



FY 2021 AND 2022 HOSPICE QUALITY REPORTING PROGRAM

**Success with the HQRP:
Putting the Pieces Together to
Meet Compliance ---
Resources Included**

Cindy Massuda, HQRP Coordinator
Debra Dean-Whittaker, CAHPS® Hospice Survey
Lead

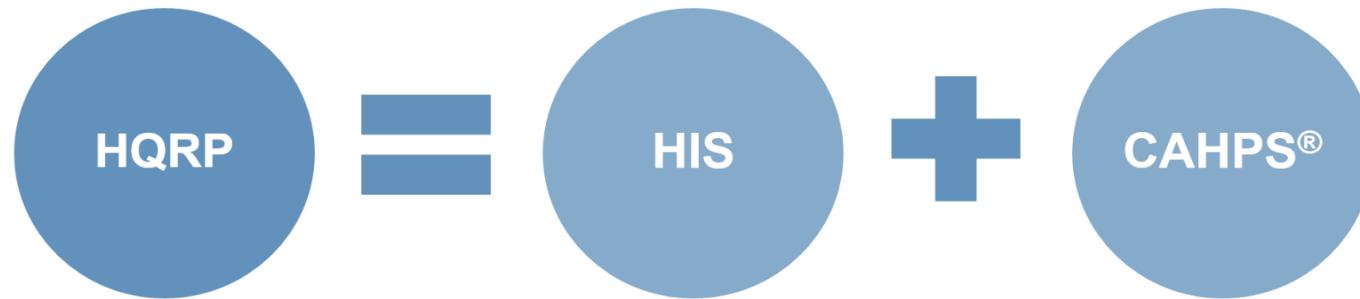


GLOSSARY

Acronym	Term
APU	Annual Payment Update
CAHPS®	Hospice Consumer Assessment of Healthcare Providers and Systems CAHPS® Survey
CMS	Centers for Medicare & Medicaid Services
COP	Conditions of Participation
CY	Calendar Year
FY	Fiscal Year
HIS	Hospice Item Set
HQRP	Hospice Quality Reporting Program



WHAT ARE THE REQUIREMENTS FOR THE HOSPICE QUALITY REPORTING PROGRAM (HQRP)?



- All Medicare-certified hospice providers must comply with both HIS and CAHPS® reporting requirements.
- **NOTE:** The data collection year is based on the Calendar Year (CY) but the Payment is based on the Fiscal Year (FY).
- For more in-depth training on Hospice Quality Reporting, you can find and access prior presentations on the [Training and Education Library](#) web page. You can also look at the [Hospice Quality Reporting Program](#) web page for more general information.

CY AND FY DEFINED

CY = January 1-
December 31



FY = October 1-
September 30



- During the CY, hospices must submit and have accepted their HIS and CAHPS[®] Hospice Survey data.
- The FY is when payment is impacted. Hospices are subject to a 2% reduction in their APU for failure to meet the requirements for HIS and/or CAHPS[®] Hospice Survey.
- **NOTE:** HIS and CAHPS[®] have separate requirements for HQRP compliance. You must be compliant with both HIS and CAHPS[®] in the CY to be compliant with HQRP and receive your full APU each FY. HIS + CAHPS[®] = HQRP

