to the 2018 Fall In-Center Hemodialysis CAHPS survey are shown below:

Activity	Date
Sampling Window	4/1/2018 - 6/30/2018
Sample Files Uploaded on ICH CAHPS Website	9/28/2018

Activity	Date
Vendors Attest to Receipt of Sample File	10/2/2018
Mail Prenotification Letter	10/19/2018
Mail 1st Questionnaire (mail only and mixed mode)/Begin Telephone data collection (phone only mode)	11/2/2018
Mail 2nd Questionnaire (mail only)/Begin phone follow-up (mixed mode)	11/30/2018
Data Collection Ends	1/11/2019
Vendors Clean/Process Final Data and Construct XML File	1/12/2019 - 1/29/2019
Deadline for Submitting XML Data File to ICH Data Center	1/30/2019
2019 Introduction to the ICH CAHPS Survey Webinar Training	TBD
2019 ICH CAHPS Survey Vendor Update Training Session	TBD

ICH CAHPS Citation:

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. September 21, 2018.

ICH CAHPS website:

<https://ichcahps.org/>

OAS CAHPS

OAS CAHPS Voluntary Participation - Update

In the Calendar Year (CY) 2019 Proposed Rule, CMS proposed to continue voluntary implementation of the OAS CAHPS Survey throughout 2019. The Proposed Rule (CY 2019) will be finalized in November 2018. The CY 2019 Final Rule will reflect any changes that would impact the 2019 data collection period (CY 2021 payment determination).

Any updates on OAS CAHPS Survey participation will be posted on the [OAS CAHPS website](#) and shared with you via the NRC Health CAHPS Insider or by our NRC Health Corporate Compliance Team. Please feel free to reach out to the NRC Health Corporate Compliance team at compliance@nrchealth.com with any questions.

OAS CAHPS Citation:

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. September 21, 2018.

OAS CAHPS website:

<https://oascahps.org/>

External Submission Deadlines

	Q2 2018 Discharges	Q3 2018 Discharges	Q4 2018 Discharges	Q1 2019 Discharges
HCAHPS	10/3/2018	1/2/2019	4/3/2019	7/3/2019
Premier	10/19/2018	1/18/2019	4/19/2019	7/19/2019
Vizient#	11/1/2018	2/1/2019	5/1/2019	8/1/2019
HHCAHPS	10/18/2018	1/17/2019	4/18/2019	7/18/2019
CAHPS Hospice	11/14/2018	2/13/2019	5/8/2019	8/14/2019
OAS CAHPS	10/10/2018	1/9/2019	4/10/2019	7/10/2019
ICH CAHPS	1/30/2019 (Fall 2018)		7/31/2019 (Spring 2019)	
CAHPS for ACO	1/25/2019			
CAHPS for MIPS	1/25/2019			



If you have any questions regarding the information included in this edition of the CAHPS Insider, please email NRC Health CAHPS Compliance at compliance@nrchealth.com.

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