# This is the slide set for the "Reporting Hospice Quality Data: Tips for Compliance Call", presented on September 20th, 2017

Click here to view further details regarding the call on the Center for Medicare & Medicaid's website

Click here to download an audio recording of the presentation

Click here to download the transcript for the presentation

# Acronyms in this Presentation

- **APU:** Annual Payment Update
- **CAHPS®:** Consumer Assessment of Healthcare Providers and Systems®
- **CASPER:** Certification and Survey Provider Enhanced Reporting
- **CCN:** CMS Certification Number
- **CHOW:** Change in Ownership
- **CMS:** Center for Medicare & Medicaid Services
- **CY:** Calendar Year
- **FY:** Fiscal Year
- **HART:** Hospice Abstraction Reporting Tool
- **HIS:** Hospice Item Set
- **HQRP:** Hospice Quality Reporting Program
- **MAC:** Medicare Administrative Contractor
- **QIES ASAP:** Quality Improvement and Evaluation System - Assessment Submission and Processing
- **QTSO:** QIES Technical Support Office

# Objectives

- Understand Hospice Quality Reporting Program (HQRP) compliance requirements and how to avoid the 2 percentage-point Annual Payment Update (APU) reduction
- Learn timelines for data submission and compliance determinations
- List common reasons for noncompliance and how to address them
- Learn about resources available to hospice providers to support compliance, including how to access important websites and help desks

# Hospice Quality Reporting Program: Background and Overview
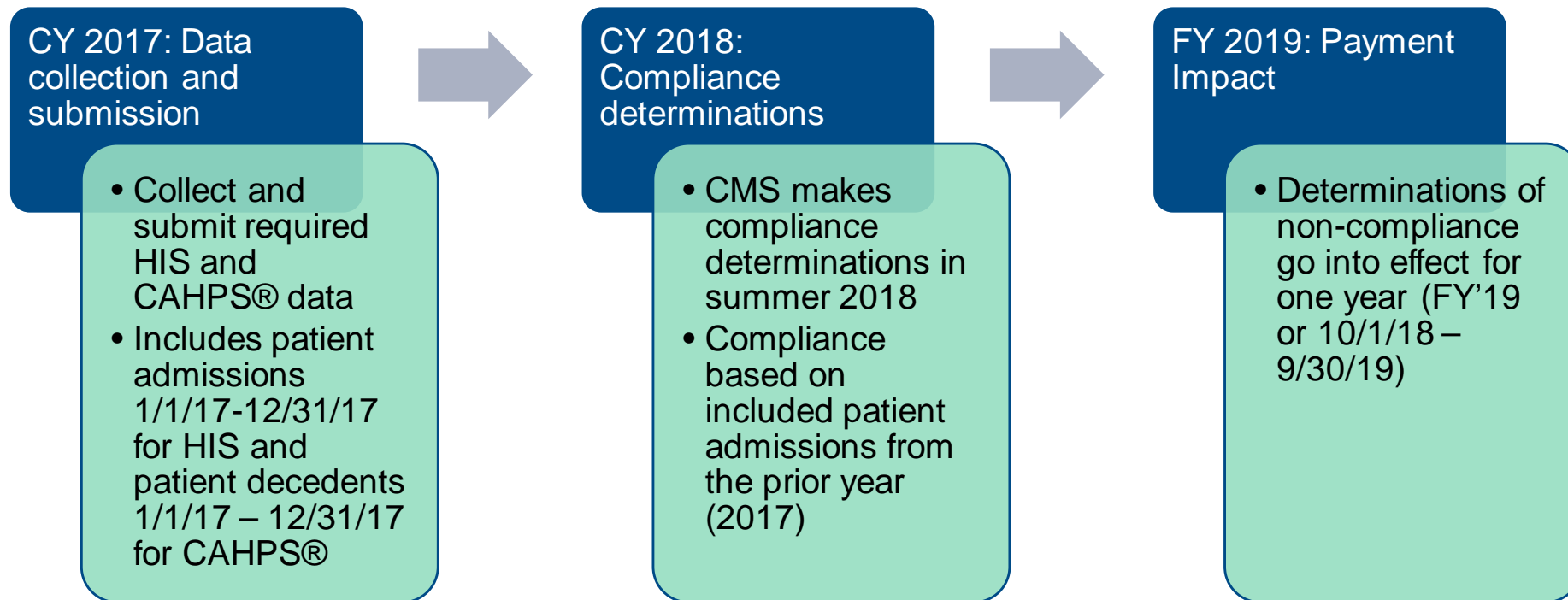
# Hospice Quality Reporting Program background

- HQRP requires providers to submit quality data to the Center for Medicare & Medicaid Services (CMS) to promote delivery of person-centered, high-quality, and safe care
  - Current HQRP reporting requirements include both the Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®)
  - HQRP created by Section 3004 of the Affordable Care Act
- Providers that do not submit the required quality data in accordance with CMS policy will have their APU reduced by 2 percentage-points for one Fiscal Year (FY)
  - HQRP is a "pay-for-reporting" program
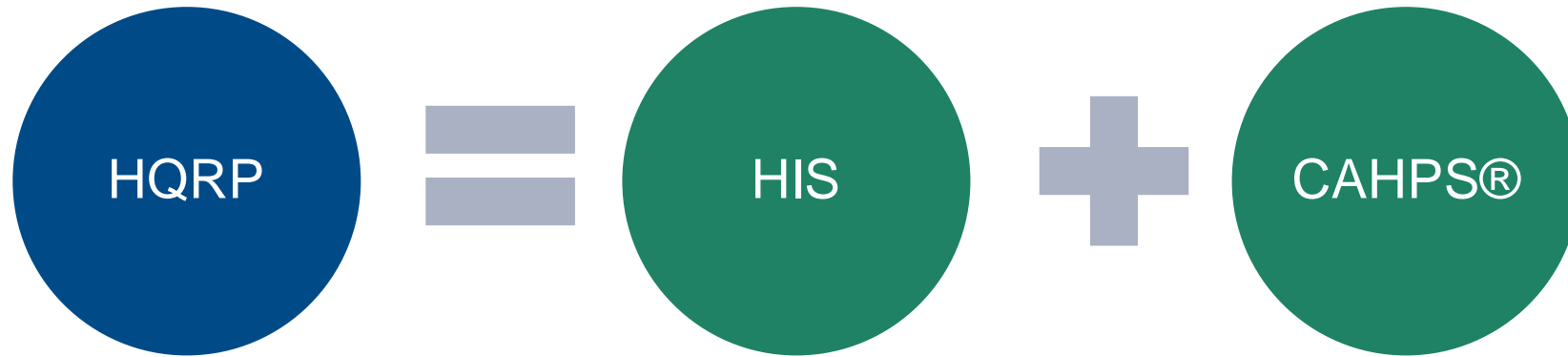  - APU determinations are based on successful submission of data, not on performance on quality measures

