

Fact Sheet: Hospice Quality Reporting Program (HQRP) Fiscal Year (FY) 2016 Requirements

The purpose of this Fact Sheet is to help hospices understand the requirements for FY 2016 reporting, and what they should do to comply with reporting requirements.

Who is required to report for the FY 2016 Payment Determination?

- A HIS-Admission and HIS-Discharge record should be submitted for all patient admissions to a Medicare-certified Hospice Program on or after July 1, 2014.

Reporting Activities and Requirements Impacting FY 2016 Payment Determination

Data Collection	HIS Record Completion and HIS Submission	Payment Impact
<p>Collect HIS data for all patient admissions July 1, 2014 – December 31, 2014. Hospices shall submit 2 HIS records for each patient admission: a HIS-Admission record and a HIS-Discharge record.</p> <p>HIS data can be used to calculate 7 NQF Measures:</p> <ul style="list-style-type: none"> • NQF #1641 – Treatment Preferences • Modified NQF #1647 – Beliefs/Values Addressed • NQF #1634 & #1637 – Pain Screening and Pain Assessment • NQF #1639 & NQF #1638 – Dyspnea Screening and Dyspnea Treatment • NQF #1617 – Patients Treated with an Opioid who are Given a Bowel Regimen 	<p>HIS record completion and submission for the FY 2016 Payment Determination will be rolling or ongoing, according to the completion and submission timeframes below.</p> <p>HIS completion timeframes vary by record. Hospices shall have 14 days from admission to complete HIS-Admission records and 7 days from discharge to complete HIS-Discharge records.</p> <p>After completing HIS records, hospices will electronically submit HIS records to CMS.</p> <ul style="list-style-type: none"> • Hospices will have 30 days from a patient admission or discharge to submit the appropriate HIS record for that patient. 	<p>Payment Year FY 2016</p> <p>HIS data submitted on patient admissions July 1, 2014 – December 31, 2014 will affect the FY 2016 Annual Payment Update (APU). Hospices failing to comply with FY 2016 HQRP requirements will receive a 2 percentage point reduction in their FY 2016 APU.</p>

Data Submission Requirements for FY 2016 Payment Determination

The HQRP is currently “pay for reporting”; it is the act of submitting data that determines compliance with HQRP requirements. **Level of performance is not a factor in determining compliance, however CMS anticipates that providers would use this as an opportunity to evaluate their quality and advance improvements for their agency. All Medicare-certified hospice providers should submit HIS data on all patient admissions.** Providers must submit HIS data for all patient admissions and discharges, regardless of payer source, in order to avoid a 2-percentage point reduction in their Annual Payment Update (APU) for FY 2016.

Requirements Impacting FY 2016 Payment Determination: Available Resources

Providers should bookmark and visit the [CMS HQRP website](#) regularly to have the most up-to-date information pertinent to the HQRP and the HIS. Specifically, providers should visit the [Hospice Item Set \(HIS\)](#) portion of the website for information about HIS data collection processes; providers should visit the [HIS Technical Information](#) portion of the website for information about HIS record completion and submission processes.

Providers can also sign up for two listservs to receive updates related to the HQRP:

- MLN Connects TM Provider eNews. To sign up for the eNews, click here https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819
- Home Health, Hospice, and Durable Medical Equipment Open Door Forum (ODF): To sign up for the ODF listserv, visit http://www.cms.gov/Outreach-and-education/Outreach/OpenDoorForums/ODF_HHHDME.html and click on the "Home Health, Hospice, & DME Open Door Forum Mailing List Sign Up" link at the bottom of the webpage, under "Related Links".

Future HQRP Development and Requirements

CMS recognizes these National Quality Forum quality measures do not represent the totality of care provided by the hospice organization, nor does it represent the characteristics of all hospice patients. Measures will continue to be built based upon on valuable provider feedback.