



# Hospice Quality Reporting Program (HQRP)

## Quarterly Updates

### January 2019

*This document is intended to provide HQRP-related updates on events and guidance from the 4th Quarter of 2018 (October - December).*

*This document contains:*

- [Section 1](#) Events from the 4<sup>th</sup> Quarter, including links to resources
- [Section 2](#) Announcements for upcoming events in the 1<sup>st</sup> Quarter of 2019
- [Section 3](#) Previous and Upcoming Public Reporting Dates
- [Section 4](#) Frequently Asked Questions received by the Hospice Quality Help Desk during the 4<sup>th</sup> Quarter of 2018

**Please Note:** Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.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:

##### HQRP Data Collection for the FY2021 Reporting Year begins January 1, 2019

This is the first quarter for data collection for the Fiscal Year (FY) 2021 reporting year (data collection period 1/1/19 – 12/31/19). Remember that hospices must meet requirements for **both** Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) to be compliant with the HQRP overall. For more information, see [Section 2](#).

##### 4.5 Month Data Correction Deadline takes effect January 1, 2019

Beginning January 1, 2019, providers will have approximately 4.5 months following the end of each calendar year quarter to review and correct their HIS records with target dates in that quarter for the purposes of public reporting. This means that for HIS records with target dates within or prior to Quarter 1 (January – March) 2019, providers have until **August 15, 2019** to review and submit any corrections to these records. After this deadline has passed, HIS data with target dates within or prior to Quarter 1 2019 will be permanently frozen for the purposes of public reporting. For more information, see [Section 2](#).

## Section 1: What you may have missed last Quarter

### List of Hospice Providers that successfully met Hospice Quality Reporting Program (HQRP) Annual Payment Update (APU) Fiscal Year (FY) 2019 Reporting Requirements posted

As stated in the FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements final rule (80 FR 47141, see pages 47198–47199), CMS has published the list of hospice providers who successfully met HQRP reporting requirements for APU FY 2019. This list has accounted for all reconsideration requests that were submitted and is final.

To view the list, please refer to the [HQRP Requirements and Best Practices](#) webpage.

## **New Version of Hospice Item Set (HIS) Manual (V2.01) Now Available**

The HIS Manual has been updated with refined guidance for completing the HIS based on frequently asked questions from the Hospice Quality Help Desk. **Note that no updates were made to HIS items or the HIS itself** (i.e., no HIS items have been added, deleted, or changed). Instead, additional guidance based on provider feedback from the Hospice Quality Help Desk has been added to the manual to clarify HIS coding instructions.

To download the new version of the HIS Manual and the associated change table, please refer to the [Hospice Item Set \(HIS\)](#) webpage.

## **Disaster Exemptions for Medicare-Certified Hospices affected by Hurricane Florence, and Exemption and Extension processes due to other natural disasters**

CMS has granted automatic exemptions under certain Medicare quality reporting and value-based purchasing programs to hospices located in areas affected by Hurricane Florence. Hospice providers located within the [Federal Emergency Management Agency \(FEMA\)](#)-designated “major disaster” counties in North Carolina and South Carolina are not required to submit quality measure data to meet submission requirements for the reporting quarters specified by CMS. For a list of the designated counties and other information, see the related email notification issued October 11, 2018. Hospice providers affected by Hurricane Florence outside the FEMA-designated counties may also be eligible to request an extension or exemption, and should refer to the [Hospice Extensions and Exemptions Requests](#) webpage for instructions. For more information, all hospices should refer to the [Hospice Extensions and Exemptions Requests](#) webpage, and check back frequently for updates.

Hospices located in other areas affected by natural or man-made disasters, as designated by FEMA, may also be eligible to request an extension or exemption. Please refer to the [Hospice Extensions and Exemptions Requests](#) webpage for information on eligibility and submitting a request.

If a hospice receives a notice of HQRP non-compliance they believe is in error due to disaster or other reason, the hospice should submit a reconsideration request. Please refer to the [Reconsideration Requests](#) webpage for more information and details on submitting a reconsideration request.

## **Educational Trainings released last Quarter**

### Updates to Public Reporting in Fiscal Year 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines

On December 13, 2018, CMS hosted a two-part webinar entitled “Updates to Public Reporting in Fiscal Year 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines.”

The first part of this training focused on the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235), also known as “the Hospice Comprehensive Assessment Measure.” This measure was added to Provider Preview Reports in September 2018 and was publicly reported on Hospice Compare starting in November 2018. Part one of the training focused on the background of this measure, how this measure is calculated, and how providers can use their Certification And Survey Provider Enhanced Reporting Quality Measure Reports (CASPER QM Reports) to understand their hospice’s performance on this measure.