# How the Annual Payment Update determination works

- HQRP runs on a 3 year cycle of data collection, compliance determinations, and payment impact

**Timeline for FY 2019 APU Reporting Year**

**CY 2017: Data collection and submission**

- Collect and submit required HIS and CAHPS® data
- Includes patient admissions 1/1/17-12/31/17 for HIS and patient decedents 1/1/17 – 12/31/17 for CAHPS®

**CY 2018: Compliance determinations**

- CMS makes compliance determinations in summer 2018
- Compliance based on included patient admissions from the prior year (2017)

**FY 2019: Payment Impact**

- Determinations of non-compliance go into effect for one year (FY'19 or 10/1/18 – 9/30/19)

# Current Hospice Quality Reporting Program requirements

$$HQRP = HIS + CAHPS®$$

- There are two reporting requirements for the HQRP: HIS and Hospice CAHPS®
- Hospice providers must meet the individual requirements of both HIS and CAHPS® to be compliant with HQRP
  - Meeting the requirements for only one, and not another, will result in a determination of noncompliance, resulting in a 2 percentage-point reduction in APU for one fiscal year
- For further information, see the "Getting Started with the HQRP" Fact Sheet available on the HQRP Requirements and Best Practices section of the CMS HQRP website

# Conventions used in this presentation

- Although the HQRP comprises both HIS and Hospice CAHPS®, some material in this presentation is specific to only one reporting requirement
- We will use check-boxes in the bottom panel of this slide to indicate whether the content on each slide applies to the HIS, CAHPS®, or both:

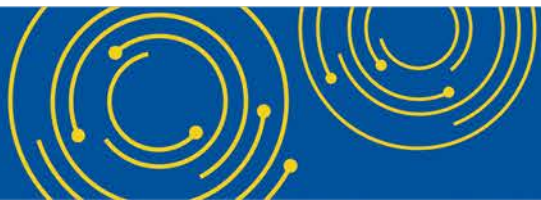☐ HIS  ☑ CAHPS®    Denotes content relevant to CAHPS® only

☑ HIS  ☐ CAHPS®    Denotes content relevant to HIS only

☑ HIS  ☑ CAHPS®    Denotes content relevant to **both** HIS and CAHPS®

# HIS requirements: Who is required to submit data?

- **All** Medicare-certified hospice providers must submit HIS data
- There is no exemption from HIS reporting for size or newness
- Hospice providers must submit an HIS-Admission and HIS-Discharge record for **all** patient admissions and discharges
- For new hospices, 2 considerations:
  - **When to begin HIS data submission:** must begin submitting HIS data for patient admissions on or after the date in your CMS Certification Number (CCN) notification letter letterhead
  - **APU determination:** although you are required to submit data beginning on the date in your CCN letterhead, a new hospice with a CCN notification letter dated on or after November 1st will not be subject to the 2 percentage-point APU reduction **for that one year only**

HIS  CAHPS®

# HIS requirements: Data submission

- Although electronic conversion and submission of HIS records is required, hospice providers are not required to have an electronic medical record or vendor to submit HIS data
  - To convert HIS records, the Hospice Abstraction Reporting Tool (HART) software is available to all hospice providers free of charge
  - Hospice providers submit HIS records to CMS via the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system

☑ HIS  ☐ CAHPS®

# HIS requirements: Compliance criteria

- Compliance with HIS requirements is determined based on timely submission of data via QIES ASAP. Specifically:
    - HIS records should be submitted **and accepted** by the QIES ASAP system on a rolling/ongoing basis within **30 days** of the target date (patient's admission or discharge date)

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# HIS requirements: Compliance criteria

| APU Year | Included HIS records | Timeliness Threshold Requirement |
|---|---|---|
| FY 2019 APU | HIS records with a target date 1/1/17 – 12/31/17 | At least **80%** of all HIS records must be submitted **and accepted** on time |
| FY 2020 APU (and beyond) | HIS records with a target date 1/1/18 – 12/31/18 (and each subsequent calendar year for future APU years) | At least **90%** of all HIS records must be submitted **and accepted** on time |

☑ HIS   ☐ CAHPS®

# CAHPS® requirements: Who is required to submit data?

- Medicare-certified hospices with 50 or more survey-eligible patient/caregiver pairs are required to submit Hospice CAHPS® data
- There are two exemptions for Hospice CAHPS® reporting: newness exemption and size exemption
  - Newness exemption:
    - For hospices who received their CCN on/after January 1$^{st}$ of the data collection year
    - A one-time exemption that will be automatically granted by CMS, no form required
  - Size Exemption
    - For hospices with fewer than 50 survey-eligible decedents in the prior calendar year
    - Not automatically granted; hospices must complete the request form annually by the size exemption form deadline
    - Form is available on the CAHPS ® survey website; you must submit the form annually and before the end of the data collection year

