

# Hospice Quality Reporting Program Quarterly Updates for April – June 2022

*This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 2<sup>nd</sup> Quarter of 2022 (April – June 2022) and prepares for 3<sup>rd</sup> Quarter of 2022 (July – September 2022).*

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## Tips of the Quarter

### HVLDL and HCI Delayed Until August 2022 Refresh

The new claims-based HQRP measures, the Hospice Care Index (or HCI) and the Hospice Visits in the Last Days of Life (or HVLDL), have been temporarily suppressed for all hospices and were not publicly displayed for the May 2022 refresh due to technical issues with the measure calculations. CMS has corrected the technical issues and is targeting the August 2022 Refresh for the inaugural public display of these new quality measures. New provider preview reports including the claims-based measures were released to providers on May 25, 2022.

## 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 are collected from claims,

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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%.

### **Notification to Non-compliant Hospice Providers Based on Their CY 2021 Quality Data Impacting FY 2023 Payments:**

If a hospice is non-compliant with the HQRP for FY 2023 based on their CY 2021 quality data, then they will be notified in two ways. Non-compliant hospices will receive a notification from their Medicare Administrative Contractor (MAC) and a notification in their facility's Certification and Survey Provider Enhanced Reports (CASPER) folder. Either notification is an official notice. We anticipate that letters notifying hospices of non-compliance will be distributed in mid- July of 2022. Please check your CASPER folder starting in July for the non-compliant letter.

Only non-compliant providers receive these letters. A non-compliant provider has thirty (30) days from the date on the notification of non-compliance to submit a request for reconsideration. The reconsideration process is your opportunity to explain and document why your hospice should be found compliant based on your CY 2021 quality data. Providers determined to be non-compliant are subject to a 2% APU penalty for their FY 2023 payments. The table below summarizes the process and timeline.

### **The Estimated FY2023 APU Reconsideration Timeline is as Follows:**

- **July** – CMS issues notices of non-compliance to hospices that failed to meet the hospice quality reporting requirements.
- **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 acknowledgment 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 that fiscal year.



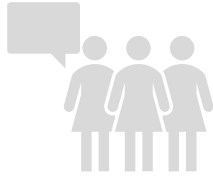


Information about the Reconsideration Request Process can be found on the [HQRP Reconsideration Request](#) webpage. More information about HQRP Requirements and helpful documents to assist providers can be found in the Downloads section of the HQRP Requirements and Best Practices webpage.

### **Fiscal Year (FY) 2023 Hospice Rulemaking**

The FY 2023 Hospice Proposed Rule was displayed for public inspection on March 30, 2022 and published on April 4, 2022. CMS considers all public comments received during the 60-day comment period, that ended May 31, 2022, to finalize the rule. The final rule as is congressionally mandated to be published later this summer.

## Section 2: HOPE Updates

### HOPE Development Process

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

CMS and their contractor, Abt Associates, continue testing the draft standardized patient assessment tool for the HQRP, called Hospice Outcomes & Patient Evaluation (HOPE). The draft HOPE assessment is currently in the final phase of testing, the HOPE Beta Test. We thank all hospices participating in the beta test for their outstanding efforts!

CMS and Abt Associates are recruiting additional hospice providers to participate in the beta test. A detailed recruitment announcement is available in the downloads section of the [HQRP Provider and Stakeholder Engagement](#) webpage. Additional information about HOPE is available on the [HOPE](#) 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 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.

## Section 3: Public Reporting Updates

The section below includes key public reporting dates. Providers should review the timeline to ensure they are familiar with these important upcoming public reporting dates, and refer to the [Public Reporting: Key Dates for Providers](#) webpage on the HQRP website for more information.

### August 2022 Care Compare Refresh

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

- HIS quality measure results from Q4 2020 – Q3 2021
- CAHPS® Hospice Survey data reflecting Q2 2019 – Q4 2019 and Q3 2020 – Q3 2021; this includes survey measure results and an overall summary star rating for each hospice referred to as the Family Caregiver Survey Rating
- Claims-based measure results reflecting Q3 2019 – Q4 2019 and Q3 2020 – Q4 2021

The Provider Preview Report was issued on May 25, 2022. Provider Preview Reports have been revised to include state averages for the HIS, CAHPS®, and claims-based measures. Providers have 30 days to

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review their quality measure results in CASPER prior to the August 2022 Care Compare refresh, when 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 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 – Fall 2022

In September 2022, CMS will hold an HQRP Forum providing an overview of the FY 2023 Hospice Final Rule. Resources from this Forum will be posted on the [HQRP Provider and Stakeholder Engagement](#) webpage.

