

# Hospice Quality Reporting Program

## Quarterly Updates for January – March 2022

*This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 1<sup>st</sup> Quarter of 2022 (January – March 2022) and prepares for 2<sup>nd</sup> Quarter of 2022 (April – June 2022).*

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### Tips of the Quarter

#### **Provider Preview Reports for May Refresh**

The Hospice Provider Preview report and CAHPS® Hospice Survey Provider Preview report for the May 2022 Care Compare Refresh were both made available in CASPER on March 30, 2022. CAHPS® Hospice Survey Provider Preview Reports include both quality measure scores and Star Ratings. The purpose of these reports is to give providers the opportunity to preview their measure results prior to public display on Care Compare. Providers have 30 days to review their quality measure results in CASPER prior to the May 2022 Care Compare refresh, during which this data will be publicly displayed. Hospices should note that CAHPS® Hospice Survey Star Ratings are currently in a “dry run” period and will not be publicly reported in May 2022.

#### **New Quality Measures added to Care Compare (May Refresh)**

Beginning with the May 2022 Care Compare Refresh, two new quality measures have been added to HQRP public reporting: the Hospice Care Index (HCI) and Hospice Visits in the Last Days of Life (HVLDL). The data source for both of these new measures are Medicare claims data that are already collected and submitted to CMS. As noted in the [updated HQRP Public Reporting Tip Sheet from December 2021](#), these claims-based measures will be publicly reported using the most recent 8 quarters of data, excluding Q1 2020 and Q2 2020.

## Section 1: HQRP Updates

### 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%.






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.

### Fiscal Year (FY) 2023 Hospice Proposed Rule

The FY23 Hospice Proposed Rule was displayed for public inspection on March 30, 2022 and published on April 4, 2022. The Proposed Rule is open for public comments. The public comment period will be open for 60 days following the date of posting on the [Office of the Federal Register](#) website, and closes on May 31, 2022.

## 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. The final HOPE testing phase, beta testing, is in progress. 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: 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.

#### May 2022 Care Compare Refresh

The next Care Compare Refresh will take place in May 2022. This Refresh will include:

- HIS quality measure results from Q3 2020 – Q2 2021
- CAHPS® Hospice Survey data reflecting Q1 2019 – Q4 2019 and Q3 2020 – Q2 2021
- Claims-based measure results reflecting Q2 2019 – Q4 2019 and Q3 2020 – Q3 2021

The Provider Preview Report was issued on March 21, 2022. Provider Preview Reports have been revised to include state averages for the HIS, CAHPS®, and claims-based measures. Providers have 30 days to review their quality measure results in CASPER prior to the May 2022 Care Compare refresh, during which this data will be publicly displayed. Although the actual “preview period” is 30 days, the reports will continue to be available for another 30 days, or a total of 60 days. CMS encourages providers to download and save their Hospice Provider Preview Reports for future reference, as they will no longer be available in CASPER after this 60-day period.

### Section 4: 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](#).

## New and Updated Resources

- **Technical Expert Panel (TEP) Summary Report:** On November 9, 2021, CMS convened its Technical Expert Panel (TEP) to discuss HOPE and HOPE-based quality measures. In February 2022, CMS published a summary report from the November 2021 TEP meeting on the [Provider and Stakeholder Engagement](#) webpage.
- **HQRP Explanatory Video:** CMS has developed a new video resource providing an overview of the Hospice Quality Reporting Program (HQRP). This HQRP explanatory video will be posted on the HQRP website in mid-2022. Please check the [HQRP Announcements & Spotlight](#) webpage for more information, including a direct link to the video.
- **HCI Explanatory Video:** CMS has developed a new video resource explaining the purpose and design of the claims-based Hospice Care Index (HCI) quality measure. Please check the [HQRP Announcements & Spotlight](#) webpage for more information, including a direct link to the video.
- **HCI Technical Report:** CMS will soon release a technical report providing descriptive analyses and detailed contextual information about the new Hospice Care Index (or HCI) quality measure. The technical report will be available on the [Provider and Stakeholder Engagement](#) webpage.

## Section 5: What's New in the 2<sup>nd</sup> 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:

- April 7, 2022
- May 19, 2022
- June 29, 2022

## Section 6: Questions and Answers

**Question:** Our hospice's listing on Care Compare is incorrect. Can you tell us how we can correct this?

**Answer:** Historically provider demographic data have been maintained in the Automated Survey Processing Environment (ASPEN) software; however, CMS will be transitioning to use the demographic information from Provider Enrollment, Chain and Ownership System (PECOS). A final date when all demographic data will be obtained from PECOS has not yet been identified.

During this transition, all hospice providers are responsible for ensuring their latest demographic data are updated and available in both the ASPEN and PECOS systems. An information sheet that is located on the CMS HQRP website on the [Public Reporting: Background and Announcements](#) page in the downloads section. The document entitled Provider Demographic Update Process can be found here: <https://www.cms.gov/files/document/provider-demographic-updates.pdf>

Hospice providers should verify their data and make updates in PECOS and in ASPEN following the two-step process below:

1. Complete form CMS-855A in PECOS with the updated demographic information (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>.)
2. Request your Medicare Administrative Contractor (MAC) to send the updated 855A form to your regional CMS Location (formerly known as Regional Office) with a request to update the demographic data in ASPEN.

If you need assistance, contact your Medicare Administrative Contractor (MAC).

*\*Note: Updates to hospice provider demographic information does not happen in real time and can take up to 6-months to appear on Care Compare.*

**Question:** Can you explain the difference between the Hospice Visits in the Last Days of Life (HVLDL) and the Hospice Care Index (HCI). Are both of these measures calculating RN and LPN/LVN visits?

**Answer:** HVLDL and HCI a #10, (Visits Near Death) are separate measures. For both the HVLDL and the Hospice Care Index (HCI) claims-based measures, the definition of a Skilled Nursing Visit is as follows:

**For HVLDL:** This measure indicates the hospice provider's proportion of patients who have received in-person visits from a registered nurse (**RN**) or a medical social worker on at least 2 out of the final 3 days of the patient's life. Only in-person visits will count toward the numerator for this measure. These visits must be made by the RN or medical social worker on different days. LPN/LVN visits are not counted in this measure. Revenue codes used to calculate this measure are: RN (code 055x, with HCPCS code G0299), and medical social worker (code 056x).

**For the (HCI) Claims-based measure:** This measure, Visits Near Death, is the percentage of beneficiaries receiving at least one in person visit by a skilled nurse or medical social worker during the last three days of the patient's life. HCI includes both RNs and LPN/LVNs since revenue code 055x (skilled nursing) includes both nursing types.

**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.

For more details we recommend you review the HQRP QM User's Manual V1.00 which can be found in the Downloads section at the bottom of the Current Measures page of the CMS HQRP website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>.