HQRP TIMEFRAMES

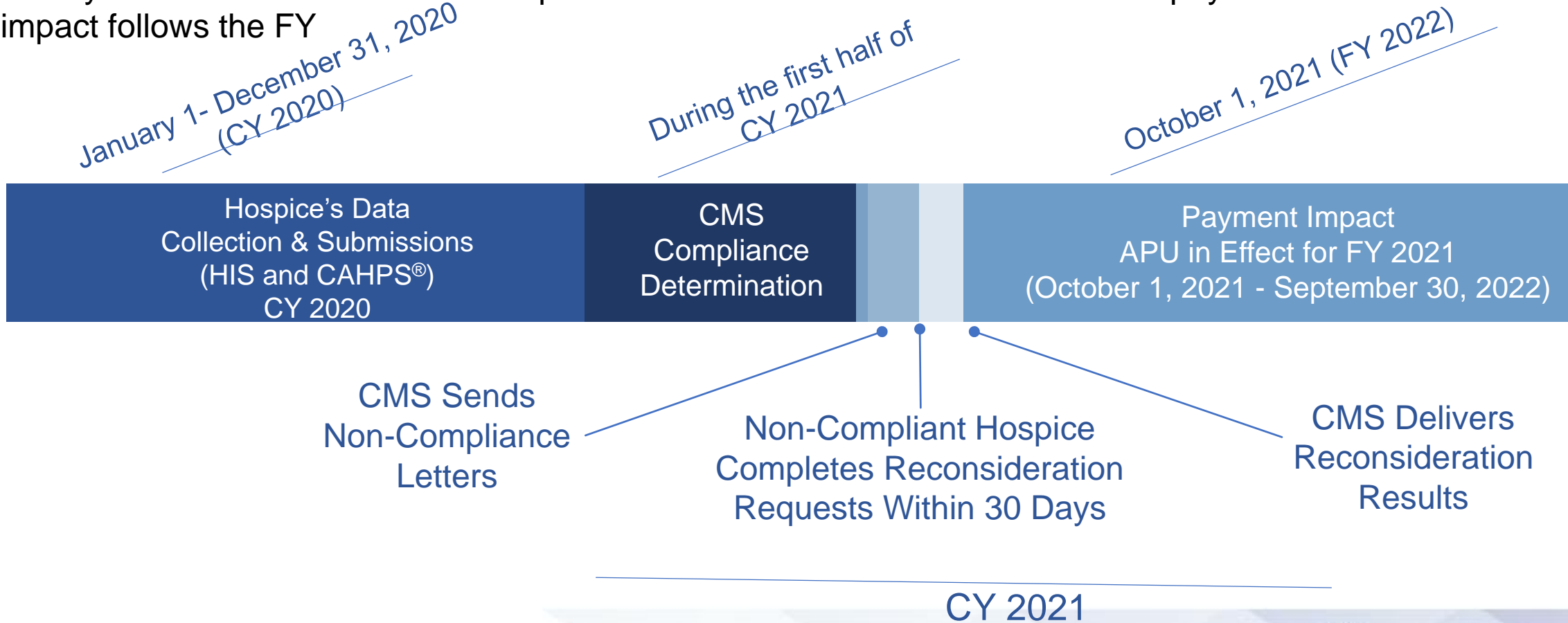
- The HQRP is a pay for reporting program.
- HIS and CAHPS[®] have separate requirements for HQRP compliance. You must be compliant with both HIS and CAHPS[®] in the CY to be compliant with HQRP and receive your full APU each FY. HIS + CAHPS[®] = HQRP

CY Data <i>(Jan 1- Dec 31)</i>	FY Payment <i>(Oct 1- Sept 30)</i>
<ul style="list-style-type: none"> • Submit and Accept HIS Data <ul style="list-style-type: none"> ○ Meet the 90% Threshold • Collect and Submit CAHPS[®] Hospice Data 	<ul style="list-style-type: none"> • Payment is impacted • Hospices are subject to a 2% reduction in their APU for failure to meet the HQRP requirements
<p style="text-align: center;">CY 2020</p>	<p style="text-align: center;">FY 2022</p>
<p style="text-align: center;">CY 2021</p>	<p style="text-align: center;">FY 2023</p>
<p style="text-align: center;">CY 2022</p>	<p style="text-align: center;">FY 2024</p>
<p style="text-align: center;">CY 2023</p>	<p style="text-align: center;">FY 2025</p>



WHAT IS THE HQRP COMPLIANCE CYCLE?

