



Hospice Quality Reporting Program: Requirements for the Fiscal Year (FY) 2023 and Future FY Reporting Years

This fact sheet contains information about requirements for the Hospice Quality Reporting Program (HQRP) for the FY 2023 reporting year (data collection period 1/1/21 – 12/31/2021) and future FY Reporting Years.

I. Background

The HQRP consists of the Hospice Item Set (HIS), the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey, and the submission of administrative data (Medicare claims). The HQRP was established under [section 1814\(i\)\(5\) of the Social Security Act \(SSA\)](#). To be compliant with the HQRP currently, hospice providers must comply with both the individual requirements of HIS and CAHPS® Hospice Survey. Since administrative data is collected from claims, hospices with claims data are 100% compliant with this requirement.

The SSA also directed the Secretary to reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any hospice that does not comply with the quality data submission requirements with respect to that FY. Effective with the FY 2022 Final Rule, beginning with the FY 2024 APU and for each subsequent year, the APU penalty will increase from 2 to 4 percentage points for hospices who do not comply with the HQRP for that FY. The [CMSHQRP](#) website is the official website for the HQRP. Providers should bookmark this website and check it often for updates. The HQRP is currently “pay-for-reporting,” meaning facility-level performance on individual quality measures is not a consideration when determining compliance and APU reductions. Instead, compliance with HQRP requirements is based on timely, successful submission of HIS and CAHPS® Hospice Survey data. Specific requirements for compliance with HIS and CAHPS® are discussed in greater detail below.

II. Reporting Requirements for the HQRP

Specific requirements for the FY 2023 Reporting Year for both HIS and CAHPS® Hospice Survey are outlined in more detail below. Subsequent reporting years follow the same general pattern. The data source for the claims-based measures will be Medicare claims data that are already collected and submitted to CMS. There is no additional submission requirement for administrative data (Medicare claims).

HIS Requirements:

Since FY 2014, all Medicare-certified hospice providers are required to submit an HIS-Admission and HIS-Discharge record on all patient admissions and discharges at their hospice, regardless of the patient’s payer source, age, or where the patient receives hospice services. HIS records with a target date (admission or discharge date) occurring 1/1/21 – 12/31/21 will be included in the FY 2023 HIS

sample. HIS records with a target date (admission or discharge date) occurring 1/1/22 – 12/31/22 will be included in the FY 2024 HIS sample.

Hospices submit HIS data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. As stated in the FY 2016 Final Rule, all HIS records must be successfully submitted to the QIES ASAP system (or its successor system, iQIES) within 30 days of the target date (patient's admission or discharge date) to be considered timely.

HIS Compliance

Hospices are required to submit the minimum percentage of their HIS records by the 30-day submission deadline to be compliant. This is referred to as the timeliness compliance threshold. For the APU determination, the compliance threshold is at least 90% of all required HIS records must be **submitted** and **accepted** within the 30-day submission deadline to avoid the percentage-point reduction. Beginning with FY 2024 and for each subsequent year, the APU penalty will increase from 2-4 percentage points.

CAHPS® Hospice Survey Requirements:

To comply with CMS' quality reporting requirements, hospices are required to collect data monthly using the CAHPS® Hospice Survey. Hospices comply by utilizing a CMS-approved third-party survey vendor. Approved CAHPS® Hospice Survey vendors must successfully submit data on the hospice's behalf to the CAHPS® Hospice Survey Data Warehouse. A list of the approved survey vendors can be found on the CAHPS® Hospice Survey website: www.hospicecahpssurvey.org.

CAHPS® Hospice Survey Compliance

Compliance with CAHPS® Hospice Survey requirements is determined based on whether your vendor successfully submits a total of 12 months of data to the CAHPS® Hospice Survey Data Warehouse, with each submission made by the quarterly deadline. This means:

- Each quarterly submission must be complete (have 3 months or 1 quarter's worth of data)
- Each quarterly submission must be submitted and accepted by the quarterly data submission deadline

Hospice Quality Reporting Timeframes:

Compliance with the Hospice Quality Reporting program involves understanding three timeframes.

