Eli's Hospice Insider

Hospice News: CMS Goes Electronic-Only For Appeals Of Quality Data Payment Reduction

Paper appeals no longer accepted.

If you think you're going to be docked 2 percent in error for failing to meet quality reporting requirements, you'll have only one avenue for relief. So says a recent Medicare transmittal.

Background: The Deficit Reduction Act of 2005 added a pay-for-reporting requirement for Medicare home health, effective Jan. 1, 2007. For payments in calendar years 2007 through 2011, this requirement was limited to the reporting of OASIS data. For 2012 and after, the requirement also includes submission of HH CAHPS data, the **Centers for Medicare & Medicaid Services** notes in Change Request 10874 implemented Sept. 11. If you don't meet submission standards, your Medicare payments are reduced by 2 percent.

"If you believe you have been in compliance with the quality data reporting requirement and have been identified for this payment reduction in error, you must submit a letter requesting reconsideration and provide documentation demonstrating your compliance," CMS says.

New: Now, such reconsideration requests and supporting documentation "must be received electronically," CMS says in the CR issued Aug. 10 and implemented Sept. 11.

Instructions on submitting requests, CAHPS information and deadlines are in the transmittal at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R78QRI.pdf.