The cycle of data collection and compliance determinations follow the CY while payment impact follows the FY



HOW AND WHEN HQRP REQUIREMENTS IMPACT PAYMENT--- SUMMARY

- Meeting the HIS Requirements, including the 90% submission threshold and CAHPS[®] Hospice Survey Requirements during the **Calendar Year collection year will impact payment in the Fiscal Year two years later.**
- We encourage you to review: [January 2019 Hospice Quality Reporting Program \(HQRP\): Achieving a Full Annual Payment Update \(APU\) Webinar.](#)



HOSPICE ITEM SET (HIS)



HOSPICE ITEM SET (HIS)



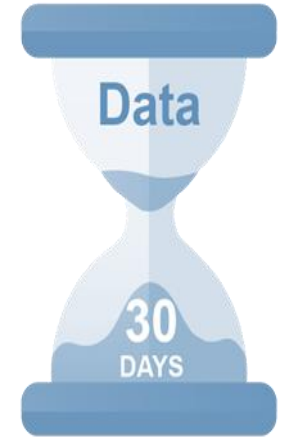
WHAT DO I NEED TO DO TO MEET THE HIS SUBMISSION THRESHOLD?

1

Timely submission and acceptance of the HIS data must occur for all patients within 30 days of admission and discharge at least 90% of the time in order to meet the timeliness compliance threshold.

2

It is important to note that timely submission alone does not equal compliance. Data must also be accepted. It is recommended that hospices submit data within 7-14 days to be sure of acceptance by the 30 day deadline.



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

MORE ABOUT HIS SUBMISSION AND ACCEPTANCE

- Hospice agencies should submit HIS data for all for ALL patient admissions and discharges, regardless of the payer, patient's age, or the location of the receipt of hospice service.
- Hospices are encouraged to use the **Hospice Submission User's Guide** available on the: [Hospice User Guides & Training](#) web page of the QTSO website. This guide has useful information about the submission, acceptance, and modification of data, in addition to troubleshooting errors.
- Click here for more information about the [HIS](#). Valuable training on this topic is also located here: [HQRP Data Submission Requirements and Reports](#).



HIS 90% THRESHOLD

All hospices meeting the 90% threshold requirement means timely reporting of 90% of their HIS data.

Note: Hospices must meet ALL HQRP Requirements to avoid the 2% reduction in their APU.

Threshold Compliance today pays off in the future.

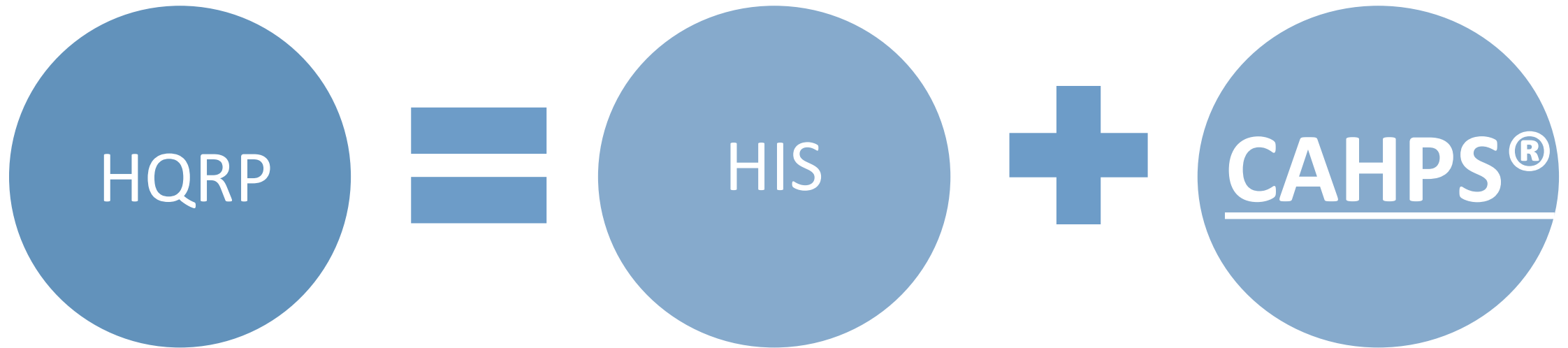
HIS Records From	Submission Threshold	Payment Year
CY 2019	90%	FY 2021
CY 2020	90%	FY 2022
CY 2021	90%	FY 2023



CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®) HOSPICE SURVEY



CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®) HOSPICE SURVEY



WHAT ARE THE CAHPS® REQUIREMENTS?

- 1 As with the HIS, the data collection year runs from January 1 through December 31.
- 2 **ALL** Medicare-certified hospices must participate monthly.
- 3 More detailed information can be found here: [CAHPS® Hospice Survey](#).

