

## HOSPICE QUALITY REPORTING PROGRAM (HQRP)



# COVID-19 Public Health Emergency (PHE) Tip Sheet

## The HQRP

There are two reporting requirements for the Hospice Quality Reporting Program (HQRP):

- Hospice Item Set (HIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey

## HQRP Exemption and Extension Policy for Extraordinary Circumstances

The Centers for Medicare & Medicaid Services (CMS) recognizes that there are instances where an extraordinary or extenuating circumstance beyond the hospice's control (e.g., natural disasters) may delay or prevent submission of required data. CMS has developed an Exemption and Extension for Extraordinary Circumstances policy, which has two parts:

- Provider-initiated requests for exemption or extension for extraordinary circumstances.
- CMS-initiated waivers for exemption or extension for extraordinary circumstances that are based on Federal Emergency Management Agency (FEMA)-designated natural disasters.



## Temporary HQRP Exemptions Due to the COVID-19PHE

In the March 27, 2020, Medicare Learning Network (MLN) memo, CMS announced temporary relief for hospices and other providers in quality reporting programs in response to COVID-19 PHE. These temporary exemptions due to this PHE lifted the requirements to report data to assist hospice providers while they directed their resources toward caring for their patients and ensuring the health and safety of patients and staff. Specific quarters for which hospices are exempted from reporting of CAHPS® Hospice Survey and HIS assessment and discharge data for calendar years (CYs) 2019 and 2020 are listed below and **end on June 30, 2020**:

October 1, 2019–December 31, 2019 (Q4 2019)

January 1, 2020–March 31, 2020 (Q1 2020)

April 1, 2020–June 30, 2020 (Q2 2020)

## What Happens After the HQRP Exemptions Expire?

The temporary exemptions for Hospice Quality Reporting Requirements **end on June 30, 2020**.

**Starting on July 1, 2020**, hospices are expected to resume timely quality data collection and submission of CAHPS® Hospice Survey and HIS records.

**Note:** Flexibility waivers will remain in place for the duration of the COVID-19 PHE. For example, the telecommunications waiver remains in effect and can be applied to the HIS, as explained in this tip sheet.

## Data Submission After July 1, 2020

### For CAHPS® Hospice Survey: What does that mean for CAHPS® data collection?

The CAHPS® Hospice Survey will start July 1 with July deaths.

### For the HIS: Which records should you submit?

All new HIS admission records and any HIS discharge records that occur on or after July 1, 2020.

### What is the HIS submission deadline?

Timely submission and acceptance of HIS data are unchanged. Data submission must occur for all patients within 30 days of admission and discharge at least 90 percent of the time.



**It is recommended that hospices submit HIS data within 14-days to ensure acceptance by the 30-day deadline.**

### What CY 2020 HQRP data will be used to meet HQRP data reporting requirements that impact FY 2022 payments?

The CY 2020 data used for meeting the HQRP requirements include July 1 through December 31, 2020, as Q1 and Q2 of 2020 (January 1-June 30, 2020) were exempted due to the COVID-19 PHE. This means that even if you submit HIS and CAHPS® Hospice Survey data for Q1 and Q2 2020, we will not include any of that data for purposes of calculating whether you meet HQRP requirements impacting FY 2022 payments.

## Flexibilities (Waivers) Due to the COVID-19 PHE

On March 30, 2020, CMS released Interim Final Rule with Comment Period Medicare & Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-1) that announced flexibilities for hospices and other post-acute care providers serving Medicare beneficiaries in order to respond effectively to the serious public health threats to ensure that Medicare patients can continue receiving hospice services without jeopardizing patients' health or the health of those providing services during the PHE.

### Section H. The Use of Telecommunications Technology Under the Medicare Hospice Benefit (Interim Final Rule with Comment 3/30/2020, referred to as IFC-1)

**For the duration of the COVID-19 PHE**, CMS amended the hospice regulations at 42 CFR 418.204 on an interim basis. Specifically, when a patient is receiving routine home care, hospices may provide services via telecommunications system if feasible and appropriate to do so for the palliation and management of a patient's terminal illness and related condition.

