

Hospice Quality Reporting Program

Quarterly Updates for January – March 2021

This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 1st Quarter of 2021 (January – March 2021) and prepares for 2nd Quarter of 2021 (April – June 2021).

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Tips of the Quarter

HIS V3.00 Approval and Implementation

Effective February 16, 2021, the HIS Manual V3.00 was approved. The major change to in the HIS Manual V3.00 is the elimination of Section O (Service Utilization). Section O is no longer included in HIS Discharge.

For additional information about the changes included in HIS V3.00, please review the document [Common Questions-HQRP Claims-Based-Quality Measures: February 2021](#) posted on the [Hospice Item Set \(HIS\) page](#). This document gives providers information and answers to some common questions about the HQRP including changes in the HIS Manual V3.00; the new claims-based Quality Measure (QM) Hospice Visits in the Last Days of Life (HVLDL) replacing Hospice Visits When Death is Imminent (HVWDII); and HQRP in the future.

The Consolidated Appropriations Act, 2021 (CAA, 2021)

Section 1814(i)(5)(A)(i) of the Act was amended by section 407(b) of Division CC, Title IV of the Consolidated Appropriations Act, 2021 (hereafter referred to as CAA, 2021) (Pub. L. 116-260) to change the payment reduction for failing to meet hospice quality reporting requirements from two to four percentage points. This policy will apply beginning with FY 2024 annual payment update (APU).

Section 1: HQRP Updates

New Claims-Based Measure: Hospice Visits in the Last Days of Life (HVLDL)

Following the recent Office of Management and Budget (OMB) approval of the HIS V3.00, hospices no longer need to collect the information previously found in Section O. The Hospice Visits in the Last Days of Life (HVLDL) claims-based measure will replace the information previously collected in Section O of the HIS-Discharge. This claims-based measure is a re-specified version of the Hospice Visits when Death is Imminent (HVWDII) measure pair. Per the measure specifications, HVLDL indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on at least two out of the final three days of the patient's life. CMS will rely solely on existing administrative data (claims) for the calculation of HVLDL, removing the need for data collection through clinician assessment.

As required by statute, CMS will publicly report all HVWDII data and begin publicly reporting HVLDL thereafter. The data reported for HVWDII and HVLDL will not overlap and will be discussed in future rulemaking.

HQRP Compliance Requirements



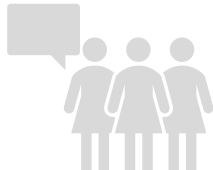


- **General Requirements:** HQRP data collection requirements for both the Hospice Item Set (HIS) and CAHPS® Hospice Survey are defined for the **Calendar Year (CY): January 1-December 31**. To **comply** with the HQRP, hospices must submit and ensure acceptance of their Hospice Item Set (HIS) and CAHPS® Hospice Survey data, in accordance with HQRP requirements, each CY.
- **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 through FY 2023 and a 4% reduction in their annual payment update (APU) beginning in FY 2024. Hospices must be compliant with both HIS and CAHPS® in the CY to receive the full APU for the corresponding FY.
- **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 reduction in a hospice's annual payment updates (APU) for failure to meet the reporting requirements HIS and CAHPS® data are as follows:

Reporting Requirement	Sample for FY 2023 APU Determinations	Compliance Criteria
HIS	HIS records ¹ with a target date 1/1/2021-12/31/2021	At least 90% of all HIS records must be submitted and accepted by QIES ASAP within 30 days of the target date.
CAHPS®	Patient decedents 1/1/2021 – 12/31/2021	Vendor submits data quarterly – each submission must be complete (have 3 months' worth of data) and must be submitted and accepted by the quarterly deadlines (see Key Dates for Providers for more details).

For more information about HQRP Requirements, please visit the [HQRP Requirements and Best Practices](#) webpage. One valuable resource in the download section is the [Getting Started with the HQRP](#) resource. HQRP Trainings by topic can be found on the [HQRP Training and Education Library webpage](#) and in the download section, including the [“Success with the HQRP: Putting the Pieces Together to Meet Compliance”](#) training, the [webinar slides](#), and the [HQRP Compliance Tip Sheet](#).

Section 2: HOPE Updates

HOPE Development Process

HOPE Information Gathering	HOPE Testing	HOPE Rulemaking	HOPE Implementation	HOPE Quality Measures
				

We are developing a new standardized patient assessment tool for the HQRP, to be proposed in future rulemaking. The hospice patient assessment instrument will be Hospice Outcomes & Patient Evaluation (HOPE).