CAN OUR HOSPICE SWITCH CAHPS® SURVEY RESEARCH VENDORS?

- Yes you can, but....
 - ✓ It is important to handle the process correctly.
 - ✓ Not following the correct process is a known risk for failing the APU.
 - ✓ A 2% reduction.



SWITCHING CAHPS® SURVEY VENDORS: RESTRICTIONS

You may switch vendors only at the beginning of a calendar quarter. The calendar quarters correspond to the month of patient death.

Q1	Q2	Q3	Q4
January 1	April 1	July 1	October 1

Note: You may not switch vendors in the middle of a quarter.

Switching CAHPS® Survey Vendors: Process

Here is what happens when you switch as of Jan 1

Start with new vendor.
Send sample to new vendor starting with Jan 2020 deaths.

New vendor starts data collection for Jan 2020 deaths.

New vendor starts submitting data.



Old vendor submits data for Oct – Dec 2019 deaths.

Old vendor is collecting data
From Oct – Dec 2019 deaths.



SWITCHING CAHPS® SURVEY VENDORS, CONT.

- Your hospice must have a survey vendor collect and submit data for every month of the calendar year - no skipping months.
- You must authorize a vendor to submit your data.
- You must submit a vendor authorization form.
- **Only one vendor can be authorized to submit data at a time.**
- **If you are switching, you have two vendors collecting and submitting data for you.**
- *This is why you need to contact us.*
- *We will help you navigate the process*



SWITCHING CAHPS® SURVEY VENDORS: WHAT TO DO FIRST

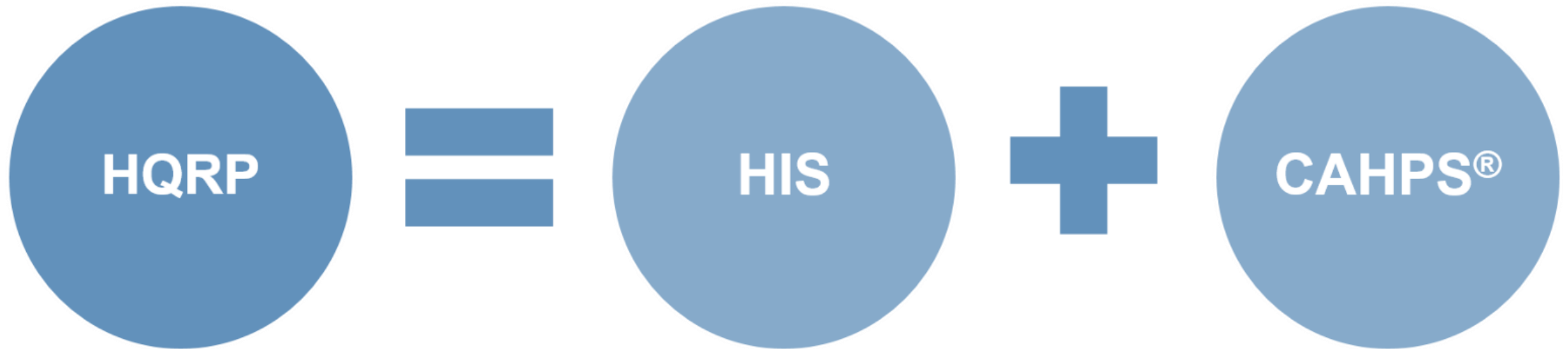
- The most important thing for your hospice to do is contact us first:
 - Email us at: hospicecahpssurvey@HSAG.com or call: **1-844-472-4621**.
 - Our technical assistance team will be glad to help you.
 - Carefully following their instructions will increase the probability that you switch successfully.



CHECKLIST SUMMARY



CHECKLIST SUMMARY



FY 2022 HQRP COMPLIANCE CHECKLIST (BASED ON CY 2020 DATA)

HIS

Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring CY: 1/1/20-12/31/20.



CAHPS[®]

Ongoing monthly participation (CY: 1/1/20-12/31/20) in the Hospice CAHPS[®] survey where an approved 3rd party vendor submits Hospice CAHPS[®] data according to the quarterly deadlines.

