HQRP: Achieving a Full Annual Payment Update (APU)

Speaker:

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Welcome, everyone. Today we'll walk through what you need to know about the Hospice Quality Reporting Program, or HQRP, to help ensure your hospice understands what's needed to receive the full Annual Payment Update.

Introduction

In this training, we'll cover the key components of HQRP, including what it is, the data submission requirements for HOPE and CAHPS data, how CMS determines HQRP compliance, and the steps you can take if you receive a non-compliance decision. By the end, you'll know how to stay on track and avoid APU payment penalties.

Acronyms

Before we get into the main content, we want to pause and go over something that will help you follow along more easily. Throughout this training, you'll hear a number of terms and abbreviations that are commonly used in hospice quality reporting. We've created this slide so you have a reference for what those acronyms stand for. Don't worry if you're not familiar with all of them. This list is here to support you as we move through the training.

Acronyms (cont.)

Here are a few more acronyms you'll see throughout the presentation. These come up often when we talk about systems, reports and data security and in the quality reporting process. You don't need to memorize them, but feel free to refer back to this slide if you need a quick reminder. It's just here to make everything a little easier to follow.

Learning Objectives

By the end of the session, you will be able to describe the structure and purpose of the HQRP, identify HQRP requirements, including the data submission requirements for the HOPE tool and for the CAHPS Hospice Survey. You'll also learn how administrative claims data are used in the HQRP. You'll be able to describe how to use available iQIES reports to support HQRP compliance.

Learning Objectives (cont.)

You'll also be able to explain the APU calculation process, timeliness and notification. You'll review steps and timing for requesting reconsideration and secondary appeals if your hospice receives a notice of noncompliance with the HQRP requirements. You will be able to describe the exceptions for extraordinary circumstances when an extraordinary circumstance beyond the hospice's control, like a natural disaster, may delay or permit submission of required data, including CMS waivers and provider-initiated requests. And finally, you'll learn how to locate and use CMS resources and help desk.

Structure and Purpose of the HQRP

Let's start with the structure and purpose of the HQRP.

Purpose and Goals of HQRP

The purpose and goals of the HQRP are to promote high-quality, person-centered and safe hospice care through data-driven accountability.

Measuring HQRP Compliance

HQRP uses three main data sources to measure compliance. The first, HOPE. This is the new patient data collection tool. It is the replacement for the Hospice Item Set, the HIS, effective October 1st, 2025. Second, CAHPS Hospice Survey. This measures the patient and family's experience of care. And then third, the administrative data, which are Medicare claims data submitted by hospices for payment. HQRP compliance is measured by data submission and acceptance of HOPE and CAHPS Hospice Survey data. The timeliness of data submission and acceptance are critical to avoid payment penalties.

HQRP Data Submission Requirements: Overview

Now let's talk about the HQRP data submission requirements. This means the rules hospices must follow to send the right data to CMS. We'll use the term submitting data or data submission to mean sending data to CMS. We'll go over what kind of data is needed and when it must be sent.

Calendar and Fiscal Years Explained

There are two ways the government tracks time for the HQRP. The first is the calendar year, and that is the period of time from January 1st through December 31st. The second is a fiscal year and for the hospice QRP, that begins on October 1st and goes through September 30th. The term fiscal year describes the payment year for hospices. For example, fiscal year 2026, means the period from October 1st, 2025, through September 30th, 2026. We'll be discussing these terms in more detail throughout the presentation.

Data Submission Requirements: HOPE

Beginning October 1st, 2025, a new data collection tool called HOPE will take the place of the HIS. The rules for submitting HOPE data are the same as the rules for submitting HIS data. Agencies have 30 days after the target date to submit it, and they need to make sure 90% of all HOPE assessments are submitted on time. The data collection for HOPE runs from January 1st through December 31st. HOPE data needs to be both submitted and accepted in the CMS system in order to ensure compliance with the HQRP and prevent a reduction in Medicare fee for service payments. Compliance thresholds have been incrementally increased since 2016 and are now set at 90% for fiscal year 2026 and beyond.