In January 2021, CMS concluded the HOPE Alpha Test to establish preliminary reliability and validity of the instrument. The instrument developer selected 20 Medicare-certified hospice providers to participate in the alpha testing phase. These providers represent the diversity of hospices through their

¹ Either HIS V2.01 or V3.00 will be accepted for discharges between 1/1/2021 and 2/16/2021.

various sizes, geographic locations, urban and rural, business models, and use of electronic and paper-based data collection.

CMS appreciates these hospice agencies for their participation in the HOPE Alpha Test:

- Agape Care – South Carolina
- Bridge Home Health and Hospice
- Carris Health Rice Hospice
- Chaplaincy Health Care
- Charter Hospice of the Desert
- Chautauqua Hospice and Palliative Care
- Circle of Life Hospice
- Elara Caring
- Elite Hospice (LHC Group)
- Embracing Hospice Care
- Encompass Health
- Homeland Hospice
- Hudson Valley Hospice
- Interim Healthcare Hospice
- Mercy Hospice
- Salus Hospice
- Sharp HospiceCare
- Tabitha Hospice
- Valley Hospice
- Visiting Nurse Service of New York Hospice

The development of HOPE is an important part of the Meaningful Measures initiative to improve outcomes for patients, their families, and providers while also reducing burden on providers and clinicians. The HOPE assessment is important to developing a set of hospice quality measures, including outcome measures that reflect the needs of patients, their families, and caregivers throughout the hospice stay.

Other HOPE Resources: Please look for other resources on the [HOPE page](#) of the HQRP website.

Section 3: Quality Measure Development

New Quality Measure Development Webpage

On February 19, 2021, CMS launched a new HQRP webpage dedicated to [Quality Measure Development](#). This webpage captures the full life cycle of quality measure development, including important links to related sites that contribute to the measure development process.

In addition, stay tuned to the Spotlight and Announcement page for information about a [new video](#) describing one measure currently in development, Hospice Care Index (or HCI).

Quality Measure Development Updates

CMS submitted a new claims-based quality measure called the Hospice Care Index, or HCI, to NQF as part of the 2020 Measures Under Consideration (MUC). For more information, please see the NQF workgroup materials on the [NQF website](#).

Section 4: Public Reporting Updates

The section below includes key public reporting dates. 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](#) page of the HQRP website at for more information.

Please Note: This document is not intended to be used as a guidance document as the information it contains may be time-limited. Please check the HQRP Spotlight and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> for all updates related to the HQRP.

Temporary Data Freeze

Due to the exemption to the HQRP data submission requirements in responding to the COVID-19 Public Health Emergency, public reporting of hospices' data froze after the November 2020 refresh. This means that following the November 2020 refresh, the data publicly reported is held constant (i.e., froze the data) through the November 2021 refresh. Further, no Provider Preview Reports will be issued for those refreshes that continue to display the constant or frozen data.

Although public reporting is frozen during 2021 refreshes, reporting requirements remain in effect. Please visit the [HQRP Key Dates for Providers](#) webpage to view HIS and CAHPS-specific Data Correction Deadlines in 2021.

Upcoming Public Reporting Dates

CMS has scheduled several updates to the data publicly reported on [Care Compare](#) during May 2021.

- CMS will conduct the annual update of the information on Care Compare that comes from the Hospice and Post-Acute Care (PAC) Provider Utilization and Payment Public Use File (PUF). CMS will also add additional information on the characteristics of a hospice's beneficiaries—for example, if they serve dual-eligible; i.e., Medicare and Medicaid patients and any patients with Medicare Advantage—based on the PAC PUF to Care Compare. As of May 2021, Care Compare will display 2016-2018 PUF information. The PUF provides data from hospices' own adjudicated claims data for services provided to Medicare beneficiaries by hospice providers. You can find more information about the PUF at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/PAC_Hospice
- CMS will update of the zip code file used to power the Care Compare search function for hospices. This search function uses zip code information from both HIS and claims data. In May 2021, we will implement the annual claims data update for the zip code file, using Calendar Year 2019 claims data. Please note that the zip codes sourced from HIS records will be held constant using the HIS data included in the November 2020 refresh.