HOW CAN YOUR HOSPICE HELP ENSURE COMPLIANCE?

A Checklist:

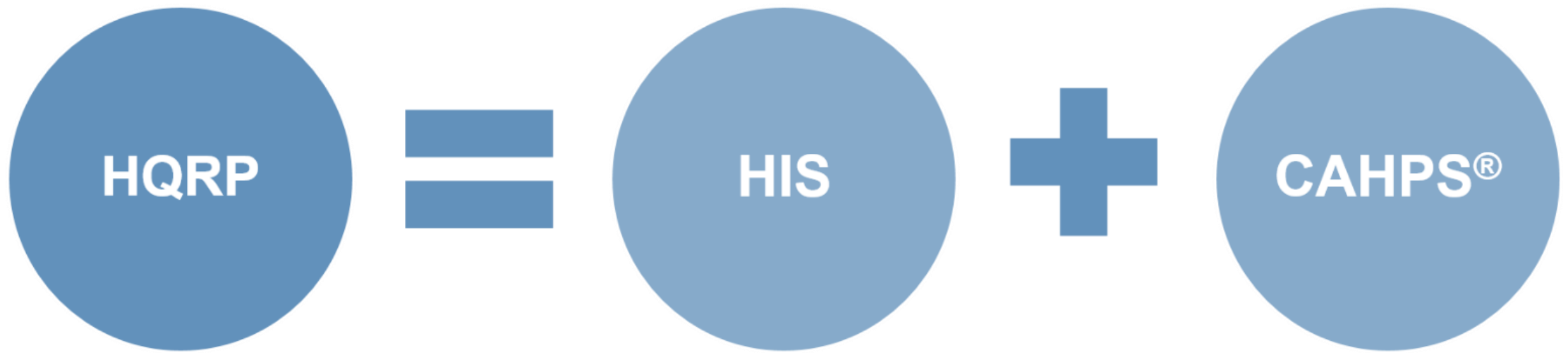
- ✓ Submit HIS and CAHPS[®] Hospice Survey data on time in the calendar year.
- ✓ Monitor your data submission and performance in meeting the 90% threshold for HIS.
- ✓ Monitor vendor submissions for CAHPS[®] Hospice Survey.
- ✓ Utilize available reports in the **Certification and Survey Provider Enhanced Reports (CASPER)** reporting application for both HIS and CAHPS[®] Hospice Survey. HIS and CAHPS[®] have separate CASPER Reports.



CASPER REPORTS - TRACKING COMPLIANCE



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CASPER REPORTS AND THEIR IMPORTANCE TO TRACK HQRP COMPLIANCE

- Agencies should access their CASPER reports on a regular basis. You can obtain more information about the reports in [The CASPER Reporting User's Guide for Hospice Providers](#).
- Here is another useful webinar to further your knowledge of CASPER Reports: [Hospice Quality Reporting Program: Review and Correct Report Overview Webinar](#).
- Be sure to also check your CAHPS[®] Data Warehouse Report. For information about this warehouse and sign-up for access, please go to: <https://hospicecahpssurvey.org/>



HOW WILL YOU KNOW IF YOUR HOSPICE IS HQRP-COMPLIANT?

