

Hospice Quality Reporting Program

Quarterly Updates for October – December 2021

This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 4th Quarter of 2021 (October – December 2021) and prepares for 1st Quarter of 2022 (January – March 2022).

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Tips of the Quarter

Accessing QM Reports to View Claims-Based Measures

As of September 15, 2021, hospices can view their scores for the new claims-based quality measures HCI and HVLDL in the Agency-Level Quality Measure (QM) Reports, available in the Certification and Survey Provider Enhanced Reports (CASPER). This is an on-demand system to view your hospice's report. Hospices must log in to the CASPER system to request and review the QM report. Hospices can obtain more information about accessing reports in the "CASPER Reporting User's Guide," available on the CMS QIES System for Providers web page and on the [QIES Technical Support Office, or QTSO, website](#).

Extraordinary Circumstance Exception Policy

CMS is no longer granting automatic proactive exemptions due to natural disasters. This change is to help providers since CMS can exercise its exemption authority retroactively after we have analyzed the data. If a hospice provider experiences an extraordinary circumstance, they can initiate a request for extension or exemption. The request must be initiated within 90 days of the extraordinary circumstance event and it must be sent to CMS via email. Please review the HQRP [Extension and](#)

[Exemption Requests](#) webpage for more information on the ECE policy, including instructions on how to submit extension or exemption requests.

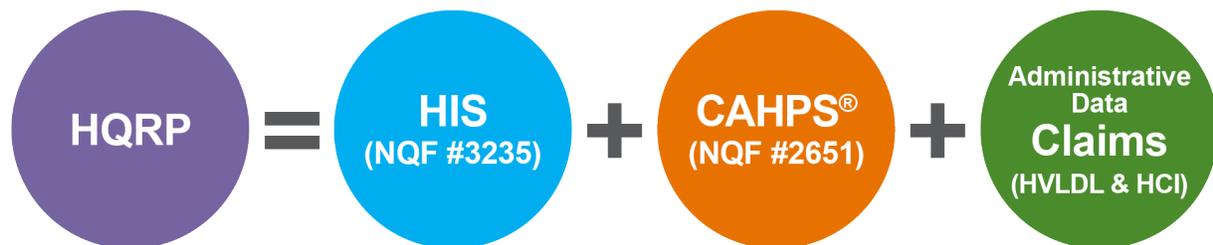
Section 1: HQRP Updates

HQRP Measures Beginning Fiscal Year (FY) 2022

The FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements Final Rule (CMS-1754-F) was effective on October 1, 2021. This rule finalizes changes to the Hospice Conditions of Participation (CoPs) and Hospice Quality Reporting Program (HQRP).

As a result of this rule, the HQRP contains four quality measures that capture care across the hospice stay. These measures are:

- HIS-based Hospice Comprehensive Assessment at Admission (NQF #3235)
- Claims-based Hospice Care Index (HCI)
- Claims-based Hospice Visits in the Last Days of Life (HVLDL)
- CAHPS® Hospice Survey



The Final Rule can be downloaded from the [Federal Register](#).

HQRP Compliance Reminders

- **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, each CY hospices must submit and ensure acceptance of at least 90% of all required Hospice Item Set (HIS) records by the 30-day submission deadline and participate monthly with the CAHPS® Hospice Survey by utilizing a CMS-approved third-party vendor, in accordance with HQRP requirements. Since administrative data is collected from claims, hospices with claims data are 100% compliant with the HCI and HVLDL claims-based measure submission requirements.
- **Payment** is impacted during the corresponding **Fiscal Year (FY): October 1-September 30**. Hospices are subject to a payment reduction in their annual payment update (APU) if they fail to comply with the HQRP requirements. Beginning in FY 2024 (CY 2022 data) the APU penalty will increase from 2% to 4%.

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For more information about HQRP Requirements and documents to assist provider, please visit the [HQRP Requirements and Best Practices](#) webpage. HQRP Trainings by topic can be found on the [HQRP Training and Education Library](#) webpage and in the download section.

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).

Development of HOPE is ongoing. During the summer 2021, CMS began recruiting and selecting volunteers for the HOPE Beta Test, the final testing phase to confirm assessment item reliability and validity.

The final HOPE testing phase, beta testing, has begun. Data collection began in mid-November 2021. Additional information about the HOPE Beta Test is available on the [HQRP Provider and Stakeholder Engagement](#) webpage.