For a hospice to receive their full payment in fiscal year 2028, the threshold of 90% of on-time HOPE submissions must be met in Calendar Year 2026. All hospices meeting the 90% threshold requirement will avoid the 4% reduction in their Annual Payment Update, or APU. The same will be expected for the following year. HOPE data will be collected from January through December of 2027, compliance will be evaluated in 2028 and the APU impact will be applied in fiscal year 2029 and so on. A failure to meet the HOPE data submission threshold during the calendar year will affect payment in the fiscal year two years later. Now, let's briefly talk about the submission of the CAHPS data.

Data Submission Requirements: CAHPS

For CAHPS data must be sent in by a CMS approved vendor every quarter. This happens four times a year and includes data from all 12 months January through December. Each submission must be sent on time by the deadline for that quarter. To comply with the hospice CAHPS, all Medicare certified hospices must participate monthly, that is, they must participate in all 12 months in order to receive their full Annual Payment Update or APU. Each hospice must contract with an approved survey vendor and this vendor must successfully submit data to the CMS CAHPS Hospice Survey Data Warehouse on behalf of the hospice. As with HOPE, the data collection year runs from January 1st through December 31st. We will review a lot more about the CAHPS a bit later.

Data Submission Requirements: Administrative Claims Data

Administrative claims data comes from the payment claims hospices submit to CMS to get paid. Hospices do not need to do anything extra to meet the rules. Compliance happens automatically when hospices submit the claims.

HQRP Data Submission: HOPE

Now let's take a closer look at HOPE, the new tool hospices will use to report data for HQRP. This section will explain what HOPE is, when to start using it, and the rules for sending in the data.

HOPE Data Submission Date and Deadline

All HOPE records must be submitted within 30 calendar days. For admission and discharge records, the submission deadline is no later than the admission date or the discharge date, plus 30 calendar days. For HOPE update visits or HUV records, the submission deadline is no later than 30 days from the date the HUV assessment was completed. The submission date is the day your hospice actually submits the completed record to CMS. That date must be on or before the data submission deadline. The data submission deadline is the latest day CMS can accept the record. CMS's Hospice QRP rules state that late submissions of CAHPS Hospice Survey data are not accepted. The deadlines are hard cutoffs. Submitting CAHPS data on time and getting it accepted are key to staying compliant.

Data Submission Deadline: HOPE Admission

To be compliant with the HQRP, the HOPE admission record must be submitted and accepted no later than 30 calendar days after the patient's admission date. The admission date is determined by the date entered on the HOPE admission in item A0220 admission date. Getting the HOPE admission records submitted on time helps ensure compliance and avoids penalties.

Data Submission Deadline: HOPE Update Visits (HUVs)

For HUVs, the HUV record must be submitted and accepted no later than 30 calendar days from the assessment completion date. The assessment completion date is determined by the date entered in the HOPE item Z0350; date assessment was completed.

Data Submission Deadline: HOPE Discharge

The HOPE discharge record must be submitted and accepted no later than 30 calendar days from the HOPE discharge date. The discharge date is determined by the date entered in the HOPE item, A0270, discharge date on the HOPE discharge. Submitting on time helps meet HQRP compliance and avoids penalties.

Process for Submitting HOPE Data

HOPE records must be sent to CMS through a system known as iQIES. It's not enough just to upload the HOPE data, your hospice needs to make sure it's in the correct format, follows the CMS requirements for HOPE

data and is accepted by iQIES. Submitting the data alone doesn't count towards compliance if it's not accepted by iQIES. Luckily, iQIES provides reports to help hospices check that their HOPE data was received and processed correctly.

Monitoring HOPE Data Submission with iQIES Reports

Starting October 1st, 2025, hospices will be able to use two important reports in iQIES to track HOPE data submissions. The first is the Timeliness Compliance Threshold Report, which shows whether your data was submitted on time. The second is the Final Validation Report, which confirms that your records were accepted and have no data submission errors. Using these reports often will help hospices stay compliant and catch any problems early.