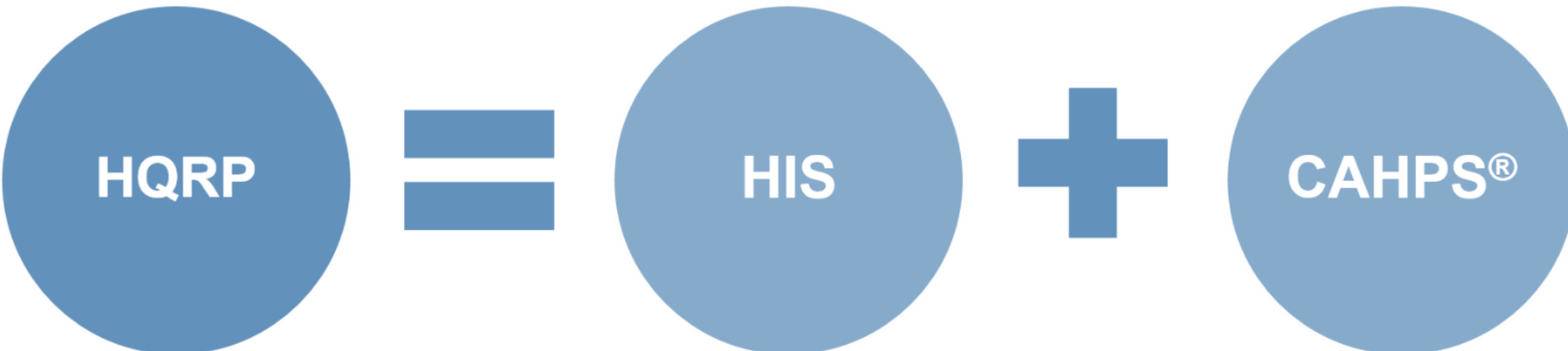
- Review your HIS and CAHPS data regularly using the Reports available in CASPER. You are responsible for knowing whether you are in compliance with HQRP requirements.
- CMS considers the timeliness of both HIS and CAHPS[®] survey data submitted and accepted by hospices to CMS to determine the APU compliance.
- CMS sends letters of noncompliance in the summer of the year following data collection. If you receive a letter and disagree with the determination, you can file a reconsideration request.



RECONSIDERATION PROCESS

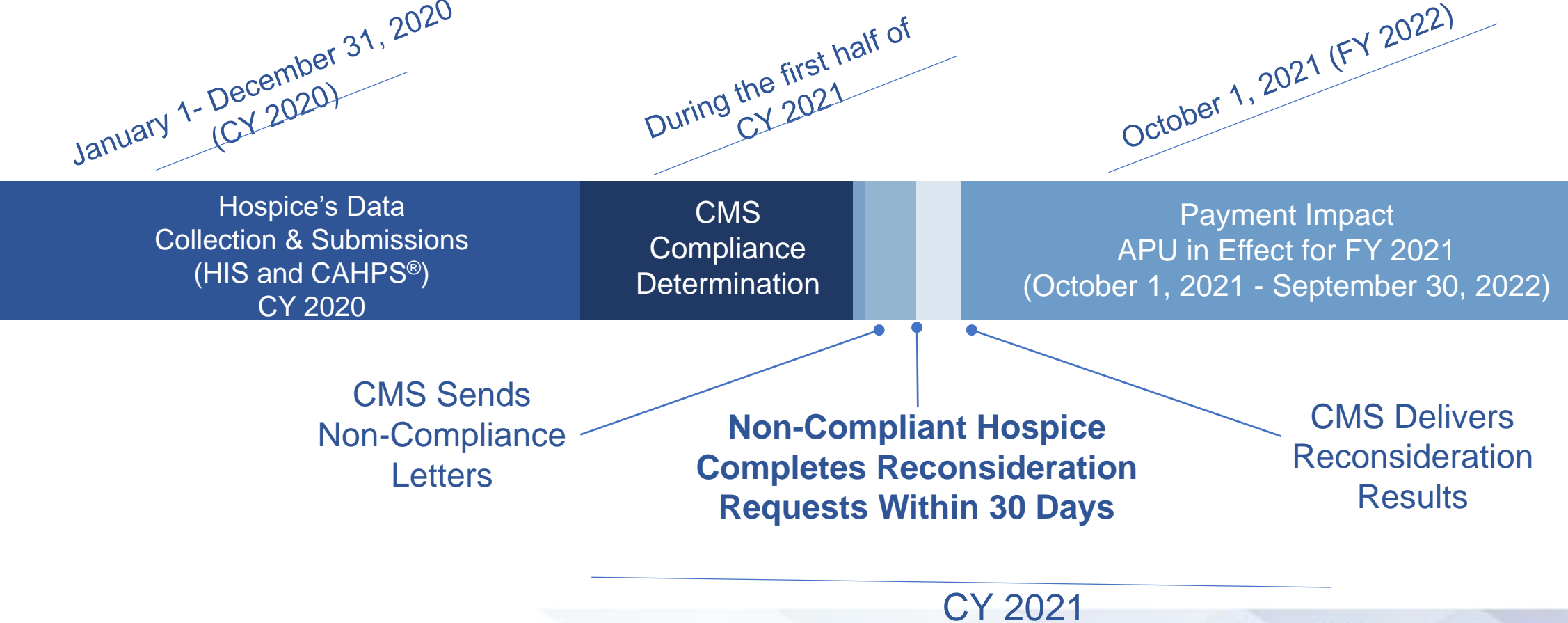


RECONSIDERATION PROCESS



WHAT IS THE HQRP COMPLIANCE CYCLE?

