



# Timeliness Compliance Threshold for HIS Submissions: Fact Sheet

## December 2015

*This fact sheet outlines the timeliness compliance threshold for HIS submissions, finalized by CMS in the FY 2016 Final Rule as well as presenting a preliminary algorithm for the timeliness compliance threshold calculation.*

### Summary of Timeliness Compliance Threshold for HIS Submission

In Sections E.6.d and E.6.e of the FY 2016 Final Rule, CMS finalized a timeliness compliance threshold for HIS submissions. These policies go into effect for the FY 2018 reporting year, which begins January 1, 2016.

- Section E.6.d of the Final Rule states that hospices are required to submit all HIS records (HIS-Admission and HIS-Discharge records) by the submission deadline. The submission deadline for HIS records is 30 days from the event date (the patient's admission to or discharge from the hospice).
- Section E.6.e of the Final Rule 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 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. See **Table 1**, below.
- Please note that this compliance threshold is related to the submission deadline for HIS records only; completion deadlines will not be considered in the timeliness compliance threshold calculations.

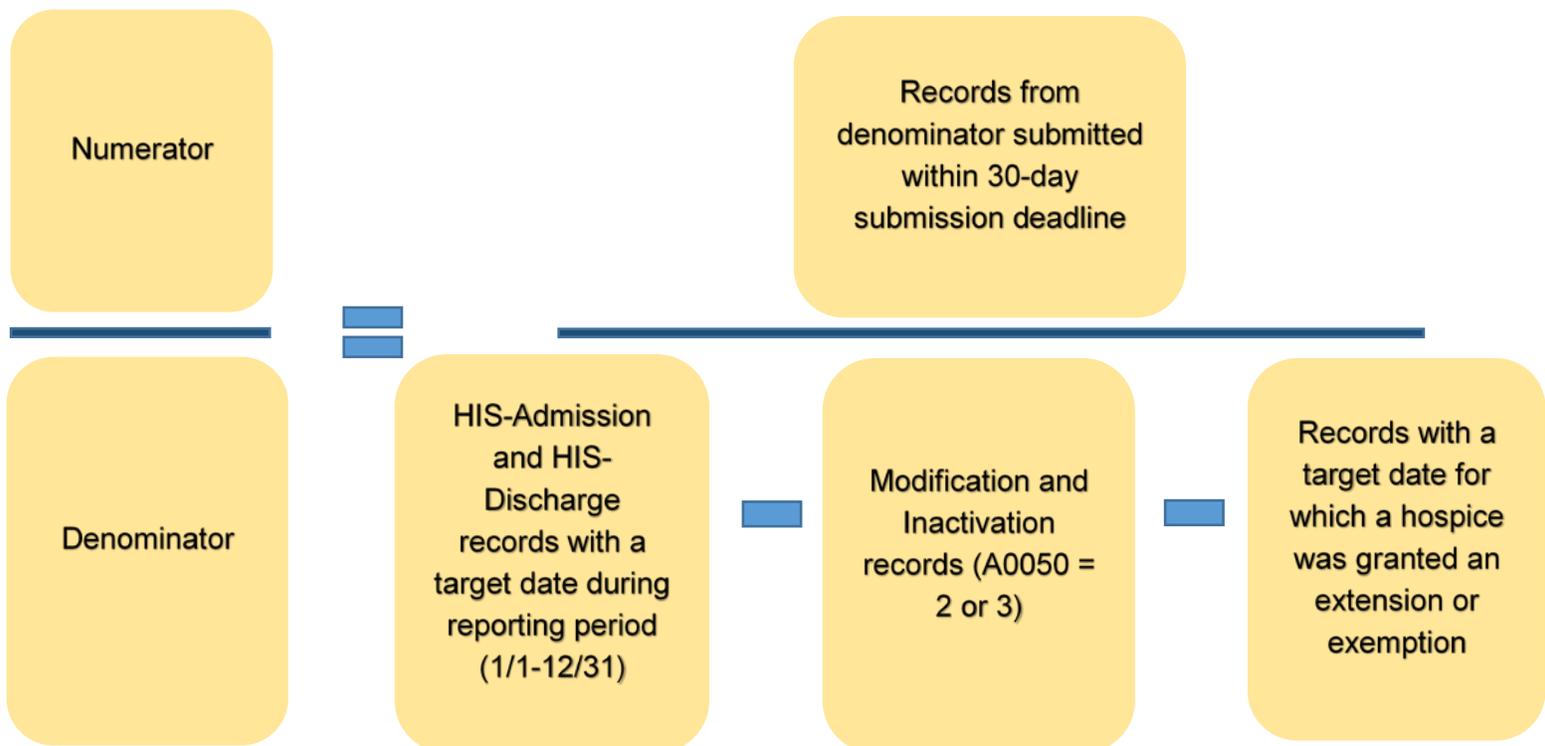
**Table 1. Timeliness Compliance Threshold Requirements by Reporting Year**