The second part of this training focused on the 4.5 Month Data Correction Deadline for Public Reporting policy update that was finalized in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements final rule (83 FR 38622, see pages 38638-38640). Under this new policy, beginning January 1, 2019, providers will have approximately 4.5 months following the end of each calendar year (CY) quarter to review and correct their HIS records with target dates in that quarter for public reporting. After this 4.5 month data correction deadline has passed, HIS data from that CY

quarter will be permanently frozen for the purposes of public reporting. Part two of the training explained how this new policy change will be implemented and the implications of this new policy.

Training materials for the “Updates to Public Reporting in Fiscal Year 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines” are available for download on the [Hospice Quality Reporting Training – Training and Education Library](#) webpage.

#### Introduction to the Hospice Quality Reporting Program (HQRP) Webinar

Training materials for the “Introduction to the HQRP Webinar” are now available for download on the [Hospice Quality Reporting Training – Training and Education Library](#) webpage.

CMS held the “Introduction to the HQRP Webinar” on August 30, 2018. The purpose of this webinar is to explain the basics of the HQRP, and to provide an overview of the two components of the HQRP: HIS and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. A primary focus of the webinar is also to help hospice providers learn what they need to do to receive their full Annual Payment Update (APU).

### **Helpful new resources for Providers added to the HQRP website**

Last quarter, CMS released several new Fact Sheets or resources to support providers on various topics related to the HQRP. All are available for download from the HQRP Web site, and are described below:

- **Hospice Comprehensive Assessment Quality Measure (QM) Background and Methodology Fact Sheet**

The NQF #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission, also known as the “Hospice Comprehensive Assessment Measure”, was added to Provider Preview Reports in September 2018 and will be publicly reported on Hospice Compare starting in November 2018. This fact sheet provides information on the background of this measure, how this measure is calculated, and how providers can use their CASPER QM reports to understand their hospice’s performance on this measure.

To download the Hospice Comprehensive Assessment QM Background and Methodology Fact Sheet, please refer to the [Current Measures](#) webpage.

- **Public Reporting of the Hospice and Palliative Care Composite Quality Measure – Comprehensive Assessment at Admission (NQF #3235) for the Hospice Quality Reporting Program (HQRP)**

The Hospice Comprehensive Assessment Measure was added to the Hospice Compare Web site in November 2018, for data collected from Q2 2017 – Q4 2017. For further information on the public reporting of the Hospice Comprehensive Assessment Measure, please refer to the External Questions and Answers document and Hospice Comprehensive Assessment Measure Fact Sheet, which are both available in the Downloads section of the [Public Reporting: Background and Announcements](#) webpage.

- **4.5 Month Data Correction Deadline for Public Reporting Fact Sheet**

To improve upon the freeze date policy and ensure that Hospice Compare is an accurate and consistent representation of hospice quality, CMS instituted a 4.5 month data correction deadline for public reporting in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements final rule (83 FR 38622, see pages 38638-38640). Under this new policy, beginning January 1, 2019, providers will have 4.5 months following the end of each CY quarter to review and correct their HIS records with target dates (which is the admission date for HIS-Admission

records and discharge date for HIS-Discharge record) in that quarter for public reporting. This new 4.5 month data correction deadline for public reporting will eventually replace the “freeze date.”

To download the 4.5 Month Data Correction Deadline for Public Reporting Fact Sheet, please refer to the [Public Reporting: Key Dates for Providers](#) webpage.

- **Updated “Getting Started with the HQRP” Fact Sheet**

An updated version of the “Getting Started with the HQRP” Fact Sheet is now available for download. Providers should review this updated fact sheet for information and resources related to requirements for the Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®).

To download the updated “Getting Started with the HQRP” Fact Sheet, please refer to the [HQRP Requirements and Best Practices](#) webpage.

## **Updates on future Quality Measure Development**

CMS has added information regarding future quality measure development to the [Provider Engagement Opportunities](#) webpage of the HQRP website. This added information to the webpage will keep stakeholders informed regarding hospice measures that CMS has submitted to the National Quality Forum (NQF) Measure Application Process (MAP).

