



Getting Started with the Hospice Quality Reporting Program

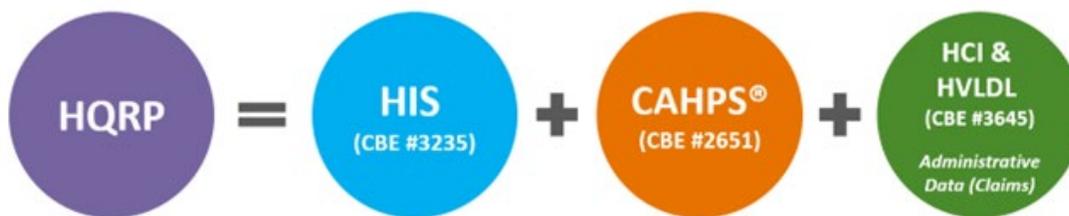
This document provides detailed information on the requirements of the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Hospice Survey. It is designed especially for new hospice providers and staff and provides comprehensive detail on the background of each requirement, data submission deadlines, possible exemptions, tips for compliance, and links to useful resources, including Help Desks.

The Hospice Quality Reporting Program (HQRP) promotes the delivery of person-centered, high-quality, and safe care by hospice providers. Currently, the HQRP uses three data sources for the calculation of quality measures (QMs):

1. Hospice Item Set (HIS)
2. Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Hospice Survey
3. Administrative Data (Claims)*

*The data source for the claims-based measures will be Medicare claims data that are already collected and submitted to CMS.

There are four (QMs) associated with the HQRP, one from HIS data, two from Medicare claims, and one from CAHPS® Hospice Survey.



The HQRP was established under section 1814(i)(5) of the Social Security Act (SSA). Data collection of the HIS began on July 1, 2014. To be compliant with the HQRP currently, hospices must comply with both the individual requirements of HIS and CAHPS®, and the submission of administrative data (Medicare claims). Individual compliance requirements for HIS and CAHPS® are discussed in greater detail, below. Since administrative data is collected from claims, hospices are automatically considered 100% compliant with this requirement. The SSA also directed the Secretary to 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. Effective with the FY 2022 Final Rule,

beginning with the FY 2024 APU and for each subsequent year, the reduction will increase from 2 to 4 percentage points for hospice who do not comply with the HQRP for that FY. The [CMS HQRP website](#) is the official website of the HQRP. Hospices should bookmark this website and check it often for updates.

Section 1: HIS

Who is required to submit data: As of July 1, 2014, all Medicare-certified hospice providers must submit HIS data (HIS-Admission and HIS-Discharge records) on all patient admissions and discharges. HIS data are collected and submitted on all patient admissions, regardless of the payer, patient's age, or location of the receipt of hospice services.

For new hospice providers: There are two considerations: when to begin submitting HIS data and when you may be subject to the APU reduction for HIS purposes.

- **When to begin HIS data submission:** New hospice providers must submit HIS data (HIS-Admission and HIS Discharge records) for all patient admissions on or after the date in the CMS Certification Number (CCN) notification letterhead.
- **APU determination:** Although new hospice providers are required to submit HIS data for patient admissions on or after the date in the CCN letterhead, a new hospice with a CCN notification letter dated on or after November 1st will not be subject to the 2 percentage-point APU reduction for that first year only. As noted above, beginning with the FY 2024 APU and for each subsequent year, the reduction will increase from 2 to 4 percentage points for hospices that do not comply with the HQRP for that FY. In this situation, if a hospice is found non-compliant, then it will need to follow the reconsideration process and attach the CCN notification letter and any other relevant documents to support their new status.
- **HIS Data Collection:** HIS data collection consists of collecting or abstracting data from patient clinical records to complete HIS Items. To ensure successful HIS data collection, hospices should review materials available on the CMS HQRP website, including:
 - Read the HIS Manual (available on the [HIS](#) webpage), which provides instructions for completing HIS items, as well as clinical examples for each item.
 - Watch HIS data collection trainings, which are available on the [HQRP Training and Education Library](#) webpage.
 - Contact the Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov for questions about HIS data collection processes.
- **HIS Data Submission:** Hospices must convert HIS data into the proper electronic file format (XML) and submit all HIS records to CMS via Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP). Hospice providers do not need to have an electronic medical record to convert/submit HIS data.
 - To convert HIS records, acquire the appropriate software either Hospice Abstraction Reporting Tool (HART) or a vendor-designed software. The decision to use HART or a vendor software is your decision. Hospices who wish to use the free of charge HART should refer to the [HIS Technical](#) webpage to download the latest version.

- To submit HIS data to QIES ASAP, hospices need to register for two User IDs: a CMSNet User ID and a QIES User ID.
 - Register for the CMSNet User ID [here](#) using the “Hospice CMSNet Online Registration” application link.
 - Once successfully logged onto the CMS Network using the CMSNet User ID, providers can register for a QIES User ID. Further information on registering for the QIES User ID can be found [here](#) under “QIES User ID.”
 - For questions about registering for User IDs and the HART or QIES ASAP systems, contact the Technical Help Desk at (877) 201-4721 (Monday–Friday from 7:00 AM – 7:00 PM CT), or by email at iqies@cms.hhs.gov.