Reporting Year (& Affected APU)	Dates	Requirement
FY 2018	1/1/16 – 12/31/16	70% of all required HIS records submitted meet 30 day deadline
FY 2019	1/1/17 – 12/31/17	80% of all required HIS records submitted meet 30 day deadline
FY 2020 & Beyond	1/1/18 – 12/31/18 & beyond	90% of all required HIS records submitted meet 30 day deadline

**Preliminary Algorithm for Compliance Threshold Calculation**

In the FY 2016 Final Rule, CMS released a preliminary algorithm for how the 70/80/90 timeliness compliance thresholds would be calculated. In general, HIS records submitted for patient admissions and/or discharges occurring during the reporting period (January 1<sup>st</sup> – December 31<sup>st</sup> of the reporting year involved) will be included in the denominator of the compliance threshold calculation. The numerator of the compliance threshold calculation would include any records from the denominator that were submitted within the 30 day submission deadline. In the FY 2016 Final Rule, CMS also stated they would make allowances in the calculation methodology for two circumstances. First, the calculation methodology will be adjusted for records for which a hospice was granted an extension or exemption by CMS. Second, adjustments will be made for instances of modification/inactivation requests (Item A0050. Type of Record = 2 or 3).

**Figure 1. Preliminary Algorithm for Compliance Threshold Calculation**



### **Availability of Certification And Survey Provider Enhanced Reports (CASPER) Reports:**

The CASPER Reporting application enables hospice providers with a Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) User ID to connect electronically to the National Reporting Database. Currently, there are several CASPER reports available for hospice providers. CASPER reports can help hospice providers monitor the status of the HIS records submitted to the QIES ASAP system. Current CASPER reports allow providers to track HIS record status and determine when correction of errors, should they be present, is needed. More information on currently available CASPER Reports can be found on the CMS HQRP website here: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Tech-Training\\_CASPER-Reports-for-providers-Module-3-of-4.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Tech-Training_CASPER-Reports-for-providers-Module-3-of-4.pdf).

CMS is in the process of developing new CASPER Report(s) that providers can use to track the preliminary compliance with the timeliness compliance threshold for the HIS. CMS will announce the availability of new CASPER Report(s) through regular HQRP communication channels, including Open Door Forums (ODFs), the Medicare MLN eNews, and postings on the CMS HQRP website.

#### **If you need help:**

For questions about the timeliness compliance threshold, please contact the Quality Help Desk at [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov).

For more detailed instruction on accessing CASPER reports, please view the [CASPER Reporting Hospice Provider User's Guide](#). For questions about access to CASPER, or specific provider reports, please contact the QTSO Help Desk at [help@qtso.com](mailto:help@qtso.com) or 888-477-7886.

For questions related to the submission of a reconsideration request or to ask other questions related to reconsiderations, please contact the Reconsideration Help Desk at [HospiceQRPreconsiderations@cms.hhs.gov](mailto:HospiceQRPreconsiderations@cms.hhs.gov).