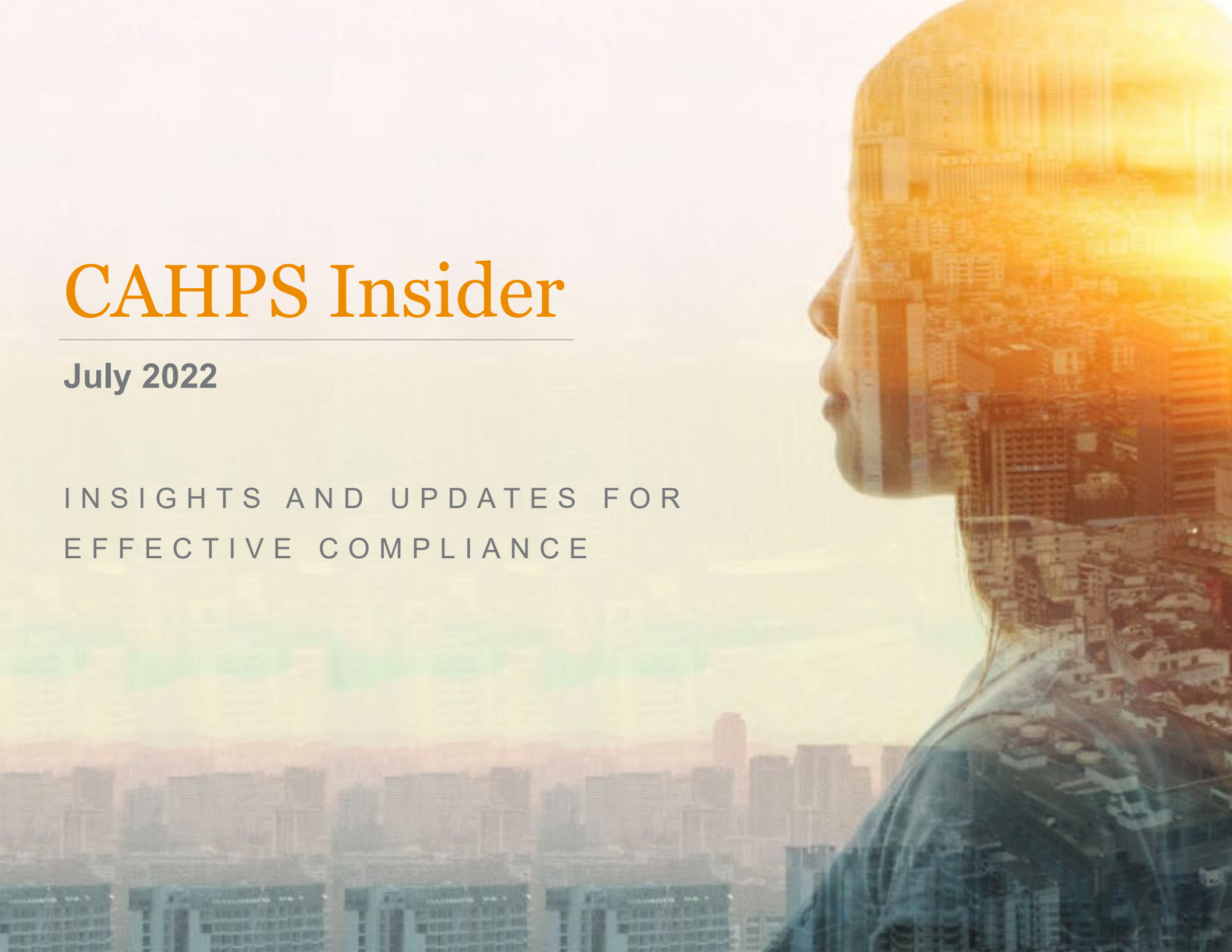


# CAHPS Insider

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July 2022

INSIGHTS AND UPDATES FOR  
EFFECTIVE COMPLIANCE



# TABLE OF CONTENTS

## HCAHPS

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Total Inpatient Discharge Requirement Clarification	2
---	---