HQRP Data Submission: CAHPS

In addition to the clinical data from HOPE, the Hospice Quality Reporting Program includes a vital component focused on patient and family experience, the CAHPS Hospice Survey. This survey collects feedback on the quality of care provided to hospice patients as reported by their primary caregivers. In this section, we'll explore how the CAHPS survey fits into HQRP compliance, who is responsible for submission, what the survey covers and how timely accurate reporting affects your payment updates.

CAHPS Data: Where Do You Submit Data?

To follow CAHPS rules, hospices must send their survey data to the CAHPS Hospice Survey Data Warehouse. Those in the hospice that are responsible for submitting CAHPS Hospice Survey data, must apply for access to the CAHPS Hospice Survey Data Warehouse. Once access to the warehouse has been granted, the user will be able to check their hospice's CAHPS submission reports. Also, hospices are encouraged to stay in touch with their survey vendor to confirm the vendor is sending the CAHPS Hospice Survey data on time. Although the vendor submits the survey data, your hospice is still responsible for making sure the submissions occur.

CAHPS Data: How to Ensure That Data Submitted Are Accepted?

To make sure your CAHPS data is accepted, start by contracting with a CMS-approved survey vendor. Your hospice needs to authorize the vendor to send your hospice's CAHPS data to the CAHPS Hospice Survey Data Warehouse. Your hospice should check in regularly to confirm your vendor is submitting your hospice's data on time. Also, hospices will need to learn how to access your hospice's reports from the CAHPS Hospice Survey Data Warehouse so your hospices can track what's been submitted. And if your hospice ever

needs to change vendors, your hospice must complete the survey vendor authorization form on the CAHPS website.

CAHPS Data: When to Submit Data?

CAHPS Hospice Survey data is submitted every quarter by your survey vendor to the CAHPS Hospice Survey Data Warehouse. Submissions are due on the second Wednesday of February, May, August, and November. It's important for hospices to track these dates and stay in contact with your vendor to make sure your CAHPS Hospice Survey data is submitted on time.

CAHPS Hospice Survey: Exemptions

There are two special exemptions from the CAHPS Hospice Survey. These exemptions are only for CAHPS and do not apply to HOPE. The first exemption is a CAHPS size exemption for hospices with a low number of eligible decedents. The second is a CAHPS newness exemption for newly certified hospices that haven't been operating long enough to meet survey requirements. It's important to check the CAHPS Hospice Survey Quality Assurance Guidelines to see if your hospice qualifies for either exemption and follow the correct processes to apply.

CAHPS Hospice Survey: Size Exemption

Your hospice may qualify for a size exemption if you had fewer than 50 survey-eligible decedents or caregivers in the previous calendar year. To apply, visit the CAHPS survey website at www.hospicecahpssurvey.org, then go to the Participation Exemption for Size Form found under information for hospices/forms and finally, submit the Participation Exemption for Size Form online. You must apply for this exemption each year you believe you qualify. CMS does not automatically grant this exception.

CAHPS Hospice Survey: Size Exemption (cont. 1)

To apply for the size exemption, you'll need to count the number of decedents your hospice had in the previous calendar year, also called the reference year. If that number is less than 50, you may qualify. Keep in mind, the exemption only lasts for that one year, and you have to apply again each year if you still qualify. For example, if you're collecting data in 2026, your reference here is 2025 and your exemption request must be submitted by December 31st, 2026. Make sure to meet the deadline because late submissions won't be accepted.

CAHPS Hospice Survey: Size Exemption (cont. 2)

After you submit the Participation Exemption for Size Form, you'll get an acknowledgement email confirming that your form was received. But keep in mind, this email doesn't mean you've been approved yet. CMS will still need

to review your decedent counts to decide if your hospice qualifies for the size exemption. It's important to save that acknowledgement email in case you need it later as proof that you submitted the request.

CAHPS Hospice Survey: Newness Exemption

Hospices that receive a new CCN or CMS certification number at any point during the calendar year for data collection are automatically exempt from CAHPS reporting for that same year. For example, if a hospice receives a new CCN in 2026, it is exempt from reporting in 2026 and must begin CAHPS reporting with January 2027 decedents. This exemption does not require an application, but it is important to save the CCN letter and envelope as proof of the issuance date.

