Hospice Quality Reporting Program (QRP) Quick Reference Guide

The Hospice QRP creates hospice quality reporting requirements, as mandated by Section 3004(a) of the Patient Protection and Affordable Care Act (ACA) of 2010. Each year, by October 1, CMS publishes the quality measures a hospice must report.

Hospices must submit required Hospice Item Set (HIS) data to CMS. The HIS includes HIS-Admission and HIS-Discharge records. The HIS data must be transmitted to CMS through the Assessment Submission and Processing (ASAP) system to the Quality Improvement Evaluation System (QIES).

In addition to the HIS data, hospices are required to participate in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. The CAHPS® Hospice Survey was designed to measure and assess the experiences of patients who died while receiving hospice care, as well as the experiences of their informal primary caregivers.

If the required quality data is not reported by each designated submission deadline, the hospice will be subject to a two (2) percentage point reduction in their Annual Payment Update (APU).

Frequently Asked Questions

Q: What are the data submission deadlines for CAHPS® Hospice Survey data?
Hospices are required to participate in the CAHPS® Hospice Survey on an ongoing monthly basis. Data collection for sampled decedents/caregivers must be initiated two months following the month of patient death. More information is available on the official CAHPS® Hospice Survey website.

Q: What are the data submission deadlines for HIS data?
The submission deadline for HIS records is 30 days from the event date (admission or discharge). More information is available in the Timeliness Compliance Threshold Fact Sheet, available in the Downloads box on the CMS Hospice Item Set (HIS) web page.

Q: How do I verify my submissions?
CMS provides multiple reports and tools that Hospices are encouraged to utilize in order to monitor compliance with the requirements of the Hospice Quality Reporting Program. One of the best methods to monitor successful HIS submission is through Final Validation Reports. Instructions are available in the CASPER Reporting User's Guide, Section 3. Also available within the Hospice Provider report category in the CASPER Reporting application of the QIES ASAP system is the Hospice Timeliness Compliance Report, which displays provider level data regarding Hospice Item Set (HIS) records submitted successfully to CMS.

Hospices and their vendors can monitor CAHPS® Hospice Survey data submissions through reports posted to the CAHPS® Hospice Survey Data Warehouse. These reports are available by 5:00 PM Eastern Time on the next business day after submission. More detail on the CAHPS® Hospice Survey, including podcasts about data submission and other key items, can be found in the Information for Hospices section of the CAHPS® Hospice Survey website.

CMS provides multiple educational resources and training opportunities on the Hospice Quality Reporting Program and CAHPS® Hospice Survey websites to help providers be successful.

Q: How to I submit a CAHPS® Hospice Survey exemption request?
For the calendar year (CY) 2017 data collection period, Medicare-certified hospices that served fewer than 50 survey-eligible decedents/caregivers in CY 2016 (January 1, 2016 through December 31, 2016) can apply for an exemption from CY 2017 CAHPS® Hospice Survey data collection and reporting requirements. More details on the exemption process can be found on the CAHPS® Hospice Survey Participation Exemption for Size web page. Hospices exempt from CAHPS® Hospice Survey participation in CY 2017 because they are too new (i.e., these hospices received their Medicare certification and CCNs on or after January 1, 2017) do not need to complete a CY 2017 exemption form.

Help Desk Assistance

Help@qtso.com or 1-877-201-4721 (QIES Help Desk)
For questions about HIS submission reports and CASPER reports.

HospiceQualityQuestions@cms.hhs.gov (Quality Help Desk)
For questions about quality reporting requirements, quality measures, and reporting deadlines.

HospiceQRPReconsiderations@cms.hhs.gov (APU/Reconsiderations Help Desk)
For requesting reconsideration for a determination of non-compliance with hospice quality reporting

HospicePRquestions@cms.hhs.gov (Public Reporting Help Desk)
For questions related to public reporting of quality data.

hospicecahpssurvey@HCQIS.org (CAHPS® Hospice Survey Help Desk)
For information about the CAHPS® Hospice Survey.

CAHPShospicetechsupport@rand.org (CAHPS® Hospice Survey Data Warehouse support)
For questions about data submission, data submission reports, and access to the CAHPS® Hospice Survey Data Warehouse.

Helpful Links

Post-Acute Care (PAC) Listserv — Sign up for the official CMS PAC listserv to receive important QRP updates.

Hospice QRP Requirements and Best Practices — CMS resource containing information about the quality measures, provider compliance, and best practice methodology.

CAHPS® Hospice Survey Website — the official website for information on the CAHPS® Hospice Survey, including current measures and size exemption forms.

Hospice Item Set (HIS) Information — Resource containing the HIS Manual, HIS for admission and discharge, and information on final validation reports.

Hospice Quality Reporting Training — Links to past in-person and online training as well as information on upcoming trainings.

HIS Current Measures — Details on the Hospice Item Set (HIS) measures for the QRP.