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# CAHPS®: Data Submission

- Eligible hospices **must** contract with a CMS-approved vendor to conduct their CAHPS® surveys and submit their CAHPS® data
- CAHPS® data is submitted by your vendor to the CAHPS® data warehouse

HIS ✓CAHPS®

# CAHPS® requirements: Compliance criteria

- Compliance with CAHPS® requirements is determined based on whether your vendor successfully submits a total of 12 months worth of data to the Hospice CAHPS® Data Warehouse, with each submission made by the quarterly deadline. This means:
    - Each quarterly submission must be complete (have 3 months or 1 quarter's worth of data)
    - Each quarterly submission must be submitted **and accepted** by the quarterly data submission deadline

HIS ✓CAHPS®

# Overview: HIS vs CAHPS® Requirements

| | HIS | Hospice CAHPS® |
|---|---|---|
| **Exemption for newness?** | No<br>Even new providers are required to submit data, some leniency for APU if you are a new provider and received your CCN letter after Nov 1st | Yes<br>One-time only; no application needed. Exempt from submission for the CY that you received your CCN |
| **Exemption for size?** | No<br>No exemption for size | Yes<br>Can be exempt if you have <50 eligible decedents, but you must apply each year for this exemption |
| **Vendor required to collect data?** | No<br>HART software is available | Yes<br>Must submit vendor authorization form |
| **Data submission system** | QIES ASAP | CAHPS® data warehouse |
| **Data submission deadlines** | Rolling<br>Within 30 days of target date (patient admission or discharge) | Quarterly<br>Second Wednesday of February, May, August, and November |

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# Polling Exercise #1

A hospice who receives their CCN notification letter on November 5, 2017 is exempt from which of the HQRP reporting requirements for 2017 (FY'19 APU year)?

    A. HIS

    B. CAHPS®

    C. Neither

    D. Both

✔HIS ✔CAHPS®

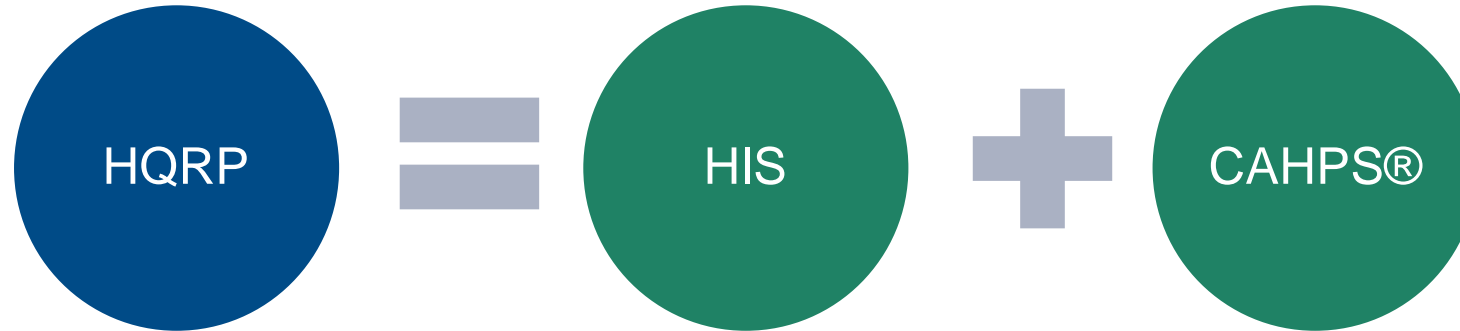# Common Examples of Reasons for Non-compliance and How to Address Them

HIS CAHPS®

# What a final determination of non-compliance means

- Your hospice will be subject to a 2 percentage-point reduction in your APU for one FY
- Payment rates are published annually in the final rule
- Example: For a hospice provider that receives a final notice of non-compliance for FY 2018 APU (which is based on 2016 data submission), payment rates would be as follows for the FY 2018 (10/1/2017 – 9/30/2018)

| Level of Care | FY 2018 Payment Rate for compliant hospice providers (Full FY 2018 APU) | FY 2018 payment rate for non-compliant hospice providers (Reduced rate with APU Reduction) |
|---|---|---|
| Routine Home Care | $192.78 (days 1-60) $151.41 (days 61+) | $188.97 (days 1-60) $148.41 (days 61+) |
| Continuous Home Care | $976.42 | $957.08 |
| Inpatient Respite Care | $172.78 | $169.36 |
| General Inpatient Care | $743.55 | $728.83 |

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# Example 1 for non-compliance (both HIS and CAHPS®):
Not meeting **both** HIS and CAHPS® requirements

HQRP **=** HIS **+** CAHPS®

- Must meet **both** HIS and CAHPS® requirements to receive full APU
  - Failure to meet one or both of the data reporting requirements will result in non-compliance; i.e., 2 percentage-point reduction in APU
- Remember, the requirements for HIS and CAHPS® are different
  - Exemption from CAHPS® Hospice Survey requirements (newness or size exemption) apply to CAHPS® **only**; they do NOT apply to HIS
  - Timelines for data submission and timeliness criteria also differ between HIS and CAHPS®

✓HIS  ✓CAHPS®

# Example 1 for non-compliance (both HIS and CAHPS®):
Not meeting **both** HIS and CAHPS® requirements

- **Action to take:** Understand the requirements for **both** data systems, and make sure you're meeting each data system's individual criteria for compliance
  - Make sure staff at your hospice understand the requirements for both data systems
  - For more information on the requirements for each data system for the current reporting year (FY 2019 APU year), see the "FY 2019 APU Requirements" Fact Sheet, available on the HQRP Requirements and Best Practices section of the CMS HQRP website

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# Example 2 for non-compliance (both HIS and CAHPS®):
Assuming that a prior hospice owner's actions have no impact on the hospice's subsequent status