## HHCAHPS

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Preview Reports	3
HHCAHPS Coordination Team Newsletter	3
HHVBP Model Website	4
Required Data Elements	4

## OAS CAHPS

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OAS CAHPS Future Link to Reimbursement	5
Preview Reports	5

## ICH CAHPS

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ESRD PPS CY 2023 Proposed Rule	6
--------------------------------	---

## CAHPS for MIPS

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MIPS Final Score Previews	6
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External Submission Deadlines	7
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## Total Inpatient Discharge Requirement Clarification

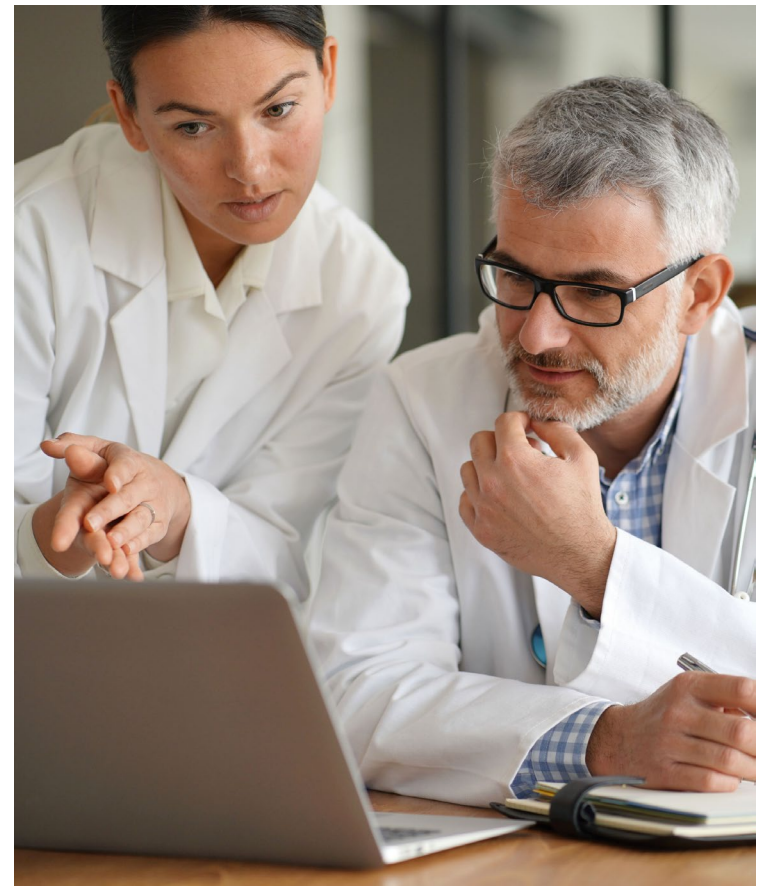
In July 2020, CMS added a new element to HCAHPS data submission requirements – monthly Total Number of Inpatient Discharges per CCN. This count includes all inpatient hospital discharges prior to removal due to HCAHPS ineligibility or exclusions including patients who:

- Were under 18 years old
- Did not stay in the hospital overnight
- Were admitted through law enforcement
- Were discharged to a nursing home
- Were expired at the time of discharge

CMS recently offered clarification on data requirements.

The following records should not be included in total inpatient counts:

- ✗ Non-inpatients (observation, outpatient, emergency room, etc.)
- ✗ Newborns (i.e., age 0)
- ✗ Repeat records for the same inpatient hospital stay



## Preview Reports

Preview Reports including results from the HHCAHPS Survey for Q1 2021 – Q4 2021 (January 2021 – December 2021) are available on the [HHCAHPS website](#) under For HHAs. These results will be displayed on [Care Compare](#) beginning in late July 2022. Please reach out to the HHCAHPS Survey Coordination Team at [hhcahps@rti.org](mailto:hhcahps@rti.org) or 866-354-0985 with any questions.

## HHCAHPS Coordination Team Newsletter

The July 2022 edition of the HHCAHPS Coordination Team Quarterly Review (CTQR) Newsletter is available now on the [HHCAHPS website](#) under General Information. This edition contains updates on the ongoing HHCAHPS web mode experiment and archived publicly reported data plus other news.