There is a 2 year cycle of data collection, compliance determinations, and payment impact.



RECONSIDERATIONS

- The [Reconsideration Requests](#) web page provides information and updates related to the annual reconsideration process for the HQRP APU determinations.
 - On this page you will find guidelines and processes for requesting and submitting reconsideration requests for a determination of noncompliance with hospice quality reporting.
- You can also contact the Help Desk for questions related to reconsiderations by emailing the Reconsideration Help Desk:
HospiceQRPreconsiderations@cms.hhs.gov.



EXTENSIONS AND EXEMPTIONS

The [Extensions and Exemptions](#) webpage can help you navigate special circumstances.

This policy consists of two parts:

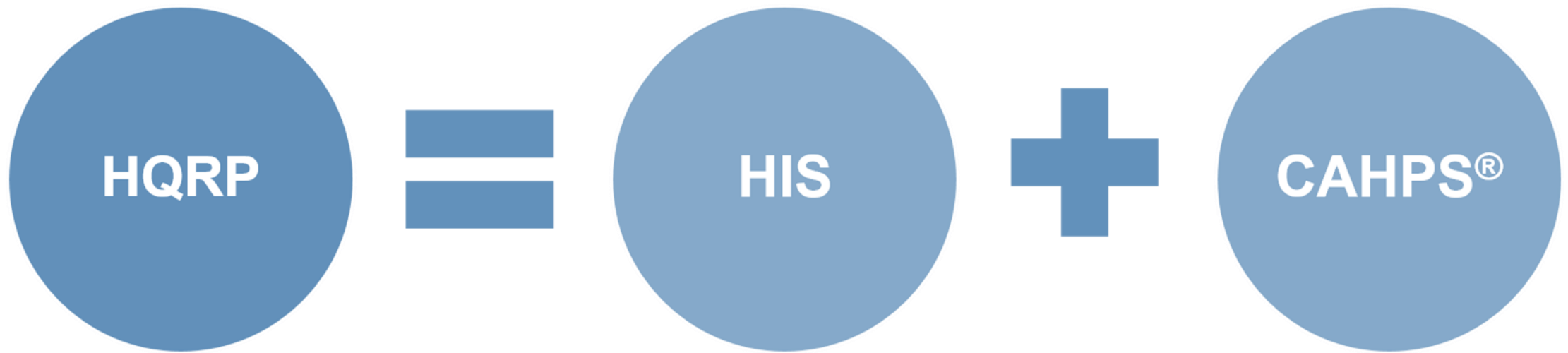
- **Provider-initiated requests for exemption or extension for extraordinary circumstances:** if a hospice provider experiences an extraordinary circumstance, they can initiate a request for extension or exemption. The request must be initiated within **90 days** of the extraordinary circumstance event and it must be sent to CMS via email following the instructions explained on the webpage.
- **CMS-initiated waivers for exemption or extension for extraordinary circumstances:** when a natural or man-made disaster impacts a large geographic area or large number of hospice providers, CMS can automatically grant an exemption or extension groups of affected providers. In CMS-initiated waivers, providers do not need to take any action to be granted an exemption or extension. CMS-initiated waivers are communicated to providers via the communication channels noted on the webpage.