- If you are considering buying a hospice or undergoing a change in ownership (CHOW), look into their HIS and CAHPS® status
- If the prior owner was noncompliant with either HIS or CAHPS®, you will be subject to the 2 percentage point reduction in APU due to their noncompliance for that year

✔HIS  ✔CAHPS®

# Example 2 for non-compliance (both HIS and CAHPS®):
Assuming that a prior hospice owner's actions have no impact on the hospice's subsequent status

- **Action to take:** discuss compliance with HQRP requirements with the hospice you are buying

| HIS | CAHPS® |
|---|---|
| Ask to see a copy of their most recent Timeliness Compliance Threshold Report from CASPER | Find out who is their current Hospice CAHPS® vendor |
| Review their Timeliness Compliance Threshold Report to see if they are currently at the required threshold (at least 80% for FY 2019 reporting year; at least 90% for FY 2020 reporting year and beyond) | Reach out to the CAHPS® technical assistance team at: hospicecahpssurvey@HCQIS.org or 1-844-472-4621 |

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# Example 3 for non-compliance (both HIS and CAHPS®):
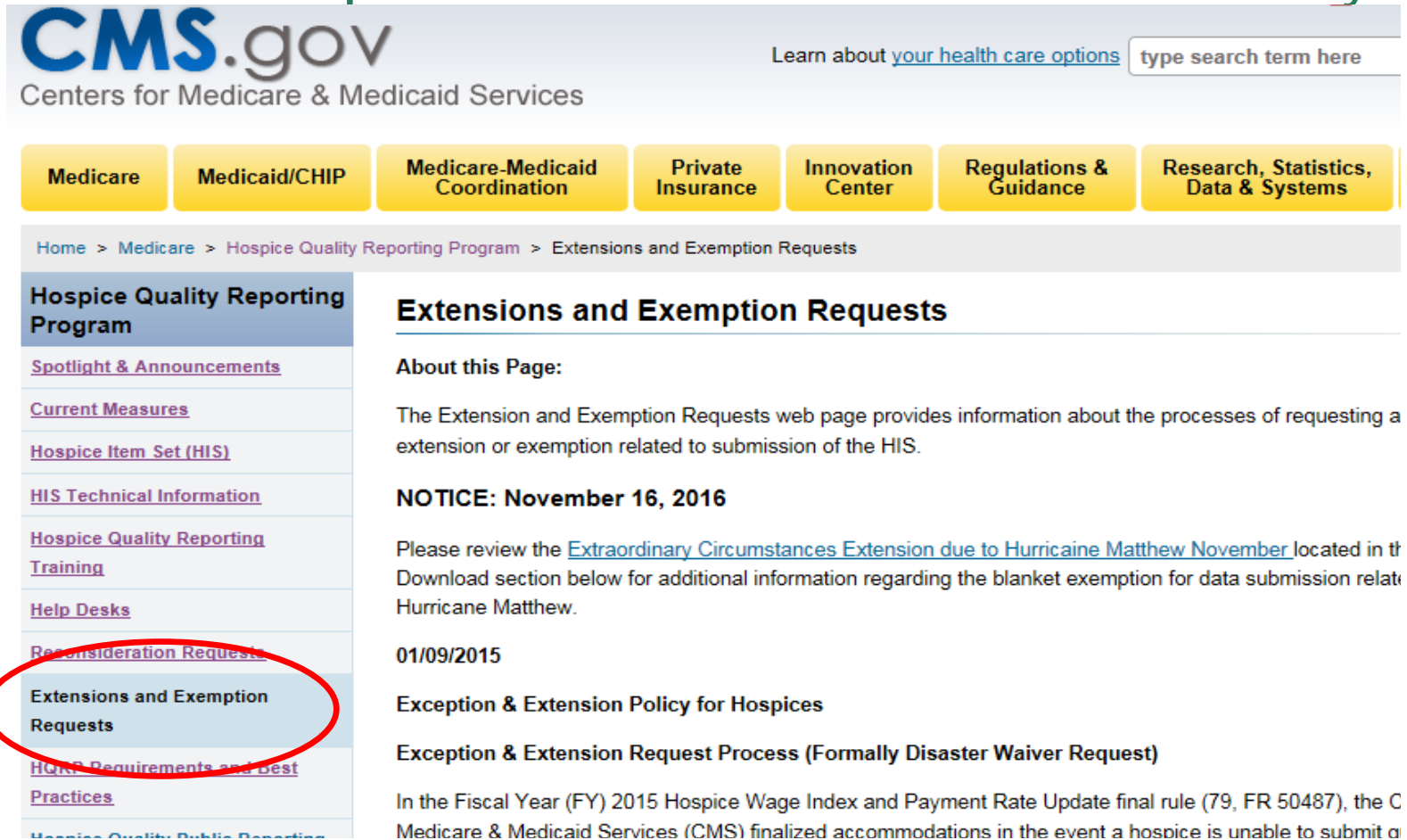Failure to submit a request for "exemption or extension for extraordinary circumstances"

- If your hospice experiences an extraordinary extenuating circumstance, you can apply for an "exemption or extension for extraordinary circumstances" within 90 days of the incident
- The circumstance must be a natural or man-made disaster beyond the hospice's control, such as a hurricane
- This policy provides leniency with reporting requirements, without impact on the APU, for a specified time period:
  - An **extension** will allow providers to submit required data "late" (30-45 days past the deadline) for a specified time period
  - An **exemption** will allow providers to *not* submit data for a specified time period

☑HIS ☑CAHPS®

# Example 3 for non-compliance (both HIS and CAHPS®):
Failure to submit a request for "exemption or extension for extraordinary circumstances"

- The exemption and extension for extraordinary circumstances is available for both HIS and CAHPS®
- This exemption and extension for extraordinary circumstances is **different** from the CAHPS® size and newness exemptions
- Starting in calendar year 2017 (FY 2019 APU year), you have **90 days** from the date of the extraordinary event/extenuating circumstance to submit your request for exemption or extension

