



Hospice Quality Reporting Program (HQRP)



Help Desk Questions and Answers: Quarter 4, 2023

Word cloud reflects frequency of keywords for questions received during the quarter.

The HQRP Help Desk responded to fifty nine (59) questions in the fourth quarter of 2023. This quarter covers questions received between October 1 and December 31, 2023. The questions below reflect newer and/or more common questions.

Question 1:

Hospice Compliance Verification for FY2024

Our hospice has recently noticed a reduction in our Medicare payments and is trying to determine if we were out of compliance with the HQRP. How can we find out?



Answer 1:

CMS has a clear process for disseminating letters of non-compliance. Non-Compliant Hospices would have received a letter of non-compliance in July 2023. Details about the process CMS follows can be found on the HQRP website on the [HQRP Reconsideration Request](#) page.

On the CMS HQRP website, there are two lists available for FY2024, one for compliant hospices and the other for those non-compliant. The lists are currently published and posted in the Downloads section of CMS' Reconsideration Requests page.

<https://www.cms.gov/medicare/quality/hospice/hqrp-reconsideration-requests>.

Hospice data submitted during CY 2022 impacts the payments in FY2024 which began on October 1, 2023. The compliance threshold is 90%. As noted in the FY 2022 Final Rule, starting with the FY 2024 APU and for each subsequent year, the reduction will increase to 4 percent for hospices that do not comply with the timeliness threshold.

Resources about Timely Compliance can be found on the CMS HQRP website on the Requirements and Best Practice page here: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospice-quality-reporting/hqrp-requirements-and-best-practices>.

Reconsideration Requests: All questions related to reconsideration should be directed to the Reconsideration Help Desk at HospiceQRPreconsiderations@cms.hhs.gov.

Question 2:

Hospice Quality Reporting Updates

What is the best way to receive updates or changes that may concern hospice agencies? Are there specific email subscription(s) or webpage(s) to check frequently?

Answer 2:

We recommend you start by visiting the CMS HQRP website which has many pages of information that you can navigate using the left hand scroll bar.

In particular, we suggest visiting the [Hospice QRP Announcements & Spotlight](#) page regularly and often.

You might also find the HQRP web-based training helpful. This two-part training (updated in May 2023) can be accessed by scrolling down on the page. It is located on the [HQRP Training and Education Library](#) page.

Another great resource page for providers is the [Requirements and Best Practices](#) page of the CMS HQRP website. In the text on that page, you will find a reference about signing up for emails (see below):

Informational messages related to the HQRP are sent to hospices on a quarterly basis by Swingtech. Their latest outreach communication can be found below. Providers who

would like to receive Swingtech's quarterly emails can add or update the email addresses by sending an email to QRPHelp@swingtech.com. Make sure to include your facility name and Centers for Medicare & Medicaid Services (CMS Certification Number (CCN) along with any requested updates.

Question 3:

Change of Hospice Ownership

Our hospice is undergoing a change in ownership, and we want to understand the implications when it comes to hospice quality reporting.

Answer 3:

A change in ownership (CHOW): This typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's Medicare Identification Number and provider agreement (including any outstanding Medicare debt of the old owner) to the new owner. The regulatory citation for CHOWs can be found at 42 CFR § 489.18: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-489/subpart-A/section-489.18>. If the purchaser (or lessee) elects not to accept a transfer of the provider agreement, then the old agreement should be terminated, and the purchaser or lessee is considered a new applicant. Most changes of ownership fall into this category.

If you (or the new provider) have assumed the Medicare Identification Number (CCN) and provider agreement as described above, then you have also assumed all liabilities associated with that Medicare Identification Number, which includes any applied reduction to a given fiscal year (FY) Annual Payment Update (APU) that resulted from a determination of non-compliance issued to the previous owner.

Question 4:

Training on the Hospice Quality Reporting Program (HQRP).

Spiritual discussions usually take place a day or two after a hospice admission. When responding to the HIS item, F3000A. "Was patient asked about spiritual/existential concerns," what is the timeframe that is acceptable when responding to this question to meet the standards for the quality measure?

Answer 4:

To accurately complete this care process, discussions should occur no more than 7 days prior to admission or within 5 days of the admission date.

According to Chapter 2 of the HQRP QM User's Manual, (located in the Downloads section on the [Current Measures](#) page), to calculate the numerator count: Calculate the total number of



stays in the denominator that the patient and/or caregiver was asked about spiritual/existential concerns (F3000A = [1,2]) no more than 7 days prior to admission or within 5 days of the admission date ($-7 \leq F3000B - A0220 \leq 5$ and $F3000B \neq [-,^]$).

Question 5:

HIS Submission Rates

Our hospice is currently receiving a payment reduction due to late submission of the HIS in 2022. Is there a way to monitor our submission rates to ensure that we are on track this year

Answer 5:

Every Hospice has access to monitor their Timely Compliance via the CASPER report with that name. For detailed instruction on accessing CASPER reports, including the **Hospice Timeliness Compliance Threshold Report**, please view the CASPER Reporting User's Guide, available on the QTSO webpage: <https://qtso.cms.gov/>. For questions about access to CASPER, or specific provider reports, please contact the General Technical Help Desk at igies@cms.hhs.gov 877-201-4721.

We also recommend you visit the HQRP Requirements and Best Practices webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices>. In particular, you may want to read the [HIS Timeliness Compliance Fact Sheet](#) located in the Downloads section: <https://www.cms.gov/files/document/timeliness-compliance-threshold-his-submissions-fact-sheetaugust2021.pdf>. There are also some other very useful fact sheets under the Provider Toolkit section in the Downloads.