Updates on the status of the claims-based Transitions from Hospice Care, Followed by Death or Acute Care, Measure, for example, will be shared on this webpage. CMS is currently developing this proposed measure, which is posted on the Measures Under Consideration (MUC) list. In the last quarter, the public provided comments on this proposed measure for consideration during the NQF Post-Acute Care/Long-Term Care Workgroup (December 2018) and the NQF Coordinating Committee Workgroup (January 2019). For up-to-date information on the status of this proposed measure, please refer to the [Provider Engagement Opportunities](#) webpage.

## **Ensure that your hospice is receiving CORMAC informational messages**

On a quarterly basis, CORMAC sends informational messages to hospices regarding the HQRP. If your hospice needs to add or change the email addresses to which these messages are sent, please email <[QRPHelp@cormac-corp.com](mailto:QRPHelp@cormac-corp.com)> and be sure to include your facility name and CMS Certification Number (CCN), along with any requested email updates.

## Section 2: What's coming up in the 1st Quarter of 2019

### Hospice Quality Reporting Program (HQRP) Data Collection for the Fiscal Year (FY) 2021 Reporting Year begins January 1, 2019

This is the first quarter for data collection for the FY2021 reporting year (data collection period 1/1/19 – 12/31/19). For Hospice Item Set (HIS) data, remember that the timeliness threshold requirement for the FY2021 reporting year and beyond is 90%. This means that to be determined compliant with HIS requirements, hospices must submit at least 90% of their HIS records on time (within 30 days of the patient's admission or discharge date). There are no size or newness exemptions for HIS reporting. For more information on the Timeliness Compliance Threshold, please refer to the Timeliness Compliance Threshold Fact Sheet in the Downloads section of [Hospice Item Set \(HIS\)](#) webpage.

Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data collection period for the FY2021 reporting year began on January 1, 2019, and will continue through December 31, 2019. This data collection period impacts hospice payments for FY2021. Providers who have not been participating in CAHPS® and do not qualify for an exemption should begin immediate preparations to participate in the survey. For assistance, please email or call the CAHPS® survey technical assistance team at [hospicecahpsurvey@HCQIS.org](mailto:hospicecahpsurvey@HCQIS.org) or 1-844-472-4621.

For additional tips on ensuring compliance for the HQRP overall, please refer to the HQRP Requirements and Best Practices webpage.

### 4.5 Month Data Correction Deadline for Public Reporting

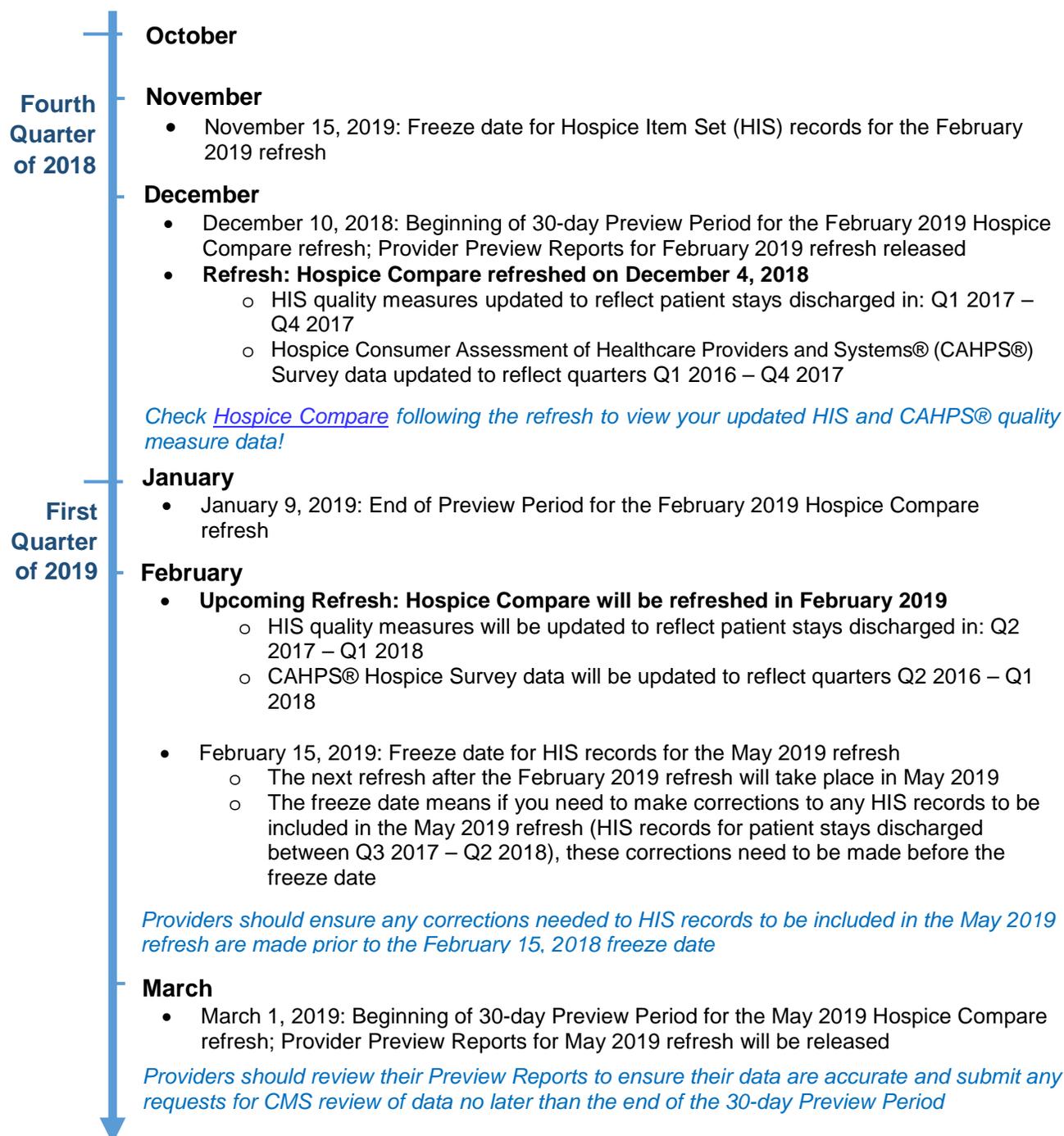
Beginning January 1, 2019, the 4.5 month data correction deadline for public reporting is in effect. CMS instituted the 4.5 month data correction deadline for public reporting in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements final rule (83 FR 38622, see pages 38638-38640).

