

Home Health Compliance Calendar

Item	Timeframe	Link	Recommendation
<p>DMEPOS Refill Policy CMS will require documentation indicating that the beneficiary confirmed the need for the refill within 30 days before the end of the current supply.</p>	<p>The data collection year starts on January 1</p>	<p>CY 2024 Home health payment update rule-Final https://www.federalregister.gov/documents/current</p>	<p>Review requirements, update internal policies and procedures, educate staff prior to implementation</p>
<p>Medicare Care Compare Refresh</p> <ul style="list-style-type: none"> Home health quality scores are publicly reported on the Care Compare website and updated on a quarterly basis. <p>Home Health Quality Reporting (iQIES Reports)</p> <ul style="list-style-type: none"> HHQRP QM Reports are demand reports that provide up to 12 rolling months of measure results and are separated into two reports: Outcome and Process. Each has two versions: one containing measure information at the agency-level and another at the patient-level (a.k.a., “tally” reports). The assessment-based (OASIS) measures data are updated twice month, at the agency- and patient-level, as data becomes available.. The performance data contains a rolling 12-months of data. The claims-based measures data are updated annually at the agency-level only, with the exception of the Acute Care Hospitalization and Emergency Department Use Without Hospitalization measures. These are updated quarterly for confidential feedback reporting, and annually for public reporting. 	<p>January</p> <p>iQIES: On demand-Rolling Calendar months.</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p> <p>Information about home health public reporting dates https://www.cms.gov/medicare/quality/home-health/home-health-quality-reporting-data-submission-deadlines</p> <p>CMS iQIES Portal (Login required): https://iqies.cms.gov/iqies</p> <p>Home Health Quality Reporting Measures User Manual v2.0 (Includes iQIES information): https://www.cms.gov/files/document/hh-grp-qm-users-manual-v20.pdf</p>	<p>Before each quarterly release of data, Home health providers should review their quality measure results during a 30-day preview period using the Provider Preview Report available in iQIES.</p> <p>Subscribe to HHQRP updates from CMS to ensure updated information receipt.</p> <p>iQIES reports may be accessed through the iQIES portal where a Home Health Agency transmits/uploads OASIS. iQIES registration for an individual provider agency is required.</p>
<p>February - April</p>			

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<p>OSHA Form 300-A form</p> <ul style="list-style-type: none"> Form 300-A is the Summary of Work-Related Injuries and Illnesses At the end of each calendar year, Form 300-A must be completed and certified by a company executive as correct and complete and posted in the workplace annually where notices to workers are usually posted. 	<p>The completed form must be submitted to OSHA by early March</p> <p>The completed form must be posted for three months, from February 1 until April 30</p>	<p>Form 300-A https://www.osha.gov/recordkeeping/forms</p>	<p>Establishments under Federal OSHA jurisdiction can use the ITA Coverage Application to determine if they are required to electronically report their injury and illness information to OSHA. Establishments under State Plan jurisdiction should contact their State Plan. https://www.osha.gov/news/newsreleases/trade/01092023</p>
<p>HIPAA Breach Reporting</p> <ul style="list-style-type: none"> HIPAA-covered entities and their business associates are required annually to notify the Office for Civil Rights (OCR) of breaches for unsecured protected health information (PHI) that affected under 500 individuals. 	<p>Annually as applicable, submit within 60 days of the end of the calendar year in which the breach was discovered</p>	<p>Submitting a notice of breach to the HHS secretary https://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html</p>	<p>Report breaches of unsecured protected health information affects fewer than 500 individuals utilizing the web portal in the link.</p>
<p>MedPAC report to Congress</p> <ul style="list-style-type: none"> Annual issuance Includes data analysis of Medicare home health utilization and spending and recommendations to Congress 	<p>Posted in mid-March</p>	<p>https://www.medpac.gov/document-type/report/</p> <p>Home health has its own chapter</p>	<ul style="list-style-type: none"> Monitor the website in March for the report. Sign up to receive public meeting and MedPAC alerts. Link: https://www.medpac.gov/
<p>Medicare Care Compare Refresh</p> <ul style="list-style-type: none"> Home health quality scores are publicly reported on the Care Compare website and updated on a quarterly basis. 	<p>April</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p> <p>Information about home health public reporting dates https://www.cms.gov/medicare/quality/home-health/home-health-quality-reporting-data-submission-deadlines</p>	<p>Before each quarterly release of data, Home health providers should review their quality measure results during a 30-day preview period using the Provider Preview Report available in iQIES.</p> <p>Subscribe to HHQRP updates from CMS to ensure updated information receipt</p>

