



# Hospice Quality Reporting Program (HQRP)

## Hospice Item Set (HIS) Questions and Answers (Q+A) and Quarterly Updates

July 2016

*This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the 2<sup>nd</sup> quarter (April – June) of 2016 (**Section 1**). This document also contains quarterly updates and events from the 2<sup>nd</sup> quarter (**Section 2**), as well as upcoming updates for the next quarter (**Section 3**). Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*

### Section 1: HIS Quarterly Questions and Answers

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#### HIS Completion and Submission

**Question 1: What reports are available to providers through CASPER and what are the differences in the types of reports?**

**Answer 1:** Currently, there are several different reports available to hospice providers under the category of “Provider Reports” in CASPER. As of July 16, 2016, there were 12 Provider Reports available in CASPER. These 12 reports allow hospices to track submission of HIS records, including details on errors on submitted reports, counts and listings of HIS records submitted, and final validation reports. On July 17, 2016, CMS released an additional Provider Report, the Hospice Timeliness Compliance Threshold Report (see **Section 3**, below for more details on this report). The purpose of this report is to allow providers to monitor preliminary compliance with the previously finalized 70-80-90 timeliness compliance threshold for the HIS. In sum, the 13 currently available Provider Reports allow hospices to monitor and track HIS submissions, ensure proper acceptance of records by the QIES ASAP system (final validation reports), and monitor preliminary compliance with HIS requirements (Hospice Timeliness Compliance Threshold Report).

In the future, CMS plans to make available other reports, which will serve different purposes beyond the tracking and monitoring functions of the 13 currently available provider reports. Reports that will be released in the future will include quality measure

(QM) Reports and Preview Reports. QM reports are confidential feedback reports that can be viewed only by providers.

CMS plans to release QM Reports sometime in late 2016. The purpose of QM reports will be for internal quality improvement. QM reports will allow providers to see their scores on HIS-based quality measures to track performance over time for quality improvement efforts.

In addition to QM reports, CMS will also make available Preview Reports in CASPER. The purpose of Preview Reports will be to provide hospices with the opportunity to review quality data before it is publicly posted on the Hospice Compare website. Preview reports will be available to providers in CASPER in advance of the public display of quality data on the Hospice Compare website, which CMS anticipates will be launched sometime in 2017.

For more information on available CASPER reports, please visit the “HIS Technical Information” portion of the CMS HQRP webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html> or the hospice portion of the QTSO webpage: <https://www.qtso.com/hospice.html>.

## Section 2:

### What you may have missed from the 2nd Quarter of 2016

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#### FY 2017 APU noncompliance notifications mailed in late June

CMS has mailed notifications to hospices that were not in compliance with HQRP requirements. For the FY 2017 APU reporting year, hospices had to comply with both HIS and Hospice CAHPS® requirements. Hospices that received a notice of non-compliance have the opportunity to submit a request for reconsideration on quality data submissions affecting the FY 2017 APU. Hospices that wish to submit a request for reconsideration should review the instructions in the notification letter and on the [Reconsideration Requests](#) webpage.

#### Hospice Data Directory released in June

CMS released the Hospice Data Directory in June. The directory includes the Hospice Agency dataset, which provides a list of all hospices certified by Medicare and high-level demographic data for each agency, including:

- Provider name
- Complete address
- Ownership type
- CMS Certification Number (CCN)
- Profit status
- Date of original CMS certification

Information in the Hospice Data Directory comes from the CMS Automated Survey Processing Environment (ASPEN). If your agency's data is not listed in the database, is incorrect, or has

changed, contact your Regional Office (RO) Coordinator. A RO Coordinators list is also included with the Hospice Data Directory.

The purpose of the Hospice Data Directory is to take a first step in CMS's efforts to publicly provide hospice data, which will allow stakeholders to identify and locate hospices in a sortable, easy-to-use format. The Hospice Data Directory does not include any quality data.

The Hospice Data Directory is available on the data.medicare.gov webpage here: <https://data.medicare.gov/data/hospice-directory>.

## **Section 3: What's coming up**

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### **Hospice final rule to be published late summer**

The FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements proposed rule, which includes HQRP requirements and updates, was published in April 2016 in the Federal Register at:

<https://www.federalregister.gov/articles/2016/04/28/2016-09631/medicare-program-fy-2017-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting>. Providers had 60 days to comment on proposals in the proposed rule. The comment period for the hospice proposed rule ended June 20<sup>th</sup>, 2016 and the final rule will be published later this summer.

Rulemaking is the process through which CMS proposes and finalizes any new requirement for the HQRP. Once the proposed rule is published, providers have 60 days to review the proposed rule and submit comments to CMS. CMS then reviews all public comments, responding to comments and finalizing requirements in the final rule.

For general information on the rulemaking process, please visit the "Proposed Regulations" portion of the CMS website: <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html?redirect=/QuarterlyProviderUpdates/> or the Office of the Federal Register website:

[https://www.federalregister.gov/uploads/2011/01/the\\_rulemaking\\_process.pdf](https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf)

### **Timeliness Threshold Reports to be published in CASPER in late summer**

A new hospice report – the Hospice Timeliness Compliance Threshold Report – is available as of July 17, 2016 in the CASPER Reporting Application.

This report allows hospice providers to view their preliminary compliance with the 70-80-90 timeliness compliance thresholds established in the FY 2016 final rule. The timeliness compliance threshold requirement states that beginning with the FY 2018 reporting year, in order to avoid the 2-percentage point reduction in their Annual Payment Update (APU), hospices will be required to submit a minimum percentage of their HIS records by the 30-day submission deadline. CMS will implement 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. The compliance threshold is related to the submission deadline for HIS records only, completion deadlines will not be considered in the timeliness compliance threshold calculations.

The Hospice Timeliness Compliance Threshold Report displays provider level data regarding HIS records submitted successfully to CMS, allowing providers to monitor their preliminary compliance with the timeliness compliance threshold. Specifically, the report will display:

- Provider identification information
- Provider CCN and FAC ID
- # of HIS Records Submitted
- # of HIS Records Submitted on Time
- % of HIS Records Submitted on Time