Hospice Quality Reporting Program
Quarterly Updates for April- September 2020

This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 2nd and 3rd Quarter of 2020 (April-September 2020).

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Tip of the Quarter

In March 2020, the Centers for Medicare & Medicaid Services (CMS) released a call to action for all health care providers to address the spread of the Novel coronavirus 2019 (COVID-19). As this public health emergency has extended into the second quarter of 2020, CMS has continued to closely monitor the impact of COVID-19 on hospices participating in the HQRP.

Thank you for your service to hospice patients, families, and caregivers. We applaud you, our healthcare heroes, and your selfless service during this challenging time in our nation’s history.

UPDATES RELATED TO COVID-19 Public Health Emergency (PHE)
The following resources provide information on CMS’ response to COVID-19 PHE. As information is periodically updated on the websites listed below, the posting date may be helpful in determining the most recent guidance provided by CMS. We encourage you to check these resources periodically for updates.

- CMS Coronavirus Waivers & Flexibilities Webpage – Information related to temporary waivers on certain Medicare, Medicaid, CHIP, or HIPAA requirements
- Interim Final Rule with Comment Period (IFC) 1 - Revisions in Response to COVID-19 Public Health Emergency (posted 3/30/20 and published in the Federal Register on 4/6/2020)
- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers
- Hospice Fact Sheet on New Waivers and Flexibilities
- White House COVID-19 Task Force Webpage - CMS actions in response to COVID-19
- CMS Current Emergencies Webpage - Information and updates about natural disasters, man-made incidents, and public health emergencies including COVID-19

KEEP UP TO DATE ON THE CMS COVID-19 RESPONSE
We encourage you to subscribe to the Post-Acute Care listserv at https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265

Section 1: HQRP Requirements – Meeting Your Full APU

- Requirements: HQRP data collection requirements for both the Hospice Item Set (HIS) and CAHPS® Hospice Survey are defined for the Calendar Year (CY): January 1-December 31. To comply with the HQRP, hospices must submit and ensure acceptance of their Hospice Item Set (HIS) and CAHPS® Hospice Survey data, in accordance with HQRP requirements, each CY. (See updated information related to COVID-19 on page 3.)
- Payment is impacted during the corresponding Fiscal Year (FY): October 1-September 30. Hospices are subject to a 2% reduction in their annual payment update (APU) if they fail to comply with the HQRP requirements. Hospices must be compliant with both HIS and CAHPS® in the CY to receive the full APU for the corresponding FY. (See updated information related to COVID-19 on page 3.)

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- **CY Data and FY Payment Impacts:** The Fiscal Year (As stated above, the FY) begins October 1. The FY payment impacts that can result in a 2% reduction in a hospice’s annual payment updates (APU) for failure to meet the reporting requirements HIS and CAHPS® data are as follows:
  - FY 2020 payments reflect compliance with the HQRP Requirements in CY 2018.
  - FY 2021 payments reflect compliance with the HQRP Requirements in CY 2019.
  - FY 2022 payments reflect compliance with the HQRP Requirements in CY 2020.

  - **NOTE** that for FY 2022 payments, the CY 2020 data used includes July 1-December 31, 2020 since we are exempting Q1 and Q2 of 2020 (January 1-June 30, 2020) due to the COVID-19 PHE. Please see the box below.

### COVID-19 PHE Update Related to the HQRP Requirements

CMS is granting an exemption to the HQRP reporting requirements. Medicare-certified Hospices are exempt from the reporting of data on measures, HIS data, and CAHPS® Hospice Surveys, required under HQRP for CYs 2019 and 2020 for the following quarters.

- For HIS, the quarters are based on submission of HIS admission or discharge assessments.
- For CAHPS®, the quarters are based on patient deaths in 2019 and 2020.
- HQRP exempt quarters include:
  - October 1, 2019–December 31, 2019 (Q4 2019)
  - January 1, 2020–March 31, 2020 (Q1 2020)
  - April 1, 2020–June 30, 2020 (Q2 2020).

The data from these exempt quarters will not be used in the calculation of the 2% annual payment update (APU) penalty. Hospices that do not submit data per this exemption will not be impacted by the 2% annual payment update penalty based upon the data from these quarters.


