Home Health (HH) Quality Reporting Program (QRP) Quick Reference Guide

The HH QRP creates Home Health Agency (HHA) quality reporting requirements, as mandated by Section 1895(b)(3)(B)(v)(II) of the Social Security Act ("the Act") and the Medicare regulations at 42 C.F.R.§484.250(a).

HHAs must report both Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey data (HHCAHPS Survey) and Outcome and Assessment Information Set (OASIS) data. Additional data is gathered through Medicare claims. Information on measures required for the Home Health QRP can be found on the CMS Home Health Quality Measures website.

If the required quality data is not reported by each designated submission deadline, the HHA will be subject to a two (2) percentage point reduction in their Annual Payment Update (APU).

Frequently Asked Questions

Q: What are the data submission deadlines for OASIS data?
OASIS data must be transmitted within 30 days of the assessment date. OASIS data submitted within 30 days of the assessment date are considered to have met the requirement of submitting the quality data.

The comprehensive assessment must be updated and revised (including the administration of the OASIS) no less frequently than one of the following:
- The last five days of every 60 days beginning with the start of care date, unless there is a beneficiary-elected transfer, significant change in condition, or discharge and return to the same HHA during the 60-day episode.
- The comprehensive assessment must be completed within 48 hours of return home after inpatient facility discharge, or within 48 hours of knowledge of qualifying stay in an inpatient facility. When the physician specifies a date that home care services must resume (a physician-ordered Resumption of Care date), the agency is expected to conduct the ROC (Resumption of Care) visit on that date.
- At discharge.

More information on OASIS submission deadlines can be found in the OASIS User Manual available in the Downloads section of the OASIS User Manuals webpage.

Q: What are the data submission deadlines for HHCAHPS survey data?
HHCAHPS Survey data must be reported for eligible patients on a monthly basis for four consecutive quarters. HHCAHPS Survey vendors must submit the HHCAHPS data files on the third Thursday in the months of January, April, July, and October. You can view a list of HHCAHPS submission deadlines on the HHCAHPS website, homehealthcahps.org.

Q: How do I verify my submissions?
OASIS validation reports are available in the iQIES reporting application. Instructions for running these reports can be found on the iQIES portal or via the iQIES References & Manuals web page.

HHCAHPS Survey data submission reports are available under the tab "For HHAs" on the homehealthcahps.org website. HHAs are required to check the HHCAHPS Survey data submission reports to confirm that their HHCAHPS Survey data files have been entered successfully (and conversely, entered unsuccessfully) by their respective HHCAHPS survey vendors. Additionally, under "For HHAs" home health agencies can check their quarterly HHCAHPS preview reports for data that will be posted on Care Compare. On the same website, we post the current HHCAHPS Protocols and Guidelines Manual, which contains information about public reporting measures and the public reporting schedule.

Q: How do I submit an HHCAHPS exemption request?
HHCAHPS Survey participation for every Calendar Year Annual Payment Update (CY APU) runs for the 12-month period of April 1st through March 31st. If an HHA has 59 or fewer HHCAHPS-eligible patients in the previous 12 months of April through March, then the HHA should complete an HHCAHPS Survey Participation Exemption Request (PER) form by 11:59 pm March 31 of the current CY APU period. The PER form is accessible on the public side of the website homehealthcahps.org. The PER form is replaced annually to coincide with the data collection dates of the current CY APU period.

Help Desk Assistance

HHAPUreconsiderations@cms.hhs.gov (APU/Reconsiderations Help Desk)
For reconsideration requests and follow-up questions after the facility has received a CMS determination of noncompliance letter or for extension/exception requests.

homehealthqualityquestions@cms.hhs.gov (Home Health Quality Help Desk)
For questions about the QAO metric or the content of the QAO Historical Reports and submission of comments, questions, and suggestions about the Quality of Patient Care Star Ratings.

HHCAHPS@RTI.org or 1-866-354-0985 (HHCAHPS Technical Assistance Help Desk)
Information or questions about the HHCAHPS® Survey or Patient Survey Star Ratings.

iqies@cms.hhs.gov or 1-877-201-4721 (iQIES Help Desk)
For questions about OASIS submission reports and other provider reports.

Helpful Links

Post-Acute Care (PAC) Listserv — Sign up for the CMS PAC listserv to receive QRP updates.

OASIS References, Manuals, and Q&As — The QIES Technical Support Office (QTSO) provides numerous resources related to OASIS reporting, including news on report availability, manuals, training, and OASIS quarterly Questions and Answers.

HHA Quality Reporting Requirements — CMS resource containing information about the quality measures, provider compliance, and methodology.

HHCAHPS Survey Website — The official website for the HHCAHPS Survey. Many references on the website are available to the public, though HHAs can log in securely to view their data and reports via the "For HHAs" tab.

HHA Quality Reporting Training — Links to past in-person and online training as well as information on upcoming trainings.

iQIES Portal – Links to resources related to OASIS reporting, including manuals and training.