✔ HIS  ✔ CAHPS®

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# Example 3 for non-compliance (both HIS and CAHPS®):
Failure to submit a request for "exemption or extension for extraordinary circumstances"

**Action to take:**

- Apply for the exemption/extension within 90 days of the event to ensure late or missing data doesn't count against you

- Submit request via email to [HospiceQRPReconsiderations@cms.hhs.gov](mailto:HospiceQRPReconsiderations@cms.hhs.gov)

- Ensure you follow the instructions for submission on the Exemptions and Extensions Requests webpage



✔ HIS  ✔ CAHPS®

# Example 4 for non-compliance (HIS only):
## Unsuccessful data submission to Quality Improvement and Evaluation System Assessment Submission and Processing

- HIS records must be submitted and **accepted** via QIES ASAP

- Just clicking "submit" in QIES ASAP and receiving the preliminary confirmation message does not ensure your data were actually **accepted** by the QIES ASAP system

  - After you click submit and receive the initial "submission received" confirmation messages, the QIES ASAP system will "check" your data for errors

  - If your submission does not pass this "errors check", it could be rejected due to fatal errors, which means it has not been **accepted** by CMS

  - Data that have been submitted but not **accepted** could result in a determination of noncompliance

HIS ✓ CAHPS®

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# Example 4 for non-compliance (HIS only):
Unsuccessful data submission to Quality Improvement and Evaluation System Assessment Submission and Processing



Initial submission confirmation message; does **not** mean your submission has been **accepted**

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# Example 4 for non-compliance (HIS only):
Unsuccessful data submission to Quality Improvement and Evaluation System Assessment Submission and Processing

- **Action to take:** After **every** HIS data submission, **check and print your Final Validation Report** in Certification and Survey Provider Enhanced Reporting (CASPER) to ensure your attempted submission was successful and **accepted**
  - The Final Validation Report is the only way to ensure your data were **accepted**
  - If, after an attempted submission, you do not receive a Final Validation Report OR your Final Validation Report shows some records were rejected, you must correct the error and re-submit the failed records
  - Hospice providers should review these reports even if you have a vendor who submits data on your behalf
  - Follow-up with QTSO Technical Help Desk if you need assistance with error messages
  - See CASPER guide for how to access Final Validation Reports

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# Example 4 for non-compliance (HIS only):
Unsuccessful data submission to Quality Improvement and Evaluation System Assessment Submission and Processing

Successful Final Validation Report, showing submitted record has been **accepted**



**CMS Submission Report**
**Hospice Final Validation Report**

Run Date: 10/22/2015
Page 1 of    1

| | |
|---|---|
| Submission Date/Time: | 09/01/2016 14:22:31 |
| Submission ID: | 223805 |
| | |
| Submitter User ID: | |
| Submission File Name: | 20151020.zip |
| Submission File Status: | Completed |
| Processing Completion Date/Time: | 09/01/2016 14:24:01 |
| | |
| FAC_ID: | 261374 |
| Provider Name: | VISITING NURSE HOSPICE |
| Provider CCN: | 221541 |
| State Code: | MA |
| | |
| # Records Processed: | 1 |
| # Records Accepted: | 1 |
| # Records Rejected: | 0 |
| # Duplicate Records: | 0 |
| # Records Submitted Without Provider Authority: | 0 |
| Total # of Messages: | 1 |

☑ HIS   ☐ CAHPS®

# Example 5 for non-compliance (HIS only):
## Untimely HIS data submission

- Records must be submitted within 30 days of the target date to be considered timely
- For the FY 2019 APU, at least 80% of records with a target date 1/1/17 – 12/31/17 must be submitted within the 30 day submission deadline to be compliant with HIS requirements
- Reasons generally **not** sufficient for late submission:
  - Staff turnover
  - Lack of policies standardizing submission processes
  - Failed submissions where resolving the error doesn't occur until after the 30-day deadline
  - Vendor issues
  - Scheduled QIES ASAP downtime

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# Example 5 for non-compliance (HIS only):
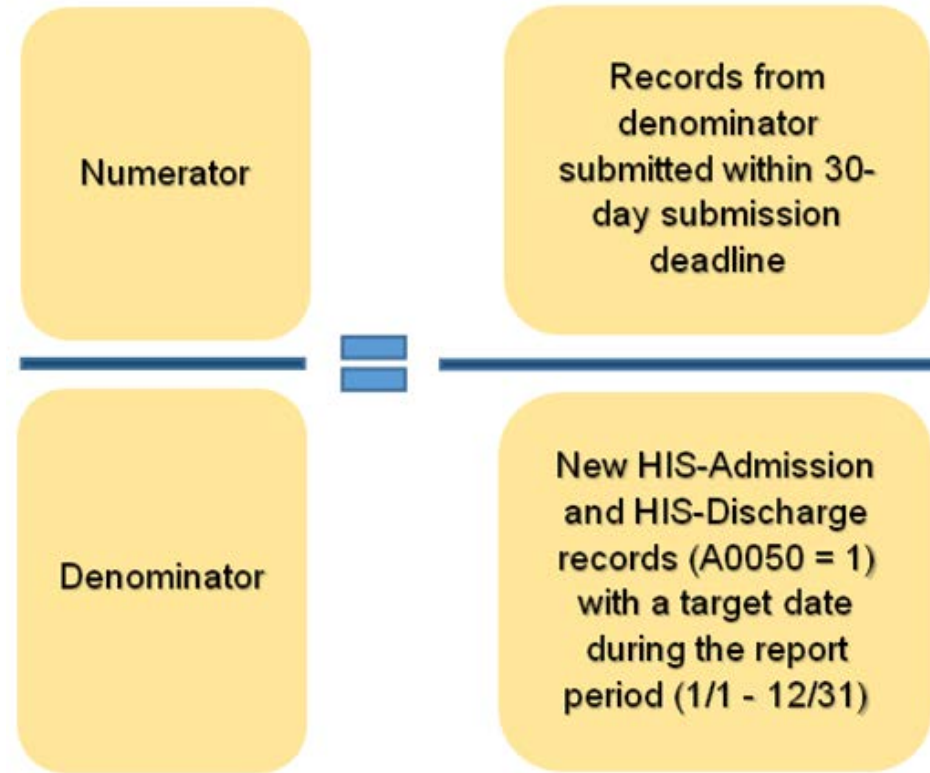## Untimely HIS data submission