## HHVBP Model Website

The expanded Home Health Value-Based Purchasing (HHVBP) Model began in January 2022. Throughout calendar year 2022 CMS is providing training and resources to prepare for the first performance year in 2023. Additional information is available on the [Expanded HHVBP website](#). Questions can be directed to [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com).

## Required Data Elements

CMS requires that certain data elements are included each month in patient data files. If some information is not available at the time of file submission, HHAs are permitted to provide an updated file at a later date. HHAs should review the list of required information below and ensure all data elements are included in patient data files.

- Patient's full name
- Gender
- Mailing address
- Medical Record Number
- Number of skilled home health visits in the sample month
- Number of home health visits in lookback period
- Payers
- Source of admission
- HMO indicator
- Dual eligibility for Medicare and Medicaid
- Primary diagnosis
- Other diagnosis
- Care related to surgical discharge indicator
- Whether patient has end-stage renal disease
- ADL levels OR
- Number of ADLs for which patient is not independent



## OAS CAHPS Future Link to Reimbursement

Fielding the OAS CAHPS Survey will be mandatory for Hospital Outpatient Departments (HOPDs) beginning in 2024 and Ambulatory Surgery Centers (ASCs) beginning in 2025. HOPDs should target 300 completed surveys a year, and ASCs have a target of 200. If an HOPD or ASC does not meet the quality reporting requirement, they will receive a reduction of 2% in their annual fee schedule update. HOPDs or ASCs that see fewer than 60 OAS CAHPS-eligible patients a year may apply for a size exemption.



## Preview Reports

OAS CAHPS Preview Reports are available by logging in to the [OAS CAHPS website](https://oascahps.rti.org). The reports include results from the OAS CAHPS Survey for Q1 2021 – Q4 2021 (January 2021 – December 2021). Questions can be directed to the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or 866-590-7468.

# ICH CAHPS

## ESRD PPS CY 2023 Proposed Rule

CMS published an End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule for calendar year 2023. To mitigate the impact of the COVID-19 public health emergency, the rule proposes to remove some measures, including the results of the ICH CAHPS Survey, from scoring and payment adjustment calculations. Data will continue to be collected and publicly reported on [Care Compare](#). CMS will accept comments on the Proposed Rule through August 22, 2022 on the [Federal Register](#). The [CMS 2023 ESRD PPS Proposed Rule Fact Sheet](#) provides an overview of the proposed changes.

# CAHPS for MIPS

## MIPS Final Score Previews

CMS has published previews of 2021 MIPS final scores, including results from the CAHPS for MIPS Survey. Participating organizations are encouraged to log in to the [QPP website](#) to review their scores and contact the [QPP Service Center](#) with any questions or concerns. Performance year 2021 scores will determine 2023 MIPS payment adjustments. Final 2021 scores and payment adjustment calculations are anticipated to be published in August 2022.



# External Submission Deadlines

	Q3 2021 Discharges	Q4 2021 Discharges	Q1 2022 Discharges	Q2 2022 Discharges
HCAHPS	1/5/2022	4/6/2022	7/6/2022	10/5/2022
Premier	1/14/2022	4/15/2022	7/15/2022	10/14/2022
Vizient	1/13/2022	4/14/2022	7/16/2022	10/15/2022
HHCAHPS	1/20/2022	4/21/2022	7/21/2022	10/20/2022
CAHPS Hospice	2/9/2022	5/11/2022	8/10/2022	11/9/2022
OAS CAHPS	1/12/2022	4/13/2022	7/13/2022	10/12/2022
ICH CAHPS	1/26/2022 (Fall 2021)		8/10/2022 (Spring 2022)	
PCF PECS			1/17/2023	
GPDC CAHPS			1/16/2023	
CAHPS for MIPS			1/19/2023	
*Activity COMPLETE				



If you have any questions regarding the information included in this edition of the CAHPS Insider, please contact NRC Health Corporate Compliance at [compliance@nrchealth.com](mailto:compliance@nrchealth.com).

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