### Section 2: FY 2021 APU----Reconsideration Based on CY 2019

**HQRDP Data**

Reconsideration Request Process Timeline

- **July** CMS issues notices of non-compliance to hospices that failed to meet the hospice quality reporting requirements.
  - Look for notices from your MAC via the U.S. mail and in your CASPER Folder.
  - Only non-compliant providers are sent notices.
- **July - August** Reconsideration requests are due to CMS thirty (30) days from the date on the notification of non-compliance.
- **July – August** CMS provides an email acknowledgement within five (5) business days upon receipt of the reconsideration request.
- **September** - CMS notifies hospices of the Agency’s decision on the reconsideration requests.
- **October 1**—Any hospice determined to be non-compliant is subject to the 2% reduction in their APU for FY 2021.
Section 3: HOPE Update

We are developing a new standardized patient assessment tool for the HQRP, to be proposed in future rulemaking. As finalized in the Fiscal Year 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule, the hospice patient assessment instrument is identified as the Hospice Outcomes & Patient Evaluation (HOPE). The HOPE is intended to provide hospices with real-time patient assessments to better understand care needs throughout the hospice stay and contribute to the patient’s plan of care, with the ability to develop meaningful outcome quality measures. The HOPE will be informed by regular interactions with the patient. HOPE data will support quality improvement activities and calculation of quality measures in a way that mitigates burden on hospice providers and patients.

HOPE Development Process

<table>
<thead>
<tr>
<th>HOPE Information Gathering</th>
<th>HOPE Testing</th>
<th>HOPE Rulemaking</th>
<th>HOPE Implementation</th>
<th>HOPE Quality Measures</th>
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</table>

Field testing of the HOPE is currently in progress. There are 4 phases of testing: cognitive, pilot, alpha and beta testing. Testing establishes the reliability and validity of the HOPE. Each phase of testing provides critical feedback to CMS and informs the ongoing development of the HOPE that will be proposed in rulemaking and, if approved, implemented in Medicare-certified hospices nationally.

We are pleased to announce that the HOPE pilot test is complete. In the pilot test, four hospices evaluated the draft assessment and field test procedures:

- Fairhope Hospice & Palliative Care, Inc.
- Treasure Valley Hospice, LLC
- Valley Hospice, Inc.
- Agrace HospiceCare

We are grateful to these hospices for their engagement, and we thank them for their participation in this stage of HOPE development. The next phase will be alpha testing. Alpha testing outreach and recruitment ended on March 12, 2020. We will select hospice providers to participate in the alpha test by the end of June 2020. Following confirmation of participants, we will engage with hospice providers to complete enrollment in the alpha test. This includes review of the testing plan with any hospice provider’s IRB or HIPAA/compliance committee, and coordination about clinical staff, number of assessments to complete, and the training schedule. Training for hospices participating in the alpha test
will begin in September 2020, and data collection will begin in October 2020. We expect data collection to be completed by January 31, 2021.

**HOPE Resources**

**New Resource: Spring 2020 HQRP Forum Recording**

We pre-recorded the April HQRP Forum in light of the ongoing public health emergency. This decision made it possible for hospices to remain focused on their patients and response to COVID-19. Now, hospices can hear from CMS about developments with the HOPE by listening to the recording of the April HQRP Forum. To access this recording, please navigate to the Downloads section of the [HOPE page](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html).

**Other Resources:** Please look for other resources on HOPE at the [HOPE page](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) of the HQRP website, including:


**Section 4: Other Updates, Announcements, and Resources**


Recent updates, announcements and resources include the following:

**Educational Trainings**

The HQRP website includes a [Training and Education Library webpage](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) where you can find valuable educational and training materials. The most recent trainings include:

- [Hospice Quality Reporting Program (HQRP) Training Resources](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) (7/10/20): The training can help hospice staff understand and navigate the many available HQRP training resources by topic and category. It can help hospice staff better determine which trainings they want to take, and directs learners to a variety of resources from the HQRP website for additional information
- [Hospice Item Set (HIS) Submission Requirements Webinar Video](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) (3/3/20): The purpose of this webinar was to provide a general overview of the Hospice Item Set (HIS) and associated submission requirements.
- [Success with the HQRP- Putting the Pieces Together to Meet Compliance](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html): This webinar details the essentials needed to ensure compliance with both the HIS and the CAHPS® Hospice Survey components of the HQRP. It is a helpful resource for current and new hospice providers to ensure success with the HQRP.
- [Introduction to the Hospice Quality Reporting Program](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) (7/15/19): This course provides an overview of the two major components of the HQRP: the HIS and the CAHPS® Hospice Survey.

