Welcome to the April 2020 issue of the Home Health Care CAHPS (HHCAHPS) Coordination Team Quarterly Review! These newsletters are posted on the HHCAHPS website under the General Information tab. Please visit the HHCAHPS website for more information about the items mentioned in this newsletter: https://homehealthcahps.org.

**HHCAHPS Participation Overview for Calendar Year (CY) 2022 APU Period**

- April 1, 2020, marks the start of the new CY2022 APU participation period, which runs from April 1, 2020, through March 31, 2021.
- For information on how to start your participation in the HHCAHPS Survey, including determining eligibility, FAQs, and key dates for participation, please review the following documents available on the HHCAHPS website:
  - HHA Responsibilities
  - HHCAHPS Participation Periods
- **REMINDER**: Agencies that previously filed for an exemption from participation in HHCAHPS must evaluate their eligibility for an exemption every year. HHAs that qualify for an exemption must submit a Participation Exemption Request (PER) form for the CY2022 APU period, available on the HHCAHPS website. Use the table in the “HHCAHPS Participation Periods” document to determine if your agency needs to submit a PER.

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**What’s New**

- Revised Protocol for Providing HHCAHPS Survey “About You” Response Data to HHAs.
  - CMS has approved new guidance for providing clients with de-identified, aggregate response data from the “About You” questions (Q26-32).
  - Please see the recent announcement posted to the HHCAHPS website for more information.
- For vendors that field Spanish versions of the HHCAHPS Survey—either by telephone or mail—please make sure that your materials have been updated with the versions posted on the HHCAHPS website in February 2020. New instruments should be fielded beginning in July 2020.

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**Importance of Quality ICD-10 Code Reporting**

**The value of ICD-10 Codes for HHCAHPS**

ICD-10 codes identify patients’ underlying condition(s) and diagnoses requiring home health care. They help us understand why some patients may have different attitudes about the healthcare they received and why they may respond differently to HHCAHPS Survey questions about their health care experiences.

**Vendors can reiterate to HHAs and Software Vendors:**

**The Source of ICD-10 Codes**

- The plan of care, OASIS assessment, record of hospital stay, or other record documenting the patient admission.
- External cause codes (ICD-10 codes beginning with V, W, X, or Y) are not allowed as the primary diagnosis but are allowed for the other diagnoses.

**Guidelines for Data Submission**

- Diagnosis codes must be submitted in the XML data file and can be up to 7 characters in length.
- HHAs can provide up to six diagnoses for each patient included on the file.
- HHCAHPS uses both primary and “other” diagnosis codes as part of the patient-mix adjustment process, so they are both important!

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**Contact Us**

The HHCAHPS Survey Coordination Team can be reached by e-mail (hhcahps@rti.org) or by telephone (1-866-354-0985). A member of the team will respond to your message between 8:30 AM and 5:00 PM Eastern Time Monday through Friday.