The HQRP Life Cycle: Determining Compliance

Now let's look at the HQRP life cycle. We will talk about the role of hospice, how and when compliance is determined, and how the process leads to an impact on the APU.

The HQRP Life Cycle: APU Calculations

Noncompliant hospices are subject to a 4% penalty in APU for the corresponding fiscal year. We already talked about the submission thresholds for the HOPE reporting and the submission of CAHPS data. These activities are on a cycle and the cycle spans over a two-year period.

This graphic shows that cycle. The first section in blue shows the hospice rule and data collection and submission during a one-year period. This shows January 2026 through the end of the year, December 31st, 2026. The compliance determinations occur early in the next year, and the payment impact begins on October 1st, 2027, which is the fiscal year 2028 and is in effect through September 30th, 2028. Throughout this cycle, there are several timepoints to be aware, so we will go into more detail using the graphic as a guide. Let's look at the individual components of this cycle.

The HQRP Life Cycle: Data Submission

Let's start with the data submission, which is represented in the blue box as we begin the cycle. This includes both the HOPE and the CAHPS data, the two components of the Hospice Quality Reporting Program. This is the first part of the cycle and it is up to each hospice to meet the required thresholds. Your hospice's submissions of both the HOPE and CAHPS data will determine your APU in fiscal year 2028.

The HQRP Life Cycle: Non-Compliance Letters

After the data collection year ends, for example, in 2026, CMS reviews your HOPE and CAHPS data during the following year, starting in January 2027. If

your hospice did not meet HQRP requirements such as missing the 90% HOPE submission rate or not complying with CAHPS survey rules, CMS will send a non-compliance letter to your hospice in July 2027.

This letter is sent by mail and also posted in your iQIES folder. The iQIES version will explain why your hospice is considered non-compliant. It is important to check your iQIES folder so you can respond quickly. This letter also includes instructions on how to request reconsideration, which we will go over later in the presentation. If no action is taken, payment reductions will begin October 1st, 2027 at the start of fiscal year 2028.

The HQRP Life Cycle: Reconsideration Request

If a hospice receives a non-compliance letter from CMS and believes it was sent in error, the hospice may submit a reconsideration request. A reconsideration is CMS's formal process for a hospice to challenge a payment reduction penalty under the Hospice Quality Reporting Program if the hospice believes CMS's non-compliance decision is wrong.

The reconsideration request gives a hospice the chance to have their situation reviewed by CMS. The 30-day reconsideration window starts the day the letter is sent, which is typically in July, meaning the request usually falls between July and August. For example, if the letter is dated July 15th, the request must be submitted by August 14th. As shown in the timeline, this happens after the data collection year in 2026 and during the compliance review year in 2027. We will go into more detail about the reconsideration process later in the presentation.

The HQRP Life Cycle: Reconsideration Results

If your hospice has applied for a reconsideration, you will be notified about the results by CMS. This notification will fall between August and September.

The HQRP Life Cycle: APU Implementation

Once the reconsideration requests are reviewed by CMS and hospices are notified of CMS decisions, the APU is determined and implemented. For hospice, the implementation of the APU occurs on October 1st each year. But remember, that it reflects the data collection period from almost two years prior. So here, the APU determination implemented October 1st, 2027 for fiscal year 2028, reflects data from January through December of 2026.

Let's talk a bit more about APU implementation. Compliance with the HQRP impacts your hospice's Annual Payment Update, or the APU. It is the act of submitting data and the acceptance of that data that determines compliance with the HQRP requirements. It is not your actual performance on the quality measure or on the hospice CAHPS. Failure to comply with the

HQRP requirements will result in a 4% point reduction in the APU for hospice providers.

The HQRP Life Cycle: Full APU

This last phase will be the receipt of the APU. So all of these events in the HQRP lifecycle will occur before the hospices can receive their full Annual Payment Update or APU. Receipt of the full APU is possible for hospice agencies that meet the HQRP requirements. In other words, in order to preserve your full Annual Payment Update, a hospice must fully meet all the requirements that mandate the collection and submission of HOPE admission and discharge data for all patients admitted to their hospice and participate in the hospice CAHPS for all 12 months of the year.

