

## **Health Information Compliance Alert**

## Home Health Regulations: HHCAHPS Data Debuts On Home Health Compare

Medicaid ABNs, observation & assessment billing also addressed by CMS in forum.

Get ready for your referral sources and potential patients to check out your patient satisfaction data. The Centers for Medicare & Medicaid Services is making Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) data available on Medicare's Home Health Compare website starting April 19, CMS's **Lori Teichman** said in the agency's April 11 Open Door Forum for home care providers.

"This is the first time that Home Health CAHPS data will be reported," Teichman told forum participants. Sharing the CAHPS data gives people the opportunity to see "home health agency patients' perspectives of care," she said.

HHAs that have reported data for an entire year will be included in the public reporting, Teichman explained. The reporting time period for the HHCAHPS data displayed is October 2010 through September 2011.

Other issues addressed in the forum included ABNs. If you have dual eligible patients whose services are covered by Medicaid, they need to sign an advance beneficiary notice Option Box 1 annually, CMS's **Evelyn Blaemire** confirmed in the forum. Agencies that fail to have the benes sign the ABNs could be liable for the services, Blaemire warned.

HHAs report that dual eligible patients are sometimes reluctant to sign the form because they are afraid they will be billed personally for the services, Blaemire acknowledged. Agencies can explain to beneficiaries that Medicare doesn't cover non-homebound services but Medicaid does " but only if the bene signs the ABN, she said. HHAs may insert language explaining that fact on the ABN itself, Blaemire clarified.

Reminder: Also, agencies must issue an ABN Option Box 3 when frequency of services decrease, but only when that decrease is not included in the original plan of care, Blaemire said.