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Section 5: What’s Happening in the 3rd Quarter of 2020

For updates about new resources or changes to the schedule, please check out the CMS website and sign up for the post-acute care ListServ, ODFs, and the MLN Weekly Newsletter on the HQRP website at: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html).

- **Home Health, Hospice & DME Open Door Forums (ODFs)**
  
  The next ODFs for the HQRP are scheduled for the following dates at 2pm EST:
  
  - July 29, 2020
  - September 23, 2020

- **August HQRP Forum**

  We will hold the next HQRP Forum on August 5, 2020 at 1 pm EST. During this HQRP Forum we will focus on a new claims-based measure CMS is developing.

Section 6: Previous and Upcoming Public Reporting Dates

The section below includes key public reporting dates for the previous and upcoming Quarters. Providers should review the timeline to ensure they are familiar with important upcoming public reporting dates, and refer to the [Public Reporting: Key Dates for Providers](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html) page of the HQRP website at for more information.

Second Quarter 2020 Reporting Dates

**Hospice Compare Refresh: May 2020**

- HIS quality measures updated to reflect patient stays discharged in Q3 2018 – Q2 2019
- CAHPS® Hospice Survey data updated to reflect quarters Q3 2017 – Q2 2019

**Hospice Provider Preview Reports (for the August 2020 Refresh) available: May 30, 2020**

- HIS quality measure results from: Q4 2018 – Q3 2019
- Facility-level CAHPS® Hospice Survey results from quarters Q4 2017 – Q3 2019

Third Quarter 2020 Reporting Dates

**Notice on Exemptions Due to the COVID-19 PHE:**

- Please note that the HIS and CAHPS Hospice Survey exemptions due to the COVID-19 PHE end on 6/30/2020.
- **Starting on July 1, 2020,** hospices are expected to resume timely quality data collection and submission of CAHPS® Hospice Survey and HIS records.
Hospice Compare Refresh: August 2020

- HIS quality measures updated to reflect patient stays discharged in Q4 2018 – Q3 2019
- CAHPS® Hospice Survey data updated to reflect quarters Q4 2017 – Q3 2019

Providers have 30-days to review their HIS and CAHPS® results (May 28, 2020 through June 29, 2020) prior to the August 2020 Hospice Compare site refresh, during which this data will be publicly displayed.

Fourth Quarter 2020 Reporting Dates

Hospice Compare Refresh: November 2020

- HIS quality measures updated to reflect patient stays discharged in Q1 2019 – Q4 2019
- CAHPS® Hospice Survey data updated to reflect quarters Q1 2018 – Q4 2019

Providers have 30-days to preview their HIS and CAHPS® results (in September 2020) prior to the November 2020 Hospice Compare site refresh, during which this data will be publicly displayed.

Providers may request CMS review if they find denominator or other HIS quality metrics to be inaccurate, or if there are errors within the results from the CAHPS® Survey data. To request a review, providers should refer to the process outlined on the Public Reporting webpage:


For more information on how to access these reports:

- If you have difficulty accessing your report after review of these instructions, please contact the Technical Help Desk E-mail: igies@cms.hhs.gov. Phone: 1-877-201-4721 Hours: Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time.
- Technical questions about the Hospice CAHPS® Survey should be directed to hospicecahpssurvey@HSAG.com or call toll free at 1-844-472-4621.
Upcoming Reporting Dates

Hospice Compare Refresh Schedule

<table>
<thead>
<tr>
<th>Hospice Compare Refresh Period</th>
<th>Refresh Reflects Patient Stays Discharged for Quarters (HIS)</th>
<th>CAHPS Quarters included in Refresh (Dates refer to patients’ dates of death)</th>
<th>30-Day HIS and CAHPS Provider Preview Period Requests for CMS review of HIS or CAHPS data must be submitted by 11:59:59 p.m. E.T. on day 30 of the preview period</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2020</td>
<td>Quarter 1 2019-Quarter 4 2019</td>
<td>Quarter 1 2018-Quarter 4 2019</td>
<td>September 2020</td>
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</tbody>
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Section 7: What’s New in the 4th Quarter of 2020

- **Home Health, Hospice & DME Open Door Forums (ODFs)**

The next ODFs for the HQRP are scheduled for the following dates at 2pm EST:

  - November 4, 2020
  - December 16, 2020

Section 8: Questions and Answers

**Question 1:** In regard to the Hospice Visits when Death is Imminent Measure Pair and based on the Coronavirus waivers, can we count telehealth visits made by the appropriate clinicians for Section O of the HIS?

