



# Hospice Quality Reporting Program (HQRP)

## Quarterly Updates

### July 2018

*This document is intended to provide HQRP-related updates on events and guidance from the 2<sup>nd</sup> Quarter of 2018 (April - June).*

*This document contains:*

- **Section 1** Frequently Asked Questions received by the Hospice Quality Help Desk during the 2<sup>nd</sup> Quarter of 2018
- **Section 2** Events from the 2<sup>nd</sup> Quarter, including links to resources
- **Section 3** Announcements for upcoming events in the 3<sup>rd</sup> Quarter

**Please Note:** Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date. Please check the [HQRP Spotlight and Announcements](#) webpage for updates.

#### Tips of the Quarter:

- **Final Validation Reports (FVRs):** To ensure that records are submitted and accepted, providers should view their Final Validation Reports (FVR) after every submission to ensure data were successfully submitted and accepted by the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.
- **Please refrain from including protected health information (PHI) in your inquiry when emailing the HQRP Help Desk.** PHI is not limited to patient names and dates of birth.
- **Exemptions/Extensions due to Natural Disasters:** Reminder that, as hurricane season is underway, if a widespread natural disaster occurs and CMS issues a region-wide exemption or extension due to such extraordinary circumstances, it will be announced on the [Spotlight & Announcements](#) webpage. Further details will also be made available on the [Extension and Exemption Requests](#) webpage.

## Section 1: Questions and Answers

### General Hospice Item Set (HIS) Data Collection and Submissions

**Question 1. When do new hospice providers begin submitting HIS data?**

**Answer 1.** As stated in the Fiscal Year (FY) 2018 Final Rule, there are two considerations for new providers to keep in mind with respect to HIS reporting: (1) when providers should begin reporting HIS data, and (2) when providers will be subject to the potential two percentage point Annual Payment Update (APU) reduction for failure to comply with HQRP requirements.

Answer 1.  
(continued)

Hospice providers are required to begin reporting data on the date noted in the letter head of their CMS Certification Number (CCN) notification letter. However, if the CCN notification letter letterhead was dated on or after November 1st, they would not be subject to any financial penalty for failure to comply with HQRP requirements for the relevant reporting year. For example, if a provider CCN notification letter letterhead is dated on November 15th, 2018, that provider should begin submitting HIS data for patient admissions occurring on or after November 15th, 2018. However, since the hospice CCN notification letter letterhead was dated after November 1st, they would not be evaluated for, or subject to any payment penalties for the relevant FY APU update (which in this example is the FY 2020 APU).

Please note that this policy is tied to the date in the letterhead of the letter, not the effective date of your CCN, which may be different. When you receive your CCN notification letter, we recommend saving the letter to retain proof of the date in the letterhead and receipt date of the letter, to ensure your hospice is not unduly subject to APU penalties.

Hospice providers will receive a QIES User ID to submit their HIS data to the QIES ASAP system. If, due to rare and extenuating circumstances, providers receive their QIES User ID after the date noted in the letterhead of the CCN notification letter to begin submitting HIS data, they may apply for an extension to submit their “back-logged” HIS records as soon as they receive their QIES User ID. The process for applying for extensions/exemptions can be found in the FY 2018 Final Rule, or on the [Extensions and Exemption Requests](#) webpage, and providers will be required to provide valid proof of the delayed receipt of their QIES User ID.

Remember that your hospice’s compliance with HIS requirements is determined based on timeliness of data submission. More information on timeliness criteria can be found in the “Timeliness Compliance Threshold” factsheet on [Hospice Item Set \(HIS\)](#) webpage, as well as in the “Data Submission and CASPER Reports Webinar” educational training. New hospices should also view the “Reporting Hospice Quality Data: Tips for Compliance Call” for helpful starter tips on HIS and CAHPS® data submission. Both the aforementioned educational trainings are available on the [Hospice Quality Reporting Training: Training Education and Library](#) webpage.

**Question 2. When should HIS-Admission records be submitted?**

Answer 2. The submission deadline for all HIS records is 30 calendar days following the target date (i.e., the patient’s admission or discharge date); this means that, specific to HIS-Admission records, hospices should submit HIS-Admission records within 30 calendar days of the patient’s admission date. To ensure records are submitted and accepted, providers should view their Final Validation Report (FVR) in the Certification and Survey Provider Enhanced Reporting (CASPER) system.