- **Action to take:**
    - Create policies at your agency to ensure timely submission, ensure ongoing monitoring and compliance with these policies.
    - Check your Timeliness Compliance Threshold Report in CASPER to view preliminary compliance.
    - If near the compliance threshold (e.g., at or below 80% for FY'19 APU data), take extra caution to ensure records are submitted and **accepted** on time for the remainder of the reporting year.
    - Know when QIES ASAP has scheduled downtime. These occur monthly, over the span of a weekend. Remaining scheduled downtime for 2017 are and are posted on the [Vendor](#) section of the QTSO website:
        - October 20, 21, 22
        - November 17, 18, 19
        - December 15, 16, 17

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# Example 5 for non-compliance (HIS only):
What counts and what does not in HIS timeliness compliance?



Numerator

Denominator

$=$

Records from denominator submitted within 30-day submission deadline

New HIS-Admission and HIS-Discharge records (A0050 = 1) with a target date during the report period (1/1 - 12/31)

☑ HIS  ☐ CAHPS®

# Example 5 for non-compliance (HIS only):
## What counts and what does not in HIS timeliness compliance?

- CMS has made allowances for special circumstances
- The following do **not** count against providers in the calculation of the timeliness compliance threshold:
  - Completing a modification (Type 2 record where HIS Item A0050 = 2) or inactivation request (Type 3 record where HIS Item A0050 = 3) to correct errors in previously submitted data
  - Records corresponding to a time period for which a hospice has been granted an "exemption or extension for extraordinary circumstances" by CMS
    - If granted an exemption or extension for extraordinary circumstances, failure to submit HIS records or late HIS submission for the specified time period will not count against providers

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# Polling Exercise #3

It's September 20, 2017 and I have submitted 85 of 100 HIS records within the 30-day deadline, meaning my current performance on the timeliness compliance threshold is 85%. In completing a quality assurance chart audit, I realize that there are errors in 10 of the records previously submitted; those 10 records had a target date of March 1, 2017. If I submit corrections to these 10 records (either via a modification or inactivation request), how will this affect my compliance with the HIS timeliness threshold criterion?

A. Because the 30-day deadline has passed, correcting the errors will reduce my score by 10 percentage points; my score will now be 75%, putting me in jeopardy of failing the HIS requirements

B. Correcting the errors will maintain my score at 85% percent because CMS makes allowances for modifications and inactivations

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# Example 6 for non-compliance (HIS only):
## Not submitting any HIS data

- Remember, HIS data submission is required for all Medicare-certified hospices – there are no size or newness exemptions
    - Sometimes, providers erroneously assume that they are exempt from HIS submission because they have been granted a CAHPS® newness or size exemption, or providers are unaware of whether they met HIS requirements due to staff turnover, CHOW, or other reasons
- HIS data submission is required for all patient admissions, regardless of:
    - Payor source
    - Patient age
    - Length of stay
    - Where the patient receives services

✔HIS ☐ CAHPS®

# Example 6 for non-compliance (HIS only):
## Not submitting any HIS data

- **Action to take:** Make sure you understand the requirements for HIS and are submitting data

☑ HIS ☐ CAHPS®

# Example 7 for non-compliance (CAHPS® only):
## Failure to file a CAHPS® size exemption form on an annual basis

- There is no automatic renewal of size exemptions
- Hospices can be eligible for the size exemption from year-to-year; however, action must be taken each year to ensure your hospice is granted the exemption, if eligible
- In order to be granted the CAHPS® size exemption, two things must be true:
  - You must have served fewer than 50 survey-eligible patient/caregiver pairs in the previous year
  - **And** you must submit an Exemption for Size Form before the deadline

HIS  ✓CAHPS®

# Example 7 for non-compliance (CAHPS® only):
## Failure to file a CAHPS® size exemption form on an annual basis

- **Action to take: File the Exemption for Size Form before the deadline each year**
  - Submit the Exemption for Size form for every year FY APU year for which you think you are eligible – make this a routine action you take annually
  - This year's form is for the FY'19 APU and the deadline is December 31, 2017
  - We cannot accept late forms
  - You are eligible for exemption from CAHPS® data in 2017 (FY'19 APU) if you had <50 eligible decedents in CY 2016
    - The size exemption form is available on the CAHPS® website
    - If you are in doubt, go ahead and file the form
    - When you file the form, you will receive a confirmation email; save the email as evidence that you filed the form

☐ HIS   ☑CAHPS®

# Example 7 for non-compliance (CAHPS® only):
Failure to file a CAHPS® size exemption form on an annual basis



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# Polling Exercise #2

In 2015, my hospice had fewer than 50 eligible decedents for CAHPS®. I used this data to apply for the size exemption and was granted an exemption from CAHPS® for 2016 reporting (FY'18 APU year). It's currently 2017, what would I need to do to maintain my eligibility for the size exemption?