This means that beginning Quarter 1 (January – March) 2019, providers will have approximately 4.5 months following the end of each calendar year (CY) quarter to review and correct their HIS records with target dates (i.e., admission date for the HIS-Admission and discharge date for the HIS-Discharge) in that quarter for the purposes of public reporting. For HIS records with target dates (i.e., patient admission or discharge dates) within Quarter 1 2019, providers will have until **August 15, 2019** to review and submit any corrections to these records. Note that as the 4.5 month data correction deadline went into effect on January 1, 2019, any HIS records with target dates prior to January 1, 2019, will **also** have the data correction deadline of August 15, 2019. After this data correction deadline has passed, HIS data from the corresponding CY quarter will be permanently frozen for the purposes of public reporting. Updates made after the correction deadline will not appear in any Hospice Compare refresh.

For more information about this policy, please refer to the 4.5 Month Data Correction Deadline for Public Reporting Fact Sheet in the Downloads section of the [Public Reporting: Key Dates for Providers](#) webpage. This policy is also explained in detail in the December 2018 "Updates to Public Reporting in Fiscal Year 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines" training; training materials and a recording are available for download from the [Hospice Quality Reporting Training – Training and Education Library](#) webpage.

## Section 3: Previous and Upcoming Public Reporting Dates

The timeline below includes key public reporting dates for the previous and upcoming Quarter (Q). Providers should review the timeline to ensure they are familiar with important upcoming public reporting dates, and refer to the [Public Reporting: Key Dates for Providers](#) webpage for more information.



## Section 4: Questions and Answers

### General Hospice Quality Reporting Program (HQRP) Requirements

**Question 1. How can our hospice monitor our compliance with the Hospice Quality Reporting Program (HQRP) throughout the year?**

**Answer 1.** There are several resources available to all hospice providers to help regularly monitor their hospice's preliminary compliance with HQRP requirements. Remember that hospice providers must be compliant with **both Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®)** to be considered compliant for the HQRP overall and avoid the 2-percentage point reduction.

To monitor CAHPS® compliance, hospices should login to the CAHPS® data warehouse. Further instructions on accessing the CAHPS® data warehouse can be found on the CAHPS® Web site [here](#). If you have further questions regarding CAHPS® compliance, please contact the Hospice CAHPS® Help Desk at [<hospicesurvey@cms.hhs.gov>](mailto:hospicesurvey@cms.hhs.gov).