- **Ensuring Successful Data Submission:** After each data submission to QIES ASAP, providers MUST verify that the data submitted were **ACCEPTED** by QIES ASAP.
 - When an HIS file is uploaded to QIES ASAP, you will receive two confirmation messages: an “Upload Completed” message and a “Submission Received” message. These initial two confirmation messages only indicate that the file has been **SUBMITTED** to QIES ASAP; they do not indicate that the file has been successfully **ACCEPTED** by QIES ASAP and CMS.
 - To ensure a file has been **ACCEPTED** without error, check the Final Validation Report in Certification And Survey Provider Enhances Reports (CASPER). For instructions on how to check the submission status of a file in the Final Validation Report, please refer to the [CASPER Reporting Hospice Provider User’s Guide](#) located on the Hospice provider page of the [QIES technical support office](#) (QTSO) website.
 - If, 1) a Final Validation Report is not received following the submission of HIS records; or 2) a Final Validation Report is received with fatal errors listed, the data submission was not successful, and you must correct any errors and resubmit relevant HIS records to QIES ASAP.
 - Print and retain your Final Validation Reports as evidence of successful submission and processing of HIS records.
 - Contact the QTSO Help Desk at iqies@cms.hhs.gov or call 1-877-201-4721, for questions about verifying that a submission was successfully received and processed.

- **Data Submission Deadlines:** HIS data is submitted on a rolling basis; HIS-Admission records and HIS Discharge records must be submitted and **ACCEPTED** by the Admission Date + 30 calendar days and the Discharge Date + 30 calendar days, respectively.

- **HIS Compliance:** HIS compliance for APU is based on timeliness of data submission. To be compliant for all reporting years, **hospices must submit at least 90% of their HIS records in accordance with the 30-day submission deadline specified above.**

Determinations of timeliness compliance are made based on records with a target date within the appropriate calendar year (Jan 1 – Dec 31). For example, for the FY 2023 APU reporting year, hospices must submit a minimum of 90% of records with a target date within the reporting period (HIS records with a target date 1/1/21 – 12/31/21) on time. And for FY 2024 APU reporting year, hospices must submit a minimum of 90% of records with a target date within the reporting period (HIS records with a target date 1/1/22 – 12/31/22) on time.

For more information on HIS timeliness requirements, please refer to the “Timeliness Compliance Threshold Fact Sheet” located in the Downloads section of the [HQRP Requirements and Best Practices](#) webpage.

Section 2: Hospice CAHPS®

Who is required to submit data: All Medicare-certified hospices are required to submit Hospice CAHPS® data. However, there are two exemptions for Hospice CAHPS® reporting: newness exemption and size exemption.

- **Newness exemption:** For hospices who received their CCN on/after January 1st of the data collection year. This is a one-time exemption that will be automatically granted by CMS, no action is required from hospice providers to receive this exemption. We recommend that you keep the CMS letter informing you of the assignment of your CCN.
- **Size Exemption:** For hospices with fewer than 50 survey-eligible decedents in the prior calendar year. This exemption is not automatically granted; hospices must complete the request form annually by the size exemption form deadline. The size exemption form is available on the [CAHPS® Hospice Survey](#) website. Hospice providers must submit the form annually, by the specified deadline, to be eligible for the exemption.
- For questions about the CAHPS® Hospice Survey and data submission requirements, please contact the CAHPS® Help Desk at hospicecahpsurvey@hsag.com or call 1-844-472-4621.

Data Collection and Submission: Eligible hospices must contract with a CMS-approved vendor to conduct their CAHPS® surveys and submit their CAHPS® data. CAHPS® data is submitted by your vendor to the CAHPS® data warehouse.

- A list of approved survey vendors can be found by accessing the Approved Vendor List navigation button on the left-hand side of the CAHPS® Hospice Survey website.
- After contracting with an approved survey vendor, the hospice will need to complete and submit a CAHPS® Hospice Survey Vendor Authorization Form. To view or download the CAHPS® Hospice Survey Vendor Authorization Form, visit the [Technical Specifications](#) webpage.

Data Submission Deadlines: Your vendor must submit data quarterly. The deadlines are the second Wednesday of February, May, August, and November.

Ensuring Successful Data Submission: Maintain close contact with your vendor to ensure it is meeting quarterly deadlines and to ensure data submitted by the vendor has been **ACCEPTED** by CMS.

- Contact your vendor to ensure it is submitting data in ample time to meet the quarterly deadlines. We cannot accept late submissions.
- Sign up for data submission reports at the [Information for Hospices](#) webpage to monitor your vendor’s actions and ensure submitted data have been accepted.

CAHPS® Compliance: CAHPS® compliance is determined based on whether your vendor successfully submits a total of 12 months of data to the CAHPS® data warehouse, with each submission made by the quarterly deadline. This means:

- Each quarterly submission must be complete (have 3 months or 1 quarter's worth of data)
- Each quarterly submission must be **SUBMITTED AND ACCEPTED** by the quarterly data submission deadline

For More Information: For more information about the CAHPS® Hospice Survey, please access the [survey website](#) or contact the technical assistance project team at hospicecahpssurvey@hsag.com or call 1- 844472-4621.