The development of HOPE is an important part of the Meaningful Measures initiative to improve outcomes for patients, their families, caregivers, and providers while also reducing burden on providers and clinicians. The HOPE assessment tool is important for 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 Updates

Technical Expert Panel – November 2021

On November 9, CMS convened its Technical Expert Panel (TEP) to discuss HOPE and HOPE-based quality measures. The standing TEP is composed of eleven members representing a wide range of hospice stakeholders, including providers, caregivers, and quality improvement experts. The TEP's role is to help develop and refine new hospice quality measures, focusing on measures derived from HOPE. A

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summary report from this TEP meeting will be available on the [Provider and Stakeholder Engagement](#) webpage in early 2022.

National Quality Forum (NQF) Measure Applications Partnership (MAP) Meetings

On December 16, 2021, CMS provided the National Quality Forum (NQF) Measure Applications Partnership (MAP) with an update on HOPE and HOPE-based quality measures. The MAP is part of NQF's cyclical process of quality measure review. NQF will publish a report based on the December 2021 MAP in February 2022.

The next MAP Coordinating Committee Review Meeting will be held on January 19, 2022. For more information about this meeting and other upcoming NQF MAP events, please visit the [NQF website](#).

For more information about CMS's annual quality measure activities, including the annual Measures Under Consideration (MUC) list, please visit the [Quality Measure Development](#) webpage or the [Quality Measures Pre-Rulemaking](#) webpage.

Information Gathering Report 2021

On December 20, 2021, CMS released the Hospice Quality Reporting Program 2021 Information Gathering Reporting. This report provides information from literature reviews and expert interviews that supports expansion of the hospice quality reporting program. Specific topics include treatment of moderate to severe pain, patient preferences, spiritual care, social needs, medication management, and other topics related to hospice quality.

The updated Information Gathering Report is available in the downloads section of the [Provider and Stakeholder Engagement](#) webpage.

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](#) webpage on the HQRP website for more information.

February 2022 Public Reporting with New Data

Following the temporary data freeze due to the COVID-19 Public Health Emergency, CMS will resume public reporting of HQRP data with the February 2022 refresh period on Care Compare. For the February 2022 refresh, CMS finalized plans for resuming publicly reporting data, while excluding Q1 and Q2 of 2020:

- CMS will use fewer quarters than usual to report HIS measures—specifically using Q3 2020, Q4 2020, and Q1 2021 only.
- CMS will use the most recent eight quarters of data, excluding Q1 2020 and Q2 2020, for CAHPS® Hospice Survey measures.

To learn more, please read the [FY 2022 Hospice Final Rule](#). We have also posted a [Second Edition of the Hospice Public Reporting Tip Sheet](#) that explains public reporting starting in February 2022 with fewer than the standard quarters of data and including the two new claims-based measures.

The Provider Preview Report was issued in November of 2021. Please note that Star Ratings have been calculated for the CAHPS Hospice Survey and are included in the November 2021 Provider Preview Report. Star Ratings will not be publicly reported until August 2022.

Section 5: Other Updates, Announcements, and Resources

To stay informed about compliance with the HQRP Requirements, read the Hospice Final Rule and the materials offered on the [Hospice Center, HQRP Announcements and Spotlight](#) webpage, [HQRP Requirements and Best Practices](#) webpage, [Training and Education Library](#) webpage, and [Reconsideration Requests](#) webpage. To stay informed about HQRP updates, subscribe to the [Post-Acute Care listserv](#).

Educational Events and Trainings

HQRP Forum – October 2021

On October 19, 2021, CMS held an HQRP Forum detailing the new QM Manual and the new claims-based quality measures. The materials from this webinar, including a recording, are now available on the [HQRP Provider and Stakeholder Engagement webpage](#).

HQRP Forum – December 2021

On December 16, 2021, CMS hosted a webinar providing details related to the CAHPS Star Ratings. Materials from this webinar are available on the [Provider and Stakeholder Engagement](#) webpage.

New and Updated Resources

Second Edition Hospice Public Reporting Tip Sheet

A new [second edition of the Public Reporting Tip Sheet](#) was published on the [HQRP Requirements and Best Practices webpage](#) in December 2021 to add to the information found in the first edition [HQRP COVID-19 Public Reporting Tip Sheet](#). This edition of the tip sheet provides information beginning with the February 2022 public reporting refresh cycle and includes the following key points:

1. Explain the Centers for Medicare & Medicaid Services' (CMS) public reporting approach to the Hospice Quality Reporting Program (HQRP) as public reporting resumes in February 2022, including accounting for CMS quality data submissions that were optional during Q4 2019 and exempted from public reporting for Q1 and Q2 2020 due to the COVID-19 public health emergency (PHE).
2. Help providers understand the HQRP public reporting changes associated with the [Fiscal Year \(FY\) 2022 Hospice Final Rule](#) with respect to the impact on CMS' Care Compare website for hospices.