1. The **“Reporting Year”** (HIS)/“Data Collection Year” (CAHPS). This timeframe is based on the Calendar Year (CY). It is the same calendar year for both HIS and CAHPS. If the CAHPS Data Collection year is CY 2021, then the HIS Reporting year is CY 2021 and vice versa.
2. The **Annual Payment Update (APU), which is based on the Fiscal Year (FY)**. Hospice payments from Medicare are impacted by the Annual Payment Update. Compliance in the Reporting year/Data Collection year will impact payments in later fiscal years.
3. And, for the CAHPS® Hospice Survey, the **Reference Year**, which is the calendar year prior to the Data Collection Year.

For every calendar year, all Medicare-certified hospices are required to submit HIS and CAHPS® Hospice Survey data that meets the criteria listed above.

Compliance for the CY 2021 data submissions impacts the FY 2023 APU and compliance for the CY 2022 data submissions impacts the FY 2024.

The Reference Year is relevant because hospices use it if they are submitting a size exemption from the CAHPS® Hospice Survey. (There is NO similar exemption for HIS.)

Table 1 summarizes these 3 timeframes and how the CY interacts with the FY payments

Table 1:

| Reporting Year for HIS and Data Collection Year for CAHPS data (Calendar year) | Annual Payment Update Impacts Payments for the FY | Reference Year for CAHPS® Size Exemption (CAHPS® only) |
|---|--|---|
| CY 2021 | FY 2023 APU | CY 2020 |
| CY 2022 | FY 2024 APU | CY 2021 |
| CY 2023 | FY 2025 APU | CY 2022 |
| CY 2024 | FY 2026 APU | CY 2023 |
| CY 2025 | FY 2027 APU | CY 2024 |

Table 2: Compliance Checklist

| Annual Payment Update | HIS | CAHPS |
|-----------------------|--|--|
| FY 2023 | Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/21 – 12/31/21. | Ongoing monthly participation in the CAHPS® Hospice Survey 1/1/2021 – 12/31/2021 |
| FY 2024 | Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/22 – 12/31/22.* <i>*Note: APU penalty increases from 2-4 percentage points in FY 2024.</i> | Ongoing monthly participation in the CAHPS® Hospice Survey 1/1/2022– 12/31/2022 |
| FY 2025 | Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/23 – 12/31/23.* <i>*Note: APU penalty increases from 2-4 percentage points in FY 2024.</i> | Ongoing monthly participation in the CAHPS® Hospice Survey 1/1/2023 – 12/31/2023 |

III. Resources and Frequently Asked Questions

Where can I find more information about the HIS requirements?

- Providers should visit the [Hospice Item Set \(HIS\)](#) section of the CMS HQRP website for more information on the HIS. This webpage includes links/downloads for:
 - HIS Manual
 - HIS Fact Sheets
- Providers should visit the [HIS Technical Information](#) section of the CMS HQRP website for more information on submitting HIS data to CMS, and information on using the Hospice Abstraction Reporting Tool (HART), Certification and Survey Provider Enhanced Reporting (CASPER), and QIES ASAP Systems.
- Providers can access a variety of trainings about the HQRP and HIS submission on the [HQRP Training and Education Library](#) page.

Where can I find more information about CAHPS® Hospice Survey requirements?

- Providers should visit the [CAHPS® Hospice Survey](#) website. This website includes information on:
 - Approved CAHPS® Hospice Survey vendors
 - CAHPS® Hospice Survey FAQs
 - Training Materials
 - The CAHPS® Hospice Survey size exemption
 - Access to the CAHPS® Hospice Survey Data Warehouse
- The website features [podcasts](#) designed especially to answer **providers' questions**. Podcasts include such topics as the exemption for size, choosing and authorizing a vendor, and changing vendors, among others.
- Providers should visit the [HIS Technical Information](#) section of the CMS HQRP website for more information on Certification and Survey Provider Enhanced Reporting (CASPER) to access your CAHPS® Hospice Survey Preview Reports.

Am I exempt from reporting HIS or CAHPS® Hospice Survey data?

HIS: For HIS reporting, there are no exemptions based on provider size. All Medicare-certified hospice organizations are required to report HIS data, regardless of their size or average daily census.