A. Nothing, CMS will automatically grant me an exemption since I was exempt in 2016
B. Verify that I had fewer than 50 eligible decedents in 2016 and apply for a 2017 exemption by the deadline (December 31, 2017)
C. Neither

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# Example 8 for non-compliance (CAHPS® only):
Failure to collect CAHPS® data for all 12 months of the year

- You are required to collect CAHPS® data for all 12 months of the year, unless you have an exemption
  - Valid exemptions could include the CAHPS® -specific size or newness exemption, or an exemption or extension for extraordinary circumstances granted for CAHPS®
- Collecting CAHPS® data for part of the year does not give you "partial credit"

☐ HIS  ☑ CAHPS®

# Example 8 for non-compliance (CAHPS® only): Failure to collect CAHPS® data for all 12 months of the year

- **Action to take:** Plan in advance for your participation in the CAHPS® Hospice Survey
  - Select an approved vendor and work closely with them

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# Example 9 for non-compliance (CAHPS® only):
## Unsuccessful switch between CAHPS® vendors

- Switching vendors can result in hospice non-compliance
  - Hospice stops with one vendor and waits a while before starting with another vendor
  - There is a break in data collection
  - Hospices do not take all the necessary steps, e.g. vendor authorization
- Switching between vendors can result in hospices missing months of CAHPS® data collection and submission

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# Example 9 for non-compliance (CAHPS® only): Unsuccessful switch between CAHPS® vendors

- **Action to take:** Well in advance before you switch, reach out to the Hospice CAHPS® technical assistance team:
    - Email: hospiceCAHPSsurvey@HCQIS.org
    - Phone: 1-844-472-4621

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# Example 10 for non-compliance (CAHPS® only):
Failure to stay in touch with CAHPS® vendor, including not reading the reports produced about data submission

- Remember, CAHPS® requirements are to submit data quarterly:
  - Each quarterly submission must be complete (have 3 months or 1 quarter's worth of data)
  - Each quarterly submission must be submitted **and accepted** by the quarterly data submission deadline
- Each hospice must use an approved vendor for CAHPS®, and your CAHPS® vendor's actions can influence whether you are in compliance
- CAHPS® vendor failure can cost you money

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# Example 10 for non-compliance (CAHPS® only): Failure to stay in touch with CAHPS® vendor, including not reading the reports produced about data submission

- **Action to take:**
  - Interview multiple vendors before you choose one
    - Clearly cost is often a consideration
    - But quality matters too
    - We approve vendors who meet our minimum business requirements
    - We cannot license vendors and we have no authority to regulate them
  - Find out when your CAHPS® vendor is going to submit your data
  - Sign up for data submission reports on the Information for Hospices section of the CAHPS® survey website
  - Monitor your CAHPS® vendor's actions

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# Further Actions to Take for Fiscal Year 2019 Reporting Year
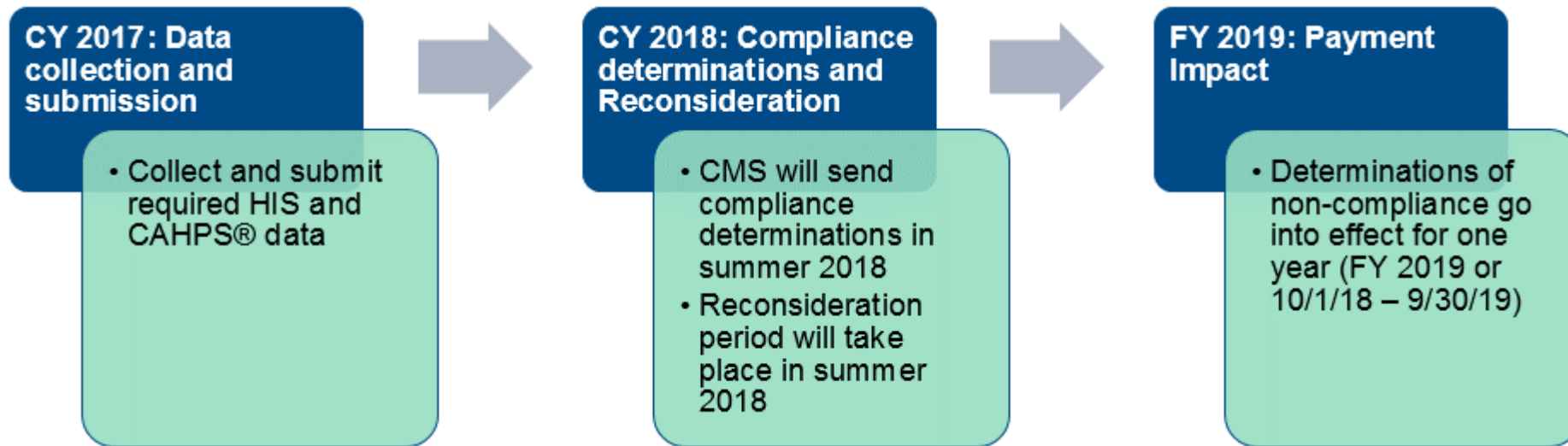
HIS ✓ CAHPS®

# What should you be doing now?

- Currently ¾ of the way through CY 2017; this means you have one quarter left to take action and help ensure compliance for FY 2019 APU

| Category | Action to Take |
|---|---|
| Exemptions | **For CAHPS®:** submit size exemption request form no later than 12/31/17<br>Note: If you received your CCN anytime in 2017, you are automatically granted the one-time newness exemption for this one year only (FY 2019 APU)<br>**For HIS**: no exemptions |
| Ensure data have been submitted and ACCEPTED | **For CAHPS®:** review reports from CAHPS® data warehouse to ensure the data your vendor submitted was accepted<br>**For HIS**: check Final Validation Reports in QIES ASAP after EVERY HIS submission to ensure submitted data was accepted |
| Data submission timeliness | **For CAHPS®:** check-in with your CAHPS® vendor to ensure they are submitting data to meet quarterly deadlines<br>**For HIS:** review Timeliness Compliance Threshold Report in CAPSER. If you are below 80%, ensure remaining HIS data submitted on-time to boost your final percentage score |
| Extraordinary circumstances | **For HIS and CAHPS®:** If needed, apply for an extension or exemption for extraordinary circumstances within 90 days of the event |

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# What to do if you're found non-compliant

- CMS sends letters of noncompliance in the summer. These letters will be sent by your Medicare Administrative Contractor (MAC) via United States Postal Service, and can also be found in the QIES ASAP CASPER folder.