FISCAL YEAR PAYMENT IMPACT

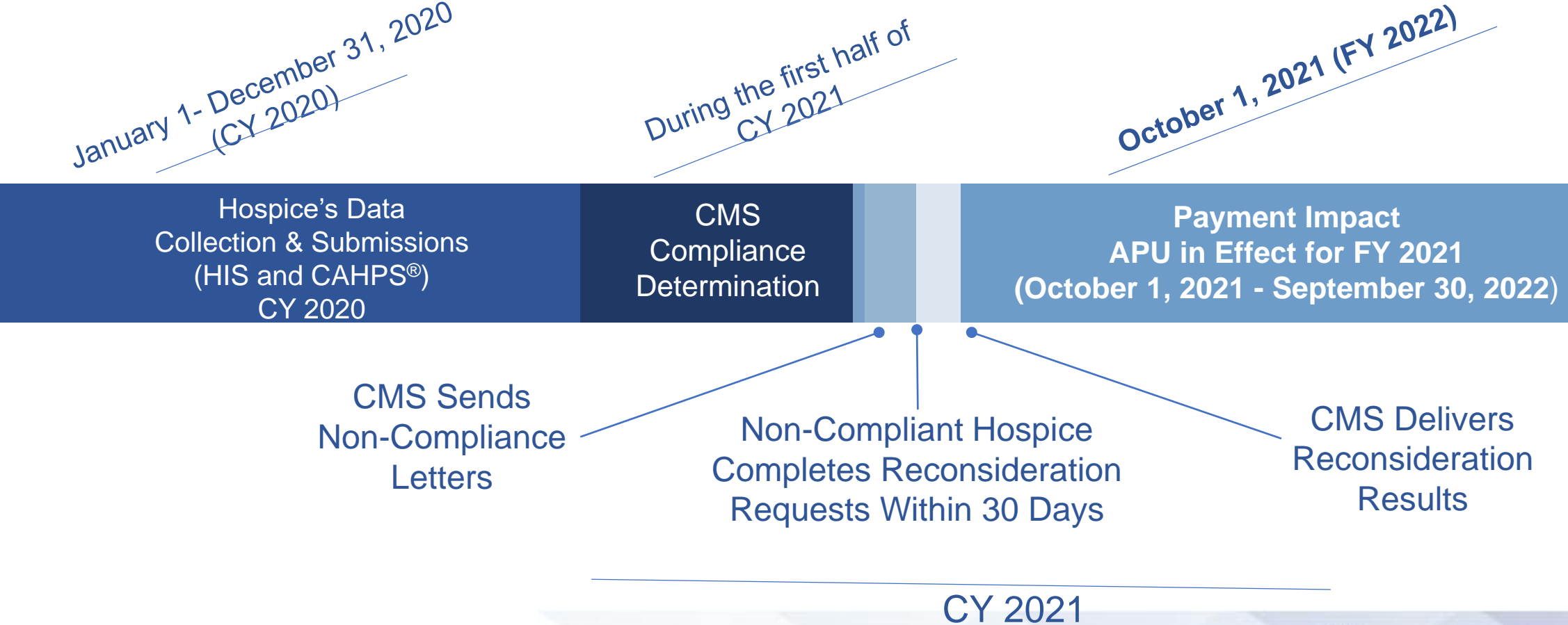


FISCAL YEAR PAYMENT IMPACT



WHAT IS THE HQRP COMPLIANCE CYCLE?

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HELP DESK INFORMATION

- ❑ **General HQRP or HIS-specific Inquiries**
Hospice Quality Help Desk: HospiceQualityQuestions@cms.hhs.gov
- ❑ **CAHPS®-specific Inquiries**
hospicecahpssurvey@hsag.com or 1-844-472-4621
CMS staff about implementation issues: hospice_survey@cms.hhs.gov
- ❑ **Reconsideration Help Desk to Appeal any Initial Notice of Non-compliance with HQRP Requirements:** HospiceQRPreconsiderations@cms.hhs.gov
- ❑ **Technical Assistance with QTSO, QIES, HART, or CASPER**
QTSO Help Desk: Email: help@qtso.com / Phone: 1-877-201-4721 (M-F, 7AM-7PM CT)



QUESTIONS?

- If you have a question, please submit your questions via the **chat box** or **raise your hand** and CMS will unmute your line.
- CMS will address as many questions as time allows.
- ***Reminder:*** *To ask a question through the phone line, for those dialed in by phone, you must have your **audio pin** entered. If you will be using your computer speakers, you must have a working microphone.*



THANK YOU!