Reconsideration Process

Now, let's get into more detail regarding the request for reconsideration and the process for that, should your hospice receive a letter of noncompliance.

Reconsideration Definition

A reconsideration is a request for a review of the noncompliance decision prior to the 4% point reduction in the hospice's APU that takes effect on October 1st of the applicable fiscal year.

HQRP Non-Compliance Letters from CMS

If a hospice does not meet HQRP data submission requirements, CMS sends a noncompliance letter. This letter includes the reason for noncompliance and steps for what to do next. It also provides instructions for requesting reconsideration if the hospice believes there's been an error.

CMS sends this letter in two ways, through your Medicare Administrative Contractor, or MAC, and also through iQIES. These letters are usually sent out in July, so it's important to monitor both sources and act quickly if one is received.

Reconsideration Requests

If your hospice receives a noncompliance letter and you believe it was sent in error, you can file a reconsideration request with CMS. The 30-day window to submit begins on the date listed on the letter, not the date you open it. Since letters are usually sent in July, this means the reconsideration period typically falls between July and August. If you're planning to request for reconsideration, be sure to gather your materials and act within this timeframe.

Reconsideration Request Process

Let's walk through the process for submitting a reconsideration request. First, CMS sends the noncompliance letters both through your Medicare Administrative Contractor by mail and through iQIES. Either version serves as official notice, so it's important to check both. If your hospice plans to request reconsideration, the only way to submit a reconsideration request is by email. CMS does not accept late requests or any sent by mail or fax. Your hospice must email the request to hospiceqrpreconsiderations@cms.hhs.gov within 30 days from the date of the noncompliance letter. In your email to CMS, include your CMS certification number, or CCN, your hospice's business name and address, the name and contact info of the CEO or their designated representative, and the reason CMS listed for noncompliance.

Your hospice also needs to submit any supporting documentation that proves your hospice was compliant or qualifies for an exemption, such as emails, final validation reports, or exemption approvals. The subject line of the email should say, "Hospice ACA 3004 reconsideration request," and include your CCN. Keep in mind, you must not include any PHI or patient identifiers since email is not a secure method. If any PHI is sent, it could trigger a CMS security issue.

Lastly, CMS makes its decisions based solely on the documents you provide. They will not follow up for missing or incomplete information. If your documentation clearly supports compliance, the penalty will be removed. If not, the 4% payment reduction will stay in place.

Reconsideration Results

Once your hospice submits a reconsideration request, the final determination by CMS will be made based solely on the documentation provided. Again, they will not reach out for missing information or follow up on unclear details. That's why it's so important to include everything up front. If CMS does not see clear evidence that your hospice was compliant, the 4% payment reduction remains in place. But if the documents clearly show that your hospice met the HQRP requirements, then the penalty will be reversed. So, make sure the information your hospice submits is complete, accurate and well-supported because your hospice will not get a second chance to add more information later.

Public Notice of Compliance Determinations

So now, let's talk about what happens after all the reconsideration decisions have been made by CMS. Once CMS finishes reviewing the submitted reconsideration request and making their final decisions, they will prepare a public notice. This notice includes a list of hospices that are either

compliant, noncompliant, or have been excluded from the annual payment update, or APU, for that fiscal year.

Now, this part is important. CMS makes this list available to the public. That means anyone can access the list of hospices and it becomes part of your hospice's public record. The final list is posted on the CMS HQRP Reconsideration Request webpage later in the year, after all the reviews are completed, so you'll want to keep an eye out from that posting.

Also, CMS helps folks find this list more easily by adding a direct link to Medicare.gov or Care Compare right under the section labeled, Medicare Reporting Requirements. That means if someone searches for your hospice on Medicare.gov, they can use this link to see whether or not your hospice met the quality reporting requirements for that year.

So again, this is why it's so important to meet the HQRP data submission deadlines and follow the process closely. Not only is your payment at risk, but your compliance status will also be publicly visible to patients, families, and referral sources who may be looking you up online.