- Example:

**CY 2017: Data collection and submission**
- Collect and submit required HIS and CAHPS® data

**CY 2018: Compliance determinations and Reconsideration**
- CMS will send compliance determinations in summer 2018
- Reconsideration period will take place in summer 2018

**FY 2019: Payment Impact**
- Determinations of non-compliance go into effect for one year (FY 2019 or 10/1/18 – 9/30/19)

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# What to do if you're found non-compliant

- **Action to take:**
  - Review your data submission for the reporting period and see if you were compliant with HIS and CAHPS® requirements
  - If, based on this review, you believe you were compliant and the determination of noncompliance was in error, you can apply for reconsideration by the due date noted on the letter
  - Visit the CMS HQRP Reconsideration Requests webpage for further information on reconsideration

# Applying for Reconsideration



**Action to take:**
- Submit reconsideration requests using instructions on the [Reconsideration Requests](#) webpage
- You must accompany your reconsideration request with evidence supporting your compliance with HQRP requirements
- Submit requests within 30 days of determination of noncompliance to [HospiceQRPReconsiderations@cms.hhs.gov](#)

# Typical Invalid Reasons for Reconsideration

- Errors made by hospice staff, even if involved staff member is no longer employed by the hospice
- Failure to comply was the fault of a vendor or contractor hired by the hospice to perform reporting functions
- Failure to comply was the fault of the previous owner, in cases where the ownership of the hospice changed during the reporting year but the CCN of the hospice did not change
- Delays in establishing connectivity with the Medicare claims processing contractor for the purpose of billing, since hospice quality reporting data is not dependent on billing

- **Note:** All reconsiderations are reviewed based on the facts and circumstances provided for each case

# Where to go for Additional Information and Help

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# Resources

- Links to important resources have been included throughout this slide deck
- In addition, there are 3 main websites you should be accessing, each with its own Help Desk
  - **CMS HQRP** website: General HQRP issues and all HIS resources
  - **CAHPS**® website: Hospice CAHPS® information
  - **QTSO.com** website: Information on QIES ASAP and accessing CASPER reports

Subscribe to the PAC QRP listserv for the latest Hospice Quality Reporting Program information including, but not limited to, training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.

# Center for Medicare & Medicaid Services – Hospice Quality Reporting Program website



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Home > Medicare > Hospice Quality Reporting Program > Hospice Quality Reporting

**Hospice Quality Reporting Program**

Spotlight & Announcements

Current Measures

Hospice Item Set (HIS)

HIS Technical Information

Hospice Quality Reporting Training

Help Desks

Reconsideration Requests

Extensions and Exemption Requests

HQRP Requirements and Best Practices

Hospice Quality Public Reporting

**Hospice Quality Reporting**

**About this website**

This website provides consumer and provider information regarding the Hospice Quality Reporting Program (HQRP), mandated by the Affordable Care Act of 2010. Section 3004 of the Affordable Care Act directs the Secretary to establish quality reporting requirements for hospice programs. For the actual language in this section of the statute, please see Section 3004 Statute under Related Links below. The Hospice Quality Reporting Program includes data submitted by hospices through the Hospice Item Set (HIS), and the Hospice CAHPS.

The HQRP website comprises important web subdirectory pages shown on the left hand side of the page.

In addition to the CMS HQRP website, providers can sign up for listservs pertinent to the HQRP:

1. Subscribe to the PAC QRP listserv for the latest IRF quality reporting and IMPACT Act program information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.
2. Open Door Forum (ODF) listserv: CMS regularly holds ODFs in which CMS makes announcements pertinent to various programs/care settings. ODFs are also an opportunity for live dialogue between CMS and the provider community at large. The specific ODF pertinent to the HQRP is the "Home Health, Hospice, and Durable Medical Equipment Open Door Forum". Click here to sign up for this listserv, click on the "Home Health, Hospice & DME

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- Contains resources for the HQRP overall

- Hospice Item Set (HIS) tab contains HIS resources, including HIS Manual

- Other tabs contain important information on HQRP policies (e.g., Exemption and Extension page and Reconsiderations Requests page)

- HospiceQualityQuestions@cms.hhs.gov: The Hospice Quality Help Desk is where you should send general policy questions about HQRP requirements overall, as well as HIS-specific questions

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# CAHPS® website

## CAHPS® Hospice Survey



- Contains resources for the CAHPS® Hospice Survey, including FAQs, important forms, and deadlines

- 2 CAHPS® Help Desks available :
  - For technical assistance, contact the CAHPS® Hospice Survey Project Team: hospicecahpssurvey@HCQIS.org or 1-844-472-4621
  - To communicate with CMS staff about implementation issues: hospicesurvey@cms.hhs.gov

# QTSO.com website



- Includes instructions for using QIES ASAP, and accessing CASPER reports (Final Validation Reports, Timeliness Compliance Threshold reports)
- To see trainings and manuals, click "Hospice" on the left sidebar, then click "Hospice User Guides and Training" on the top banner
- Contact the QTSO Help Desk for assistance with submitting data, error messages, and accessing reports in CASPER: help@qtso.com or by phone: 1-877-201-4721 (Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time)

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# Upcoming Trainings

- Today's call is the first in a series of quarterly HQRP education and outreach events
- CMS will hold additional educational events that will be announced on the [CMS HQRP](#) webpage, [PAC QRP listserv](#), and the [MLN Connects Newsletter](#)

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# Question & Answer Session

# Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – [evaluate](#) today's event

**Visit:**

- [MLN Events](#) webpage for more information on our conference call and webcast presentations
- [Medicare Learning Network](#) homepage for other free educational materials for health care professionals

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# Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.