Section 5: Other Updates, Announcements, and Resources

To stay informed about compliance with the HQRP Requirements, please read the Hospice Final Rules and materials offered on the [HQRP Spotlights and Announcements webpage](#), [Best Practices webpage](#), [Training and Education webpage](#), and [Reconsideration webpage](#). Also, please subscribe to the [Post-Acute Care listserv](#) to keep informed about the HQRP updates.

Educational Events and Trainings

Upcoming Webinar: Changes in the Hospice Item Set (HIS) Manual V3.00: What You Need to Know!

CMS will hold a webinar providing a general overview of the changes made to the HIS in the V3.00 Manual. Materials from this webinar will be available on the [HQRP Training and Education Library webpage](#). Please [sign-up for List Servs](#) to be sure you get notified of this learning opportunity and check the [HQRP Spotlight](#) page for this announcement.

New or Updated Resources

- [HIS Manual V3.00](#)
- [HIS Manual Change Table V2.01 to V3.00](#)
- [Common Questions – HQRP Claims-Based Quality Measures](#)

HQRP Website Updates

As discussed in Section 3 above, CMS has launched a new HQRP webpage dedicated to [Quality Measure Development](#).

Please also visit our revised [Provider and Stakeholder Engagement page](#) to learn more about engagement opportunities, stakeholder activities, and materials related to CMS' ongoing efforts to develop quality measures for the HQRP, develop the new hospice patient assessment, [Hospice Outcomes & Patient Evaluation \(HOPE\)](#), and maintain the [Hospice Item Set \(HIS\)](#).

Section 6: What's New in the 2nd Quarter of 2021

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>.

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

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

- April 8, 2021
- May 19, 2021
- June 30, 2021

HQRP Forum

The next HQRP Forum will take place in May 2021. Discussion topics will include HOPE development and testing and the new claims-based Hospice Visits in the Last Days of Life (HVLDL) quality measure. [Please sign-up for List Servs](#) to be sure you get notified of this learning opportunity and check the [HQRP Spotlight page](#) for this announcement.

Section 7: Questions and Answers

Question 1: Can hospices use the Discharge HIS V3.00?

Answer 1: Although the HIS Manual V3.00 was not approved until February 16, 2021, on January 1, 2021, CMS moved forward with the implementation of V3.00 of the HIS data submission specifications. The implementation of the HIS V3.00 data specifications prevents hospice providers from encountering any fatal errors/ rejected records whether submitting HIS records with or without section O. Either V2.00 or V3.00 HIS records will be accepted by the ASAP system.

Please Note: This document is not intended to be used as a guidance document as the information it contains may be time-limited. Please check the HQRP Spotlight and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> for all updates related to the HQRP.

Question 2: Our hospice submitted some HIS records late during the COVID-19 exempted period of Quarter 1 and Quarter 2 2020. These late records occurred in March, April, and May. I am concerned that these late records are showing up on our Timeliness Compliance report in CASPER. Didn't the exemption exclude these late records?

Answer 2: Yes, the exemption period excludes data from Q1 and Q2 2020, and any data submitted by providers during Q1 and Q2 2020 will not negatively impact any calculations for the purpose of determining compliance with the Hospice QRP reporting requirements.

We are currently in the FY2022 APU period, and the FY 2022 APU period is based on the timeliness of calendar year 2020 HIS submissions (i.e., records with a target date between 1/1/2020 to 12/31/2020). The Hospice Timeliness Compliance Threshold Report displays your agency's preliminary compliance rate with the timeliness compliance threshold which is 90% for the current reporting period. This means that when you run the Hospice Timeliness Compliance Threshold Report for FY 2022, you will see the number of records with a target date in calendar year 2020 that you have submitted to date and the number of those submissions that were on time.

Due to the COVID-19 Public Health Emergency, CMS will not use any data submitted by providers during Q1 and Q2 2020 to negatively impact calculations for the purpose of determining compliance with the Hospice QRP reporting requirements. Any assessments that fall into Q1 or Q2 2020 will not be used to negatively impact the providers APU score. Although the data from Q 1 & Q 2 2020 will not be publicly reported, providers will still be able to confidentially review any data from Q1 and Q2 2020 that they chose to submit. More information can be found in the [HQRPR Tip sheet](#).

Providers will need to manually calculate their compliance for the period July 1, 2020 - December 31, 2020.