

Hospice Quality Reporting Program (HQRP) Activities Checklist

This checklist is designed to be a tool to facilitate compliance with HQRP activities, but does not guarantee compliance with the HQRP overall. To be compliant with the HQRP overall (and avoid the 2 percentage-point reduction in the annual payment update (APU)), hospice providers must be compliant with the individual requirements of HIS and CAHPS®, which differ. For more information on compliance requirements, please see the “Getting Started with the HQRP” fact sheet available on the [HQRP Requirements and Best Practices](#) page.

Hospice Item Set (HIS)

For new providers, upon receipt of CCN:

- Get set up for HIS data submission:** Register for Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) User ID to be able to submit HIS data.
- Start HIS data submission:** Begin submitting HIS data for patient admissions and discharges occurring on or after the date in the letterhead of your CMS Certification Number (CCN) notification letter. There is no newness exemption for HIS.*

For all providers:

Ongoing (weekly or daily):

- Submit data on time:** via QIES ASAP for each patient admission and discharge on a **rolling basis, within 30 days of the target date** (patient admission or discharge). For HIS compliance, providers must submit a minimum percentage of their HIS records on-time (at least 80% for FY 2019 reporting year).

After every data submission to QIES ASAP:

- Ensure submitted data has been ACCEPTED:** Check and print final validation reports in Certification And Survey Provider Enhanced Reports (CASPER).

Regularly (monthly)

- Check preliminary performance on timeliness compliance threshold:** Review Timeliness Compliance Threshold Report in CASPER.

As-needed:

- In the case of a disaster:** Apply for extension/exemption for extraordinary circumstances within 90 days of the event.
- If found non-compliant:** If you believe determination of non-compliance was made in error, apply for reconsideration within 30 days of the date noted in the letter of non-compliance.

*Providers who receive CCN letters after Nov 1, will not be subject to the Annual Payment Update (APU) reduction, but are still required to report data starting on the date in the letterhead of the CCN letter.

Hospice CAHPS®

For new providers, upon receipt of CCN:

- Get set up for CAHPS®* data submission:** Get an approved CAHPS® vendor, submit vendor authorization form.
- Start CAHPS® data submission:** Newness exemption will be granted to you by CMS, no action needed. This exemption is a one-time exemption for the year in which you receive your CCN.

For all providers:

Monthly

- Check in with your CAHPS® vendor:** Confirm with vendor that data are being collected.

Quarterly

- Ensure data submission by deadline:** To be compliant with CAHPS®, your vendor must submit the required data (3 months' worth of data) by the quarterly deadlines (second Wednesday of February, May, August, and November).
- Ensure submitted data has been ACCEPTED:** Log into CAHPS® Data Warehouse to confirm quarterly submission was received.

Annually

- Submit size exemption form:** If you had <50 eligible decedents in the prior year, submit your size exemption form by the annual deadline to receive size exemption.

As-needed:

- In the case of a disaster:** Apply for extension/exemption for extraordinary circumstances within 90 days of the event.
- If found non-compliant:** If you believe determination of non-compliance was made in error, apply for reconsideration within 30 days of the date noted in the letter of non-compliance.

CAHPS®: Consumer Assessment of Healthcare Providers and Systems