**Question 3. How can a hospice organization find out whether they are within the HIS timeliness compliance threshold?**

Answer 3. Providers can use the Hospice Timeliness Compliance Threshold Report, a CASPER report, to check their preliminary compliance with the timeliness compliance threshold. This report displays: provider identification information, the number of HIS records submitted, the number of HIS records submitted on time, and percentage of HIS records submitted on time.

For more information on the timeliness compliance threshold and this associated CASPER Report, please refer to the “Timeliness Compliance Threshold” factsheet available on the [Hospice Item Set \(HIS\)](#) webpage. The “Data Submission and CASPER Reports Webinar” provides further details on the timeliness compliance threshold and CASPER Reports in general, and is available on the [Hospice Quality Reporting Training: Training Education and Library](#) webpage.

**Question 4. If I found an error in data submitted in an HIS record, how do I correct this and how long do I have to make corrections?**

Answer 4. As noted in Section 3.6 of the HIS Manual v2.00, hospices *must* correct all errors in their HIS data to ensure that the information in the QIES ASAP system accurately reflects the patient's clinical record. Inaccurate information in the QIES ASAP system may occur for a variety of reasons, such as item response selection errors, data entry errors, transcription errors, or software product errors, and can affect a hospice's quality reporting results. An HIS record may be corrected even if subsequent records have been accepted for the patient.

The following two processes exist for correcting HIS records that have already been submitted and accepted into the QIES ASAP system; errors can be corrected using the following processes within 36 months of the record's target date:

- Modification Request (A0050=2)
- Inactivation Request (A0050=3)

The modification request will archive the inaccurate record in the QIES ASAP system, and replace it with the new, corrected record. The inactivation request will also archive the inaccurate HIS record, but will not replace it with the new record.

For further details on completing modification and inactivation requests, see Section 3.6 of the HIS Manual v2.00, available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

**Section O: Service Utilization and Hospice Visits when Death is Imminent Measure Pair**

**Question 5. If a Medical Social Worker's (MSW) initial visit for the purpose of completing the 5-day comprehensive assessment visit and completing HIS questions is conducted over the phone, does that count as a visit?**

Answer 5. For the purposes of HIS data collection and according to HIS Manual v2.00 pages 2O-4 and 2O-7, phone calls are not considered a "visit" in items O5010 and O5030. As noted in the FY 2017 Final Rule where the Hospice Visits when Death is Imminent measure pair was finalized, CMS recognizes that some providers use phone calls to supplement care provided in-person, and that these calls can be helpful in facilitating ongoing care and communication. However, in agreement with technical experts and based on the available evidence, we consider these calls as a supplement to, and not a replacement for, in-person care, particularly when death is imminent.

The HIS Manual v2.00 is available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

## Section 2: What you may have missed from the 2nd Quarter

### Hospice Compare Refresh – May 2018

Hospice Compare was refreshed on May 16, 2018. HIS quality measures were updated to be based on the patient stays discharged in Q3 2016 – Q2 2017, and CAHPS® Hospice Survey data was updated to reflect quarters Q3 2015 – Q2 2017. Hospice providers should check [Hospice Compare](#) to view their updated HIS and CAHPS® quality measure data.

CMS recommends that providers review the [Public Reporting: Key Dates for Providers](#) webpage to familiarize themselves with important public reporting dates.

### Educational Trainings released last Quarter

Materials and recordings for the educational trainings hosted last quarter, described below, are available for streaming or download on the [Hospice Quality Reporting Training: Training and Education Library](#) webpage of the HQRP website.

#### Hospice Quality Reporting Program Data Submission and Reporting Webinar

On May 30, 2018, CMS hosted the Hospice Quality Reporting Program Data Submission and Reporting Webinar. This educational training focused on helping providers understand how to access and interpret reports relevant to the HQRP, including navigating the CASPER system and interpreting the HIS and CAHPS® Provider Preview Reports.