June - July

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<p>CMS Proposed Home Health Payment Update Rule (NPRM)</p> <p>Annual CY issuance and other regulatory updates</p>	<p>Usually posted in late June – early July</p>	<p>Will first appear on the Federal Register Public Inspection Desk https://www.federalregister.gov/public-inspection/current</p> <p>Will move over to the Federal Register within 7 days of initial posting https://www.federalregister.gov/documents/current</p>	<p>Subscribe to the Federal Register for emails of newly posted regulations. The selection of content can be customized.</p> <p>Link to subscribe is listed on the following webpage: https://www.federalregister.gov/documents/current</p>
<p>Note: Home health regulations may also be included in other provider-type proposed/final rules (i.e., Physician Fee Schedule Rule). Organizations need to monitor rules posted by CMS for home health content.</p>			
<p>PEPPER report</p> <ul style="list-style-type: none"> Annual issuance PEPPER is a report of provider-specific Medicare data statistics for target areas often associated with Medicare improper payments due to billing, DRG coding and/or admission necessity issues. 	<p>Posted in July</p> <p>Note: There will be a temporary pause in distributing CBRs and PEPPERs as CMS works to improve and update the program and reporting system. This pause will remain in effect through the fall of 2024</p>	<p>https://pepper.cbrpepper.org/</p>	<p>Providers should pull their individual PEPPER report as soon as it is available and use it as a data source for compliance and performance improvement</p>
<p>Medicare Care Compare Refresh</p> <ul style="list-style-type: none"> Home health quality scores are publicly reported on the Care Compare website and updated on a quarterly basis. 	<p>July</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p> <p>Information about home health public reporting dates https://www.cms.gov/medicare/quality/home-health/home-health-quality-reporting-data-submission-deadlines</p>	<p>Before each quarterly release of data, Home health providers should review their quality measure results during a 30-day preview period using the Provider Preview Report available in iQIES.</p> <p>Subscribe to HHQRP updates from CMS to ensure updated information receipt</p>

October - December

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Item	Timeframe	Link	Recommendation
<p>CMS HHQRP non-compliance letters</p> <ul style="list-style-type: none"> Providers will receive a letter if they are found not in compliance with quality reporting requirements Providers may submit a request for reconsideration to CMS if they do not agree with the CMS outcome Non-compliance notifications will be distributed by the Medicare Administrative Contractors (MACs) and will be placed into provider CASPER folders in iQIES 	<p>Usually distributed in October</p>	<p>Instructions for appeal are included in the notification and on the Home Health Quality Reporting Reconsideration and Exception & Extension webpage</p>	<p>Ensure compliance requirements for OASIS and HHCAPHS are met.</p>
<p>CMS Home Health Payment Update Rule (Final)</p> <p>Annual CY issuance and other regulatory updates</p>	<p>Usually posted in late October – early November</p>	<p>Will first appear on the Federal Register Public Inspection Desk https://www.federalregister.gov/public-inspection/current</p> <p>Will move over to the Federal Register within 7 days of initial posting https://www.federalregister.gov/documents/current</p>	<p>Subscribe to the Federal Register for emails of newly posted regulations. The selection of content can be customized. Link to subscribe is listed on the following webpage: https://www.federalregister.gov/documents/current</p>
<p>HHQRP Reconsideration Results</p>	<p>Reconsideration results delivered in November/December</p>	<p>N/A</p>	<p>Utilize outcomes in performance improvement activity</p>
<p>CMS will begin publicly reporting HHVBP performance data</p>	<p>On or after December 1, 2024</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p>	<p>Monitor reports in iQies for previews</p>
CY 2025			
<p>CMS will remove five measures from the current applicable measure set and add three measures starting in CY 2025. Due to the net change in the number of measures proposed, CMS finalized adjusting the weights for the measures in the OASIS-based and claims-based measure categories starting in CY 2025.</p>			

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Glossary

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CMS – Centers for Medicare and Medicaid Services

CY – calendar year

CoPs – Conditions of Participation

FY – fiscal year

HHQRP – Home health quality reporting program

NPRM – notice of proposed rulemaking

OSHA – Occupational Safety and Health Administration

PEPPER – Program for Evaluating Payment Patterns Electronic Report