



# Hospice Quality Reporting Program (HQRP): Requirements for the Fiscal Year (FY) 2018 Reporting Year

*This fact sheet contains information about requirements for the HQRP for the FY 2018 reporting year (data collection period 1/1/16 – 12/31/16).*

## I. Background

Section 3004 of the Affordable Care Act (ACA) authorized the establishment of a quality reporting program for hospices. The ACA specified that beginning with FY 2014 and each subsequent FY, the Secretary shall 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.

For the FY 2018 reporting year, all Medicare-certified hospice providers must comply with two reporting requirements to avoid the 2 percentage point penalty in their APU: the Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) reporting requirements. Failure to comply with either one of these requirements will result in the 2 percentage point APU reduction.

The HQRP is currently “pay-for-reporting,” meaning it is the act of submitting data that determines compliance with HQRP requirements. Performance level is not a consideration when determining compliance and APU reductions.

## II. FY 2018 Reporting Requirements for HIS and Hospice CAHPS

Specific requirements for the FY 2018 Reporting Year for both the HIS and Hospice CAHPS are outlined in more detail below. The FY 2018 reporting year spans 1/1/16 – 12/31/16.

### **HIS requirements:**

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. Hospices must submit the appropriate HIS record for each patient admission and discharge, regardless of the patient’s payer source, age, or where the patient receives hospice services. HIS records submitted for patient admissions or discharges occurring 1/1/16 – 12/31/16 will be included in the FY 2018 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 within 30 days of the event date (patient’s admission or discharge). Beginning with the FY 2018 reporting year, hospices’ compliance with HIS requirements will be based on a timeliness threshold whereby hospices will be required to submit a minimum percentage of their HIS records by the 30 day submission deadline. CMS will incrementally increase this compliance

threshold over a 3 year period. For the FY 2018 APU determination, at least 70% of all required HIS records must be submitted within the 30 day submission deadline to avoid the 2 percentage point reduction in the FY 2018 APU. For the FY 2019 APU determination, providers must submit 80% of all required HIS records by the 30 day deadline. Finally, for the FY 2020 APU determination and all subsequent years, providers must submit 90% of all required HIS records according to the 30 day deadline.

### **Hospice CAHPS Requirements:**

To comply with CMS's quality reporting requirements for the FY 2018 APU, hospices will be required to collect data using the Hospice CAHPS Survey. Hospices would be able to comply by utilizing only CMS-approved third party vendors that are in compliance with the provisions set forth by CMS. Ongoing monthly participation in the survey is required January 1, 2016 through December 31, 2016 for compliance with the FY 2018 APU. Approved Hospice CAHPS vendors will submit data on the hospice's behalf to the Hospice CAHPS Survey Data Center. The deadlines for data submission occur quarterly; deadlines are the second Wednesday of the submission months, which are August, November, February, and May. Hospice providers are responsible for making sure that their vendors are submitting Hospice CAHPS Survey data in a timely manner.

### **FY 2018 Compliance Checklist:**

- ✓ Submit at least 70% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/16 – 12/31/16.

**AND**

- ✓ Ongoing monthly participation (1/1/16 – 12/31/16) in the Hospice CAHPS survey where an approved 3<sup>rd</sup> party vendor submits Hospice CAHPS data according to the quarterly deadlines specified above

## **III. Resources and Frequently Asked Questions**

### **Where can I find more information about the HIS requirements?**

- Providers should visit the [Hospice Item Set \(HIS\)](#) portion of the CMS HQRP website for more information on the HIS. This webpage includes links/downloads for:
  - The HIS Manual
  - HIS Trainings
  - HIS Fact Sheets
  - Quarterly Q+A Documents
- Providers should visit the [HIS Technical Information](#) portion of the CMS HQRP website for more information on submitting HIS data to CMS, and information on using the HART, CASPER, and QIES ASAP Systems.

### **Where can I find more information about CAHPS requirements?**

- Providers should visit the [CAHPS Hospice Survey](#) website for information on the Hospice CAHPS survey. This website includes information on:
  - Approved CAHPS vendors
  - Hospice-specific CAHPS FAQs
  - Training Materials

### **Am I exempt from reporting HIS or Hospice CAHPS 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 for 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, 2015, that provider should begin submitting HIS data for patient admissions occurring on or after November 5th, 2015. 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 2018 APU).

**CAHPS:** The Hospice CAHPS survey does have an exemption for size. As stated in the FY 2016 Final Rule, hospices that have fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2015 through December 31, 2015 are exempt from CAHPS Hospice Survey data collection and reporting requirements for the 2018 APU. (The survey data collection period for the 2018 APU is January 1, 2016 through December 31, 2016.) To qualify for the size exemption for the FY 2018 APU, hospices must submit an exemption request form by August 10, 2016. This form will be available on the [Participation Exemption for Size](#) portion of the CAHPS Hospice Survey Web site ([www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org)). The exemption is effective for one year. Hospice that continue to qualify must submit exemption applications each year.

Newly certified hospices that received their Medicare Provider Number (CCN) on or after January 1, 2016 are exempted from the FY2018 APU Hospice CAHPS requirements. This exemption will be determined by CMS. The exemption applies for one year only.

### **What if I am found non-compliant with FY 2018 requirements?**

If you are found non-compliant with FY 2018 requirements, you may request reconsideration. Hospices may file for reconsideration if they believe the finding of non-compliance is in error. Reporting compliance is determined by successfully fulfilling both the Hospice CAHPS® Survey requirements and the HIS data submission 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](#) portion of the CMS HQRP Web site. Please note that you cannot request reconsideration until you receive notification from CMS that you were found noncompliant with FY 2018 requirements.

### **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 data collection systems directly affected 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 30 calendar days of the occurrence of the extraordinary circumstance. Please visit the [Extensions and Exception Requests](#) portion of the CMS HQRP website for more information.

## IV. Help Desks Available to Providers

- [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov) (Quality Help Desk): For questions about HIS and general questions about the HQRP program, reporting requirements, quality measures, and reporting deadlines.
- [Mdcn.mco@palmettogba.com](mailto:Mdcn.mco@palmettogba.com) (CMSNet Help Desk): For questions about registering for the CMSNet User ID, to have access to QIES ASAP.
- [Help@qtso.com](mailto:Help@qtso.com) or 1-877-201-4721 (QIES 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.
- [HospiceQRPreconsiderations@cms.hhs.gov](mailto: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.
- [Hospicecahpssurvey@HCQIS.org](mailto:Hospicecahpssurvey@HCQIS.org) or 1-844-472-4621: For technical assistance with the CAHPS Hospice Survey, contact the CAHPS Hospice Survey Project Team.
- [Hospicesurvey@cms.hhs.gov](mailto:Hospicesurvey@cms.hhs.gov) For communication with CMS regarding implementation of the CAHPS Survey issues.