#### “Navigating the HQRP Websites” and “HIS Coding” Modules Series

In March of 2018, CMS published two series of informational modules. The first series, titled “Navigating the HQRP Websites”, consists of five on-demand video modules to help providers understand how to navigate the three websites related to the HQRP: the CMS HQRP website, the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey website, and the QIES Technical Support Office (QTSO) website. The second series, titled “HIS Coding”, consists of eight on-demand video modules that focus on HIS coding guidance based on frequently asked questions received on the Hospice Quality Help Desk.

These informational modules can be viewed individually and at any time, and no module is longer than 20 minutes in order to fit into providers’ busy schedules. The modules can be streamed on Youtube.com, as well as viewed or downloaded in PowerPoint format. Please refer to the [Hospice Quality Reporting Training: Training and Education Library](#) webpage for direct links to these resources.

## Section 3: What's coming up in the 3rd Quarter of 2018

### FY 2019 APU for Providers Non-Compliant with their HQRP

CMS has issued notifications to hospices that were determined to be noncompliant with HQRP requirements for CY 2017, which will affect the FY 2019 APU. Remember that hospices found noncompliant with the HQRP will be subject to a 2% reduction in the APU of the corresponding FY.

The noncompliance notifications were mailed by the Medicare Administrative Contractors (MACs) and placed into hospices' CASPER folders in QIES on July 9, 2018. Hospices that received a letter of noncompliance had to submit a request for reconsideration to CMS **via email no later than 11:59PM PST, August 7, 2018**. Further instructions, if this applied to your hospice, can be found in the notification letter and on the [Reconsideration Requests](#) webpage.

If your hospice received a notification of noncompliance that you believe was in error, you must provide proof of compliance with appropriate documentation supporting your hospice's position via the reconsideration process.

### The Hospice FY 2019 Final Rule

The Hospice final rule, CMS-1692-F FY 2019 Hospice Update, went on display for public inspection on August 1, 2018 and was published on August 6, 2018. Providers can view the final rule on the Federal Register, linked [here](#).

### The Hospice, Home Health, DME Open Door Forum (ODF) – August 2018

CMS will host the Hospice, Home Health, DME Open Door Forum (ODF) on August 22, 2018. This ODF will focus on the Hospice Final Rule. More information on the ODF will be made available [here](#).

### Special ODF (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART) – September 2018

On September 26, 2018 from 2:00-3:00PM EST, CMS will host a Special ODF (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART). This SODF will focus on the goals for, and provide a status update on, HEART. Information on the SODF will be posted on the HQRP [Spotlight and Announcements](#) webpage, as well as shared on the CMS HQRP [HEART](#) webpage.

### Hospice Compare Refresh – August 2018

Hospice Compare will be refreshed in August 2018. HIS data on Hospice Compare will be updated to be based on patient stays discharged in Q4 2016 – Q3 2017, and CAHPS® Hospice Survey data will be updated to reflect quarters Q4 2015 – Q3 2017. Hospice providers should check [Hospice Compare](#) following the August refresh to view their updated HIS quality measures and CAHPS® Hospice Survey data.

CMS also recommends that providers review the [Public Reporting: Key Dates for Providers](#) webpage to familiarize themselves with important public reporting dates, as well as the [Spotlight & Announcements](#) webpage to keep up to date with any updates.

### Preparation for the November 2018 Hospice Compare Refresh

Hospice Compare will be refreshed in November. HIS data on Hospice Compare will be updated to be based on patient stays discharged in Q1 2017 – Q4 2017, and CAHPS® Hospice Survey data will be updated to reflect quarters Q1 2016 – Q4 2017.

Providers should be aware of the following key dates relevant to the November 2018 refresh:

- **August 15, 2018** was the freeze date for HIS data. This means that any corrections that you needed to make to HIS records to be included in the Hospice Compare November 2018 refresh (records from Q1 2017 – Q4 2017) should have been made prior to the freeze date.
- **September 4, 2018 – October 4, 2018** is the 30-day Provider Preview Period, during which Provider Preview Reports will be available in CASPER. Providers should review their Preview Reports to ensure their data are accurate and submit any requests for CMS review of data no later than the end of the 30-day Preview Period.