### Section N. Interim Final Rule with Comment 4/30/2020, referred to as IFC-2, further defines telecommunications to include audio only.

Hospice providers can provide services to a Medicare patient receiving routine home care through telecommunications technology (e.g., remote patient monitoring; telephone calls (audio-only and teletypewriter (TTY)); and two-way audio-video technology), if it is feasible and appropriate to do so. Only in-person visits are to be recorded on the hospice claim.

If a patient is receiving routine home care during the initial and comprehensive timeframe, completing the initial and comprehensive assessments via telecommunications technology (e.g., two-way audiovisual technology that allows for real-time interaction between the clinician and the patient, such as FaceTime or Skype, and audio-only telephone calls) would be compliant if such technology can be used to the extent that it is capable of resulting in a full assessment of the patient and caregiver's needs to inform an

individualized plan of care. The initial and comprehensive assessments are the foundation of the plan of care, laying out the patient and family needs/goals and outlining the plan for the delivery of these services.

## **In-person Initial and Comprehensive Assessments During the COVID-19 PHE**

In-person initial and comprehensive assessments are standard of practice and crucial to establishing the patient–hospice relationship. During this PHE, we expect in most, but not all, situations that the initial and comprehensive assessment visits would be done in person (especially when assessing skin/wound care, uncontrolled pain/symptoms, effectively teaching patient/caregiver medication administration, etc.). The assessments must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient’s well-being, comfort, and dignity throughout the dying process. The ultimate goal of these assessments is to fully identifying the needs of the patient and caregivers to establish an individualized patient-centered plan of care.



## **How do the waivers impact the completion of the 7 HIS processes that are also used to calculate the HIS-Comprehensive Assessment Measure?**

For HIS items (excluding section O related to Hospice Visits When Death is Imminent), hospices may use information gathered via telecommunication technology for HIS data collection purposes throughout the duration of the COVID-19 PHE. Responses to items on the HIS can be selected by the assessing clinician as part of the patient visit/assessment, including telecommunication encounters, or can be based on information documented in the clinical record and abstracted on or before the completion deadline. One example would be asking the patient or responsible party about preference regarding hospitalization via a visit done using telecommunications.

## **What about HIS Section O for Hospice Visits When Death is Imminent Measure Pair?**

As discussed in the fiscal year (FY) 2017 Hospice Final Rule (81 FR 52166), telecommunications are not part of the definition of a visit for hospices providing care under the Hospice Visits When Death is Imminent Measure Pair. Visits using telecommunications cannot be included in Section O of the HIS. CMS recognizes that some providers also use telecommunications to supplement care provided in person and that these calls can be helpful in facilitating ongoing care and communication. CMS considers these telecommunications supplemental. Accordingly, visits via telecommunications can supplement care but are not a replacement for in-person care, especially when death is imminent.

## **Resources:**

**The Interim Final Rule with Comment Period released March 30, 2020, (IFC-1):** <https://www.cms.gov/files/document/covid-final-ifc.pdf>

**The Interim Final Rule with Comment Period released April 30, 2020, (IFC-2):** <https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>

**For the March 27, 2020 Medicare Learning Network memo regarding CMS guidance related to relaxed quality reporting requirements:** <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

**For program guidance and information about the CMS response to COVID-19:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

**For more information about “Hospice: CMS Flexibilities to Fight COVID-19” including other waivers, please refer to:** <https://www.cms.gov/files/document/covid-hospices.pdf>

**For updates and announcements regarding the HQRP visit the Spotlight & Announcements webpage:**

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

**For CMS guidance describing standards of practice for infection control and prevention of COVID-19 in hospices:**

<https://www.cms.gov/files/document/as0-20-16-hospice.pdf>

**For further information about exemptions and extensions:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Extensions-and-Exemption-Requests>

**For more details about the CAHPS® Hospice Survey, visit the web site:** [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org)

**Email Questions to the HQRP Help Desk:** [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov)

