

SUCCESS WITH THE HQRP:

Putting the Pieces Together to Meet Compliance

OCTOBER 2019

What are the Requirements for the Hospice Quality Reporting Program (HQRP)?

All Medicare-certified hospice providers must comply with both the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers & Systems (CAHPS®) reporting requirements.



More in-depth training on [Hospice Quality Reporting](#) is available on the [Training and Education Library](#) web page.

What do I Need to do to Meet the HIS Submission Threshold?

Timely submission and acceptance of HIS data must occur for **all patients** within 30 days of admission and discharge **at least 90% of the time**.

Please note that timely submission alone does not equal compliance. Data must also be accepted. Hospices should submit data within 7-14 days to be sure of acceptance by the 30 day deadline.

Hospice agencies should submit [HIS](#) data for ALL patient admissions and discharges. Hospices are encouraged to use the [Hospice Submission User's Guide](#), which has useful information about the submission, acceptance, and modification of data, in addition to troubleshooting errors.

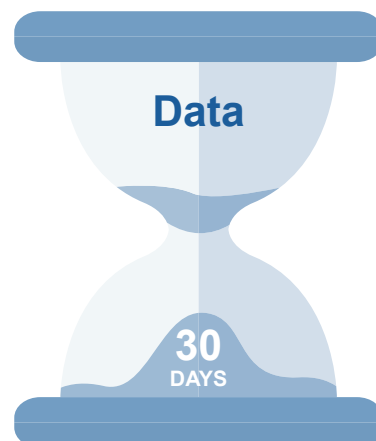
Click here for more information about the [HIS](#).

The HQRP is pay-for-reporting. All hospices meeting the 90% threshold requirement of timely reporting of their HIS data will avoid the 2% reduction in their annual payment update (APU).

Threshold Compliance Today Pays off in the Future

HIS Records From	Submission Threshold	Payment Year
CY 2019	90%	FY 2021
CY 2020	90%	FY 2022
CY 2021	90%	FY 2023

The act of data submission does not equal acceptance.



It is recommended that hospices submit data within

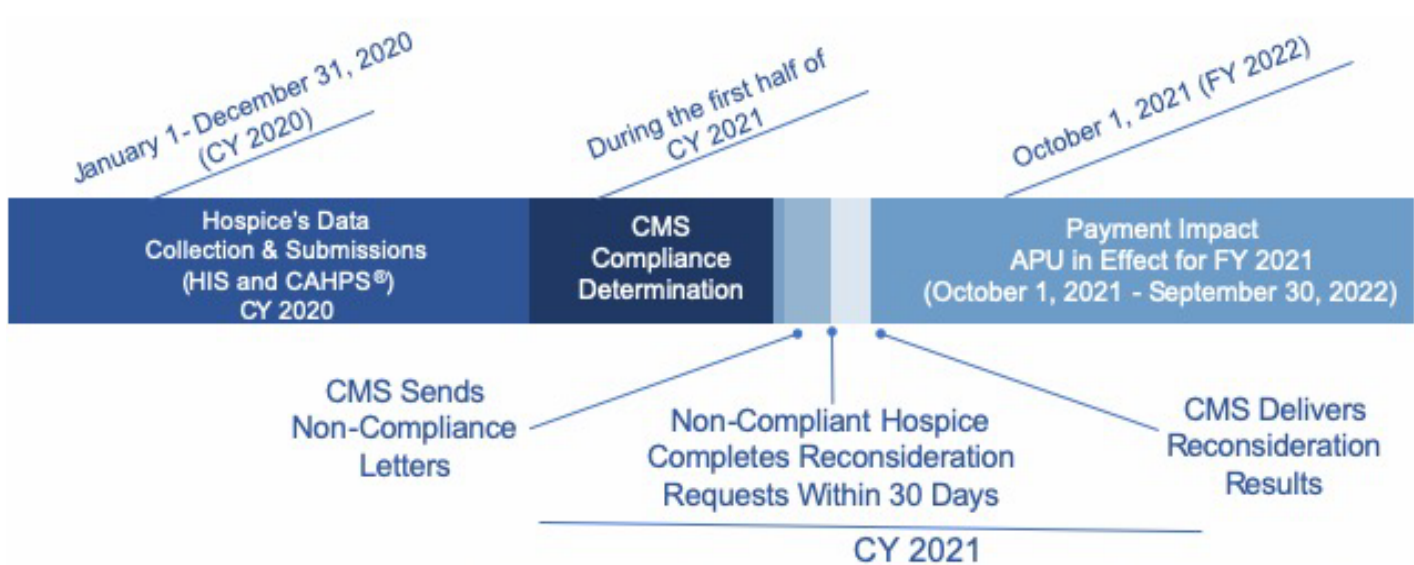
14 days

to ensure acceptance by the 30 day deadline.



What is the HQRP Compliance Cycle?

There is a 3 year cycle of data collection, compliance determinations, and payment impact.



A failure to meet the 90% submission threshold during the collection year will impact payment in the FY two years later.

Check out: [January 2019 Hospice Quality Reporting Program \(HQRP\): Achieving a Full Annual Payment Update \(APU\) Webinar](#).

How can Your Hospice Ensure Compliance?

1. Submit HIS data on time.
2. Monitor your data submission and performance in meeting the 90% threshold.
3. Utilize available reports in the **Certification and Survey Provider Enhanced Reports (CASPER)** reporting application.

Agencies should access these reports regularly.

More information is available at [The CASPER Reporting User's Guide for Hospice Providers](#).

Another useful webinar is: [Hospice Quality Reporting Program: Review and Correct Report Overview Webinar](#).

What are the CAHPS® Requirements?

The data collection year runs from January 1 through December 31.

To comply with the Hospice CAHPS® survey **ALL Medicare-certified hospices must participate monthly** to receive their full APU, unless they are exempt due to size or newness. Hospices must use an approved survey vendor to conduct the survey and submit their data.

More detailed information can be found here: [CAHPS® Hospice Survey](#).



How will you Know if Your Hospice is Compliant?

CMS considers the timeliness of both HIS and CAHPS® survey data submitted and accepted by hospices to CMS to determine the APU compliance threshold.

CMS sends letters of noncompliance in the summer of the year following data collection.

If you receive a letter and disagree with the determination, you can file a reconsideration request.

The [Reconsideration Requests](#) web page provides:

1. Information and updates related to the annual reconsideration process for the HQRP APU determinations.
2. Guidelines and processes for requesting and submitting reconsideration requests for a determination of noncompliance with hospice quality reporting.

You can also contact the Help desk for questions related reconsiderations: HospiceQRPreconsiderations@cms.hhs.gov.

The [Extensions and Exemptions](#) webpage can help you navigate special circumstances.

FY 2021 Compliance Checklist



Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/ discharges occurring 1/1/19 – 12/31/19.

AND



Ongoing monthly participation (1/1/19 – 12/31/19) in the Hospice CAHPS® survey where an approved 3rd party vendor submits Hospice CAHPS® data according to the quarterly deadlines.

Additional Help Resources

You may find one of the following help desk resources useful.



For General HQRP or HIS-specific Inquiries, email: HospiceQualityQuestions@cms.hhs.gov



For CAHPS®-Specific Inquiries, email: HospiceCAHPSSurvey@hsag.com



For Technical Assistance, email: help@qtso.com

Additional Trainings and Fact Sheets

Recorded webinars and fact sheets are available on the [HQRP](#) website and the [Training and Education Library](#) web page. We recommend reviewing the following:



[Updates to Public Reporting in Fiscal Year 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines](#)



[Hospice Quality Reporting Program Webinar: From Data to Measure](#)