## Upcoming Educational Trainings

### “From Data to Measure” Webinar -- August 16<sup>th</sup>, 2018

On August 16, 2018, 1:00-3:00PM EST, CMS hosted the “From Data to Measure” educational training. This training will explain how HIS data is calculated into HIS-based quality measures, including discussion of quality measure specifications and of how publicly reported scores are determined. The training will also provide guidance on how providers should interpret their Quality Measure (QM) Reports (both the Hospice-level QM Report and the Patient stay-level QM Report) to understand their hospice’s quality performance.

This webinar is intended for advanced HIS audiences. It is recommended that providers have a basic understanding of the HIS, a general working knowledge of the HIS-based QMs, and some familiarity with the QM reports to maximize their learning experience from this webinar; detailed knowledge of specific HIS measures, items, or QM Reports is not needed. If you need a refresher on these topics prior to attending the training, the following materials that provide general information on major concepts discussed in the training are recommended for your review:

- QM Report factsheet (see ‘Downloads’ section of the [HQRP Requirements and Best Practices](#) webpage)
- QM User’s Manual (see ‘Downloads’ section of the [Current Measures](#) webpage)
- HIS Manual (see ‘Downloads’ section of the [Hospice Item Set \(HIS\)](#) webpage)

This training will be recorded. Training recording and materials will be available for download from the [Hospice Quality Reporting Training: Training Education and Library](#) webpage following the training event.

### “Introduction to the Hospice Quality Reporting Program (HQRP)” Webinar -- August 30<sup>th</sup>, 2018

On August 30<sup>th</sup> 2018 from 2:00 to 3:30 PM EDT, CMS will host the “Introduction to the Hospice Quality Reporting Program (HQRP)” educational webinar. The purpose of this webinar is to explain the basics of the HQRP, and webinar topics include an overview of the HQRP, an introduction to HIS and Hospice CAHPS®, and an overview of Hospice Compare and HQRP public reporting requirements.

This webinar is intended for all audiences. It will provide background and understanding of both the HIS and CAHPS® Hospice Survey that comprise HQRP requirements, as well as will help providers learn how to meet these requirements and receive their full APU.

**Registration for this training is not yet live;** please monitor the [Hospice Quality Reporting Training: Announcements and Registration](#) webpage for when training registration is made available.

## Web-Based Training Available on the HQRP Website -- September 2018

In September 2018, CMS will provide two self-paced, web-based training courses for hospice staff to learn about the HQRP. These two courses are meant to provide a comprehensive overview of the HQRP and its components, ensure providers are aware of their responsibilities to receive their full Annual Payment Update, and provide links to a variety of additional resources to assist providers in complying with program requirements.

The first course provides a broad overview of the various components of the HQRP and is intended for anyone who works for a hospice agency and is responsible in any way for complying with the HQRP. The course is titled "Introduction to the Hospice Quality Reporting Program (HQRP)" and includes the following five lessons:

- What is the Hospice Quality Reporting Program (HQRP)?
- The Hospice Item Set (HIS)
- Timing of the Hospice Item Set (HIS)
- The Consumer Assessment of Healthcare Providers and Systems Hospice Survey® (Hospice CAHPS®)
- Hospice Compare & Public Reporting

The second course is intended for individuals within a hospice agency that are responsible for submitting files and monitoring compliance with the HQRP. The course is titled "HQRP Data Submission Requirements and Reports" and includes the following seven lessons:

- Getting Ready to Submit the Hospice Item Set (HIS)
- Hospice Item Set (HIS) Item Completion
- Successful Submission and Acceptance of the Hospice Item Set (HIS)
- Identifying and Addressing Errors on the Final Validation Report (FVR)
- Overview of Hospice Quality Reporting Program (HQRP) Provider Reports
- Hospice Quality Reporting Program (HQRP): Useful Websites and Resources
- Hospice Quality Reporting Program (HQRP) Exemption and Extension for Extraordinary Circumstances Policy

These trainings are intended to complement one another and meet the needs of diverse learning styles. Further details will be made available and announced on the [Hospice Quality Reporting Training: Announcements and Registration](#) webpage.