To monitor HIS compliance, hospice providers should regularly access the Certification and Survey Provider Enhanced Reporting System (CASPER). Once logged into CASPER, hospices can:

- *Ensure that submitted HIS data is accepted by Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System:* To do this, providers should check and print their Final Validation Report in CASPER after every HIS data submission to ensure that the attempted submission was successful and accepted.
- *Monitor their preliminary compliance with any given reporting cycle's HIS timeliness compliance threshold:* To do this, providers should view their "Timeliness Compliance Threshold Report" in CASPER. This report displays your hospice's preliminary compliance rate with the timeliness compliance threshold for the current reporting period. For the current reporting period, fulfillment of the HIS-related HQRP requirements will be monitored and compliance will be determined based on completing the year's submissions for records with a target date (admission or discharge date) between 1/1/2019 to 12/31/2019. Compliance with HQRP requirements is based on timely submission, where records must meet the 30-day submission deadline, which is defined as the target date + 30 days. For the current reporting cycle (which affects the Fiscal Year (FY) 2021 Annual Payment Update (APU)), providers must submit at least 90% of their records on time (within the 30-day submission timeframe). For more information, please review the Timeliness Compliance Threshold Fact Sheet available on the [Hospice Item Set \(HIS\)](#) page.
- *Check their hospice's HQRP compliance for the current APU:* If the hospice is found noncompliant in any given reporting year, a letter of noncompliance will be automatically placed in their CASPER folder notifying them of their noncompliance. For more information regarding compliance determinations and accessing these letters in CASPER, please refer [here](#).

If you require assistance logging in to CASPER or accessing any of the aforementioned reports or letters in CASPER, please contact the QIES Technical Support Office (QTSO) at the Technical Help Desk via email [<help@qtso.com>](mailto:help@qtso.com) or by phone (1-877-201-4721; hours: Monday – Friday, 7:00 a.m. - 7:00 p.m. Central Time).

For more information on HQRP compliance, please refer to the "Reporting Hospice Quality Data: Tips for Compliance" training materials available for download on the [HQRP Training and Education Library page](#). If you have general questions regarding HQRP compliance, please contact the Hospice Quality Help Desk [<HospiceQualityQuestions@cms.hhs.gov>](mailto:HospiceQualityQuestions@cms.hhs.gov).

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

### **Question 2. Is there a required record retention timeframe for keeping HIS submission records?**

Answer 2. As stated in Section 1.8, Maintenance of HIS Records of the HIS Manual V2.01, hospices are recommended to retain a copy of the HIS records, including any corrected versions, for future validation purposes. These copies can be electronic or paper. Note that although the signature page is not transmitted to the QIES ASAP system, we also recommend that it be retained by the hospice for potential future validation purposes. Hospices must ensure that proper security measures are implemented via facility policy to ensure the privacy and integrity of the HIS, regardless of whether the record is in electronic or other form. **Your facility policy would dictate record retention.**

For more information, please refer to Section 1.8, Maintenance of HIS Records of the HIS Manual V2.01, available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

## CASPER Reports

### **Question 3. How can our hospices use the Hospice Timeliness Compliance Threshold Report to monitor preliminary HIS compliance throughout the year?**

Answer 3. The Hospice Timeliness Compliance Threshold Report is a CASPER report that allows providers to check their preliminary compliance. For HIS data, remember that the timeliness threshold requirement for the FY2021 reporting year and beyond is 90%. This means that to be determined compliant with HIS requirements, hospices must submit at least 90% of their HIS records within the 30-day submission deadline (defined as the target date + 30 days).

As of 1/1/19, we are in the FY 2021 APU reporting cycle. Compliance for the FY 20201 reporting cycle will be based on the timeliness of Calendar Year (CY) 2019 HIS submissions (i.e., records with a target date between 1/1/2019 to 12/31/2019). This means that when you run the Hospice Timeliness Compliance Threshold Report for FY 2021 in CASPER, you will see (1) the total number of records with a target date in calendar year 2019, and (2) the number of those records that were submitted on time. Your hospice's preliminary compliance rate is calculated by these two figures.

The Hospice Timeliness Compliance Threshold Report is cumulative and will show your hospice's performance to date for the current reporting period. This means that if you want to see monthly updates (or weekly, etc.), then you will need to run the report at regular intervals and the numbers will update in a cumulative "year to date" manner. For example, if you would like to obtain data on your hospice's preliminary compliance rate with the timeliness compliance threshold for the current reporting period on a *monthly* basis, you will need to run this report in CASPER each month.

For more information on the timeliness compliance threshold and the associated CASPER report, please review the Timeliness Compliance Threshold Fact Sheet available on the [Hospice Item Set \(HIS\)](#) page. For detailed instruction on accessing CASPER reports, please view the [CASPER Reporting Hospice Provider User's Guide](#).