If you are a newly certified hospice agency, you may be exempt from any payment penalty for HIS requirements, depending on the date on which you receive your CMS Certification Number (CCN) notification letter from CMS. As stated in the FY 2016 Final Rule, newly certified hospice facilities are required to begin reporting HIS data on the date that they receive their CCN notification letter. However, if the CCN notification letter is received on or after November 1st, that hospice is not subject to any financial penalty for failure to comply with HIS requirements for the relevant reporting year. For example, if a provider receives their CCN notification letter on November 5th, 2021, that provider should begin submitting HIS data for patient admissions and discharges occurring on or after November 5th, 2021. However, since the hospice received their CCN notification letter after November 1st, they would not be evaluated for, or subject to, any HIS payment penalties for the relevant FY APU update (FY

2023 APU). In this situation, if a hospice is found non-compliant, then that hospice will need to follow the reconsideration process and attach their CCN notification letter and any other relevant documents to support their newness status.

CAHPS®: The CAHPS® Hospice Survey has two exemptions, one for size and the other for newness. To receive the size exemption, a hospice must fill out the Participation Exemption for Size form, which is available on the [Participation Exemption for Size](#) section of the [CAHPS® Hospice Survey website](#). To be eligible for the exemption for size, the hospice must have served fewer than 50 survey-eligible decedents/caregivers in the year prior to the Data Collection year. For the FY 2023 APU, the Data Collection year is 2021. Therefore, the hospice must have fewer than fewer than 50 survey-eligible decedents/caregivers in the Reference year which is 2020. The deadline for submitting the form for the 2023 APU is December 31, 2021. The exemption is effective for one year. Hospices that continue to qualify must submit exemption applications each year.

Newly certified hospices that received their CMS Certification Number (CCN) on or after January 1, 2021 are exempt from the FY 2023 APU CAHPS® Hospice Survey requirements. This exemption will be determined by CMS. The exemption applies for one year only. Please keep the letter you receive providing your CCN. You can use it to establish your status, if needed. Similarly, newly certified hospices that received their CMS Certification Number (CCN) on or after January 1, 2022 will be exempt from the FY 2024 APU CAHPS® Hospice Survey requirements.

What if I am found non-compliant with HQRP requirements?

If you are found non-compliant with HQRP requirements, you may request reconsideration. Hospices may file for reconsideration if they believe the finding of noncompliance is in error. Reporting compliance is determined by successfully fulfilling both the HIS data submission requirements and the CAHPS® Hospice Survey requirements. Any hospice that wishes to submit a reconsideration request must do so by submitting an email to CMS containing all of the requirements listed on the [Reconsideration Requests](#) section of the CMS HQRP website.

Please note that you cannot request reconsideration until you receive notification from CMS that you were found noncompliant.

What if I have extenuating circumstances (e.g., a natural disaster) that prevent me from submitting HQRP data or cause me to submit HQRP data late?

CMS will make accommodations in the event a hospice is unable to submit quality data due to extraordinary circumstances beyond their control (e.g., natural or man-made disasters) or when a systemic problem with CMS data collection systems or the CAHPS® Hospice Survey Data Warehouse directly affect the ability of a hospice to submit data. If a hospice is affected by an extraordinary circumstance, they can submit an exception or extension request to CMS. Hospices should submit this request via email within 90 calendar days of the occurrence of the extraordinary circumstance. Please visit the [Extensions and Exemptions Requests](#) section of the CMS HQRP website for more information.

IV. Help Desks Available to Providers

- HospiceQualityQuestions@cms.hhs.gov (Quality Help Desk): For questions about HIS and general questions about the HQRP program, reporting requirements, quality measures, reporting deadlines, and questions related to the content of Hospice CASPER QM Reports, Hospice Compare or its successor site and Hospice Provider Preview Reports.
- Mdcn.mco@palmettogba.com (CMSNet Help Desk): For questions about registering for the CMSNet User ID, to have access to QIES ASAP.
- iqies@cms.hhs.gov or 1-877-201-4721 (QIES/iQIES Help Desk): For questions about HIS record completion and submission processes, or for technical questions. This group also handles questions for users who are registering for the QIES User ID, issues with the HART training modules, and technical support for problems while using the HART software. This help desk also assists with access issues to CAHPS® Hospice Preview Reports.
- HospiceQRPREconsiderations@cms.hhs.gov (Reconsideration Help Desk): For reconsideration requests and follow-up questions if the facility has received a CMS determination of noncompliance letter.
- Hospicecahpsurvey@hsag.com or 1-844-472-4621: For technical assistance with the CAHPS® Hospice Survey, contact the CAHPS® Hospice Survey Project Team.
- Hospicesurvey@cms.hhs.gov: For communication with CMS regarding CAHPS® Hospice Survey issues.