Extension and Exemption Requests

Now, let's talk about what to do in cases of extraordinary circumstances. If something major like a natural disaster or emergency prevents your hospice from meeting HQRP requirements, there are two types of relief available.

First, there are provider-initiated requests where your hospice submits a request to CMS asking for an extension or exemption because of an extraordinary situation. If your hospice experiences something like this, you'll need to provide supporting documentation when we're requesting relief. You can find more information and guidance on how to request an extension or exemption on the HQRP website under the Extension and Exemption Request section.

The second way is CMS may issue automatic waivers. For example, in the case of a FEMA declared disaster where CMS has identified affected areas and then grants relief without the hospice needing to apply.

Resources

Now, let's review the resources that are available to you for future reference.

CMS Webpages

On this first page of resources, we've gathered some of the most important links you'll want to keep handy. These cover everything from general HQRP information to specific tools and reporting systems you'll use regularly. Whether you're looking for guidance on HOPE, checking your CAHPS Survey vendor or keeping up with HQRP announcements, it's all right here.

Manuals and Resources

Now, let's take a look at some helpful resources. These manuals on the CMS website give you more detailed guidance on the Quality Reporting Program, including HOPE, CAHPS and how the measures are calculated. If you're ever unsure about the reporting process or quality measure definitions, these are the go-to documents.

Previous Trainings

There have been several previous trainings developed to help hospices better understand the Hospice Quality Reporting Program. These resources are great for onboarding new staff or for reviewing specific topics in more detail. You can find many of these training materials on the HQRP Training and Education Library webpage. That's the main CMS site where all past HQRP training videos, slides, and recordings are posted.

In addition, there are additional resources for hospice providers using iQIES. Those resources can be accessed through the Q-T-S-O, or QTSO website, which is the technical support site for the reporting systems. These resources are available anytime and can be helpful to support compliance and staff education.

Help Desk Contacts

There are several places you can go for help if you have questions or run into issues. Let's start with the Hospice Quality Help Desk. This is where you'll go if you have questions about quality reporting requirements, quality measures, or reporting deadlines. Next is the Hospice Public Reporting Help Desk for questions specifically about publicly reported data, like what appears on Medicare.gov or Care Compare. Then we have the CAHPS Hospice Survey Help Data, which supports technical questions and survey data review requests. You can reach them by email or phone, and there's also a separate address if you need to speak directly with CMS about CAHPS implementation.

Help Desk Contacts (cont.)

And here are a few more help desks that you should know about. If you have questions about submitting CAHPS Hospice Survey data, need help with data submission reports or have trouble accessing the data warehouse, you'll want to reach out to the CAHPS Hospice Survey Data Warehouse Support team. Their email is listed here, and you can also call if needed.

Next, for issues with iQIES access, reports or questions about HOPE submissions, you can contact the iQIES Service Center. Their contact info is right here as well, including the 1-800 number.

And finally, if you need help with the reconsideration process or have questions about APU noncompliance, you can reach out to Hospice Quality Help Desk for assistance. Just a reminder, do not send any PHI or patient identifiable information in your emails to any of these help desks as they are not secure for that kind of data.

Subscribe

And finally, before we wrap up, one of the easiest ways to stay informed is to subscribe to CMS Updates. CMS regularly sends out announcements, training notices, reminders, and other helpful resources straight to your inbox. This includes updates on HQRP reporting, CAHPS survey deadlines, system alerts, and new training opportunities so you don't miss a thing. You can sign up on the CMS website by visiting the CMS.gov homepage, scrolling to the bottom, and clicking on subscribe to updates. From there, you can choose the topics you want to follow. It's a simple step that helps you and your team stay ahead.

Thank You

That brings us to the end of today's training on HQRP, achieving a full Annual Payment Update. Thank you all so much for attending and for the work you do every day to provide high quality care. We hope this training helped clarify the reporting requirements and the steps needed to stay compliant and avoid payment reductions.

Please remember to take advantage of the available resources, help desks and recorded training, and don't forget to subscribe for CMS updates so you stay informed.

Thanks again, and we'll see you next time.