

The Centers for Medicare and Medicaid Services (CMS)

Quality Initiatives

Home Health

- Agencies must collect a standardized patient assessment called OASIS and submit to CMS on an ongoing basis or face a 2% reduction in their payment; OASIS data is used to calculate quality measures
- Agencies must collect Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to measure patient experience/satisfaction with care and submit on an ongoing basis or face a 2% reduction in their payment
- CMS publically reports some quality measures and CAHPS survey results on their Home Health Compare website; New 5-star rating system for agencies on Home Health Compare began in July
- CMS is testing new home health payment models including bundled payments and value-based purchasing where reimbursement is tied to quality measures

Hospice

- CMS requires hospices to implement a Quality Assessment and Performance Improvement program as part of their Medicare Conditions of Participation
- Agencies must collect standardized patient information called the Hospice Item Set and submit to CMS on an ongoing basis or face a 2% reduction in their payment
- Hospice Item Set data will be used to calculate quality measures in the near future
- Agencies must collect CAHPS surveys to measure family experience/satisfaction with care and submit on an ongoing basis or face a 2% reduction in their payment
- CMS will begin publically reporting hospice quality measures in the next couple of years