HQRP Compliance Tip Sheet – FY 2022 and Future Years

An updated version of the [HQRP Compliance Tip Sheet](#) was published in December 2021 to provide hospice agencies with an overview of the basic requirements providers must meet to be successful with the HQRP and to achieve a full Annual Payment Update (APU). This tip sheet also contains links to numerous resources available to assist providers in meeting those requirements. This tip sheet can be accessed on the [HQRP Requirements and Best Practices](#) webpage in the Downloads section.

Updated Provider Resource Documents

To assist hospice providers, CMS has updated several provider resource documents to reflect changes to the HQRP based on the (FY) 2022 Hospice Final Rule. The following updated documents are now available on the [HQRP Requirements and Best Practices](#) webpage:

- *HQRP Requirements FY 2023 and Future FY Reporting Years*, which can be found in the **Downloads** section,
- *HQRP Quick Reference Guide FY 2023*, which can be found in the **Downloads** section, and
- [Getting Started with the HQRP](#), which can be found in the Provider **Toolkit** section.

Section 6: What's New in the 1st Quarter of 2022

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:

- January 12, 2022
- February 23, 2022

Section 7: Questions and Answers

Question: Are both RN and LPN visits counted in the claims-based measures or just RN visits?

Answer: For the claims-based Hospice Care Index (HCI) Indicators, Nursing visits are identified by the presence of revenue code 055x (Skilled Nursing) on the claim. Code 055x (Skilled Nursing) includes both RN and LPN/LVN visits.

For the claims-based Hospice Visits in the Last Days of Life (HVLDL) measure, only RN and medical social worker visits are included. HVLDL is a re-specification of the HVWDII measure, which included multiple disciplines. The HVWDII measure 2 of the measure pair was not meeting public reporting standards and therefore needed to be re-specified. As CMS analyzed the data to re-specify the measure, it was found that the only staff types with strong evidence of a positive correlation to the CAHPS® Hospice Survey outcomes were the RN and medical social workers. These were the only disciplines that validated with

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CAHPS®. The other staff types included in the HVWDII measure pair did not positively correlate with CAHPS®. Since these two disciplines, RN and medical social worker, are captured in the claims data, CMS re-specified the measure, HVLDL, using claims data to reduce provider burden. A [resource document detailing the claims-based HVLDL](#) can be found in the Downloads section on the [Current Measures](#) webpage.

For additional details regarding the disciplines included in the HVLDL measure, please see the [QM User's Manual v1.00](#), available in the Downloads section of the [Current Measures](#) webpage.

Question: When will patient-Level QM reports become available for the claims-based measures?

Answer: There are currently no patient-level QM reports available for the claims-based measures. As of September 15, 2021, the Hospice-Level QM report was revised to include the HIS Comprehensive Assessment at Admission, HCI, and HVLDL measure scores. The report includes hospice specific scores and national averages. State averages will be added in future reports.

Question: Hospices delay the submission of claims to capture all of the charges (e.g., pharmacy). How does this impact the claims measures?

Answer: CMS is aware of the need to balance timeliness and completeness of the claims data. For this reason, claims data for leading measures will be extracted at least 90 days after the last discharge date. If more time is allowed, the data would continue to age, prior to being publicly reported. To avoid that, CMS allows a 90-day runoff period at the end of the last quarter of data being used. Once that is complete, the data for the claims is pulled.

Question: If CMS reports claims-based measures based on 8 quarters of claims data, does that mean Care Compare will display two-year-old data?

Answer: No, the data is not two years old. When posted, the publicly reported claims data will contain eight quarters of data with the most recent data being no more than 11 months old. CMS employs a 90-day runoff period at the end of the last quarter of data that is being used to ensure all relevant claims are included and finalized. Using eight quarters of data ensures a greater number of hospices will meet minimum public reporting standards. Additional information regarding the time periods of data used for each Care Compare refresh can be found on the [Public Reporting: Key Dates for Providers](#) webpage.