**Answer 1:** No, telecommunications are not part of the definition of a visit for hospices providing care under the Hospice Visits When Death is Imminent Measure Pair. Therefore, telehealth visits cannot be included in section O of the Hospice Item Set (HIS). Telehealth visits can supplement care but are not a replacement for in-person care when death is imminent. We addressed the issue of whether telehealth visits are included in the definition of the measure in the FY 2017 Hospice Final Rule (81 FR 52166) and made clear that phone calls are not included in the definition of a visit for this measure pair. As stated in the FY 2017 Hospice Final Rule when responding to comments regarding telehealth and this measure, “these visits provided shortly prior to death are intended to address the increased symptom burden many patients experience when death is imminent and provide an opportunity for proactive assessment and communication. We recognize that some providers use phone calls to supplement care provided in person and that these calls can be helpful in facilitating ongoing care and communication. However, in agreement with a TEP and based on the available evidence, we consider these calls as a supplement to, and not a replacement for, in-person care, particularly when death is imminent. For this reason, phone calls are not included in the definition of a visit for this measure pair.” (81 FR 52166)
**Question 2:** Are we going to be allowed to extract information to complete the HIS based on care processes performed and documented during a telehealth encounter instead of from an in-person visit?

**Answer 2:** For the duration of the COVID-19 PHE, CMS amended the hospice regulations at 42 CFR 418.204 on an interim basis. Specifically, when a patient is receiving routine home care, hospices may provide services via a telecommunications systems if feasible and appropriate to do so for the palliation and management of a patients’ terminal illness and related condition.

Hospice providers can provide services to a Medicare patient receiving routine home care through telecommunications technology (e.g., remote patient monitoring; telephone calls (audio only and TTY); and 2-way audio-video technology), if it is feasible and appropriate to do so. Only in-person visits are to be recorded on the hospice claim.

As for completion of the initial and comprehensive assessments, assuming that the patient is routine home care during the initial and comprehensive timeframe, doing them with telecommunications technology (e.g., using two-way audio & visual technology that allows for real-time interaction between the clinician and the patient, like FaceTime or Skype; and using audio-only telephone calls) would be compliant if such technology can be used to the extent that it is capable of resulting in a full assessment of the patient and caregiver’s needs to inform an individualized plan of care. The initial and comprehensive assessment are the foundation of the plan of care, laying out the patient and family needs/goals and outlining the plan for the delivery of these services. An in-person initial and comprehensive assessment is standard of practice and crucial to establishing the patient-hospice relationship. During this public health emergency, we expect in most, but not all, situations that the initial and comprehensive assessment visits would be done in person (especially when assessing skin/wound care; uncontrolled pain/symptoms; effectively teaching patient/caregiver medication administration etc.). The assessments must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient’s well-being, comfort, and dignity throughout the dying process. The ultimate goal of these assessments is to fully identifying the needs of the patient and caregivers to establish an individualized patient-centered plan of care.

For HIS items data collection purposes (excluding section O related to Hospice Visits When Death is Imminent), hospices may use information gathered via telecommunication technology for routine home care patient visits. Responses to items on the HIS can be selected by the assessing clinician as part of the patient visit/assessment, including telehealth encounters, or can be based on information documented in the clinical record and abstracted on or before the completion deadline. One example would be asking the patient or responsible party about preference regarding hospitalization via a telehealth visit.

As discussed in the FY 2017 Hospice Final Rule (81 FR 52166), telecommunications are not part of the definition of a visit for hospices providing care under the Hospice Visits When Death is Imminent Measure Pair. Telehealth visits cannot be included in section O of the Hospice Item Set (HIS). CMS recognizes that some providers also use phone calls to supplement care provided in-person and that these calls can be helpful in facilitating ongoing care and communication. CMS considers these phone calls supplemental. Thus telehealth visits and phone calls can supplement care but are not a replacement for in-person care, especially when death is imminent.