### New and Updated Resources

- **HCI Technical Report:** On July 5, CMS released 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 [Current Measures](#) webpage.
- **Hospice Care Index (HCI) Explanatory Video:** CMS has developed a new video resource explaining the purpose and design of the claims-based HCI quality measure. Please check the [HQRP Announcements & Spotlight](#) webpage for more information, including a direct link to the video.
- **HQRP Quality Measure Specifications (QM) User’s Manual:** CMS will soon be posting a slightly revised QM User’s Manual (Version 1.01) on the CMS HQRP website, Current Measures page. This revision includes clarifications in response to provider questions received by the Hospice Quality Help Desk over the past few months about the new claims-based measures, Hospice Visits in the Last Days of Life (HVLDL) and Hospice Compare Index (HCI). The revised manual will be posted before the August 2022 Care Compare Refresh. CMS thanks providers for their thoughtful feedback about the manual.
- **HQRP Explanatory Video:** CMS has developed a new video resource providing an overview of the HQRP. This HQRP explanatory video will be posted on the HQRP website in early Fall 2022. Please check the [HQRP Announcements & Spotlight](#) webpage for more information, including a direct link to the video.

## Section 5: What's New in the 3<sup>rd</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:

- August 10, 2022
- September 21, 2022

## Section 6: Questions and Answers

### **HIS Submission: Change in Payer Source**

**Question 1:** Our hospice recently discharged a patient, then re-admitted them due to a change in the payor from Medicaid to Medicare. We are unsure of which reason to choose when completing A2115. The only selections are: Expired, Revoked, No longer terminally ill, Moved out of service area, Transferred to another hospice, and Discharged for cause. None of these reasons apply. Which discharge reason should we use in this case?

**Response 1:** As long as the patient remains under a hospice's care with no interruption in hospice service, completion of a HIS-Discharge is not required. There is no need to complete an HIS-Discharge record when the patient's payer source changes (e.g., from private payer to Medicare) with no interruption in care. The hospice would submit an HIS-Discharge record once the patient is no longer receiving hospice services or there is an interruption in care related to one of the reasons for discharge listed in Item A2115.

This information can be found in chapter 1 page 1-7, 1-8 in the HIS Manual V3.0 which is located in the downloads section at the bottom of the Hospice Item Set (HIS) webpage located here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS>

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### **HCI Indicators # 3 and #4: Early and Late Live Discharges**

**Question 2:** Can you explain how the Early or Late Live Discharges are treated when a patient transfers from one hospice to another? For example, if a patient transfers from Hospice A. early or late in their stay and then is discharged from the second hospice, Hospice B., which hospice is responsible for the discharge- Hospice A., or Hospice B.?

**Response 2:** Both of these measures determine the live discharge by looking at a patient's lifetime length of stay (LOS) in hospice. A patient's lifetime LOS is potentially across multiple hospice elections and fiscal years. Live discharges occur when the patient discharge status code on a hospice claim does not equal a value from the following list: "30", "40", "41", "42", "50", "51".

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According to the scenario described, Hospice A. would have transferred the patient (discharge status codes “50” and “51”) to Hospice B. Attribution for the “Live Discharge” would be based on the date of the discharge as this would appear in the claim file for Hospice B. In this scenario the “Live Discharge” would not be included in the numerator for Hospice A.

Hospices earn a point towards each of the indicators for Early or Late Live Discharges if their individual percentage falls below the 90th percentile ranking among hospices nationally.

For more details refer to the HQRP QM User’s Manual located in the downloads section of the [Current Measures](#) page on the [CMS HQRP website](#).

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### **Exclusions for Hospice Visits in the Last Days of Life (HVLDL)**

**Question 3: For the HVLDL measure, a patient is excluded from the denominator if the “Patient was enrolled in hospice one or two days, only.” Can you explain how these days are determined?**

**Response 3:** For HVLDL, the last three days include the day of death and is defined in Chapter 3 and again in Table 5-2 of the HQRP QM User’s Manual which is located in the downloads section of the [Current Measures](#) page on the [CMS HQRP website](#). It states: “The last three days are defined as: the day of death (*the same as the date provided in A0270, Discharge Date*), the day prior to death (*calculated as A0270 minus 1*), and two days prior to death (*calculated as A0270 minus 2*). These are the days used in calculating this measure.

**Question 4: To be excluded from the denominator for HVLDL based on the receipt of higher levels of care (CHC, GIP, Respite), does the patient have to have received non-routine home care on ALL of the final three days of life, or only on one or two days of last three days of life?**

**Response 4:** For HVLDL, the patients are excluded from the denominator if they “received **any** continuous home care, respite care or general inpatient care in the final three days of life (exclude if revenue codes = [0652, 0655, or 0656]).” This is described in in Table 5-2 of the HQRP QM User’s Manual which is located in the downloads section of the [Current Measures](#) page on the [CMS HQRP website](#).

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### **Public Reporting of New Hospice Claims-based Quality Measures (HVLDL and HCI)**

**Question 5: Why were hospice scores for the two new hospice claims-based measures, HVLDL and HCI, suppressed for the May 2022 refresh, during which they expected to be publicly displayed for the first time?**

**Response 5:** CMS decided to suppress the HVLDL and HCI measure scores for the May 2022 refresh of the Care Compare/Provider Data Catalog sites, due to technical errors that were identified in the calculation of both quality measures. Because these errors were identified just prior to the scheduled refresh, CMS did not have the opportunity to re-release the affected Provider Preview Reports containing corrected data, and allow the mandated 30-day review period for hospices. The technical errors have been corrected and the accurate measure scores were issued with the May 25, 2022 release of the hospice provider preview reports, related to the August 2022 refresh of Care Compare.