Success With the HQRP: Putting the Pieces Together to Meet Compliance
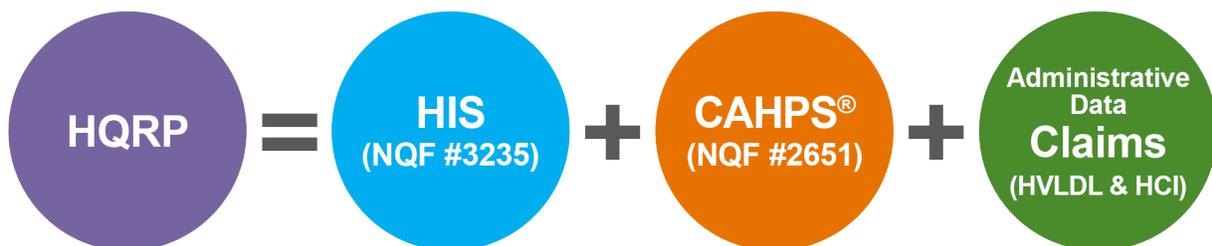
December 2021

The Hospice Quality Reporting Program (HQRP)

The HQRP promotes the delivery of patient-centered, high quality, and safe care by hospice providers. Currently, the HQRP uses three sources of data for the calculation of quality measures (QMs):

1. Hospice Item Set (HIS).
2. Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Hospice Survey.
3. Administrative Data (Medicare claims).

All Medicare-certified hospice providers must comply with the individual submission requirements for both the HIS and CAHPS® Hospice Survey. Since administrative data is collected from claims, hospices are automatically considered 100 percent compliant with submission of this data for the claims-based Hospice Visits Last days of Life (HVLDL) and Hospice Care Index (HCI).

HQRP = HIS (NQF #3235) + CAHPS® (NQF #2651) + Administrative Data Claims (HVLDL & HCI)

More in-depth training is available on the Training and Education Library webpage on the CMS HQRP website.

What do I Need to do to Meet the HIS Submission Threshold?

Timely submission and acceptance of HIS data must occur for **all patients** within 30 days of admission and discharge **at least 90 percent of the time**.
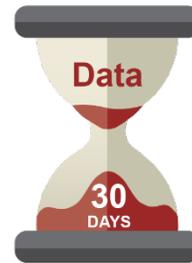
Please note that timely submission alone does not equal compliance. **Data must also be accepted**. It is recommended that hospices submit data within 14 days to be sure of acceptance by the 30-day deadline.

Hospice agencies should submit HIS data for **all** patient admissions and discharges. Hospices are encouraged to use the Hospice Submission User's Guide, which has useful information about the submission, acceptance, and the modification of data, in addition to troubleshooting errors.

Click here for more information about the HIS.

The HQRP is pay-for-reporting. All hospices meeting the required 90 percent threshold for timely reporting of their HIS data will avoid the percentage point reduction in their annual payment update (APU), as long as they also comply with the CAHPS® Hospice Survey submission.

The act of submission does not equal acceptance.

Data

30 DAYS

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

Threshold Compliance Today Pays off in the Future

Table 1. HIS Submission Threshold Impact

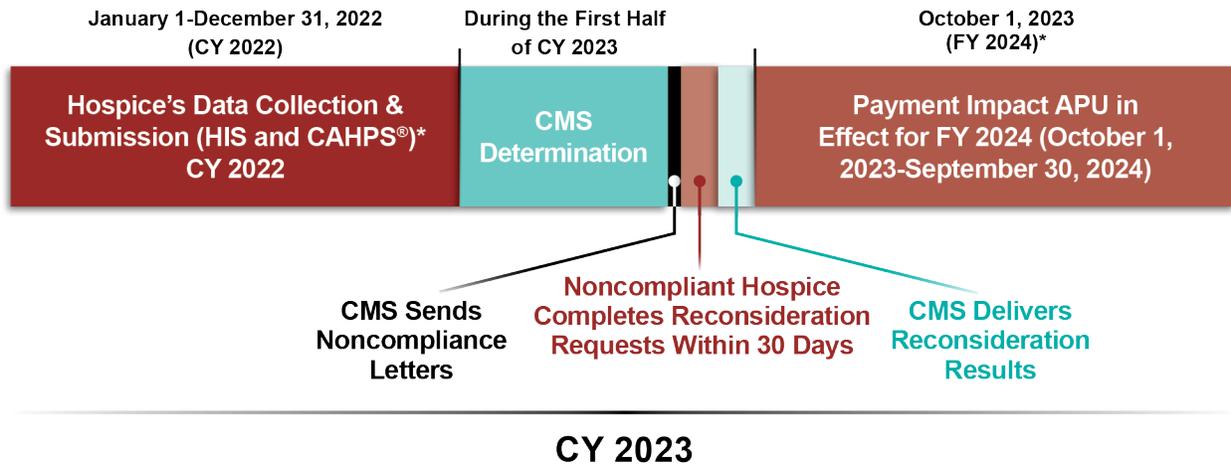| HIS Records From	Submission Threshold	Payment Year
CY 2021	90%	FY 2023
CY 2022	90%	FY 2024*
CY 2023	90%	FY 2025 and beyond*

* Beginning with FY 2024 APU (CY 2022 data), the APU penalty increases from 2 percent to 4 percent. The APU calculation does not include claims-based measures as these data automatically meet the HQRP requirements.

What Is the HQRP Compliance Cycle?

The activities for the HQRP are on a cycle that spans a 2-year period. The graphic below shows how the Calendar Year data submission impacts a future fiscal year (FY) hospice payment.

Figure 1. HQRP Compliance Cycle

January 1-December 31, 2022 (CY 2022)	During the First Half of CY 2023	October 1, 2023 (FY 2024)*
Hospice's Data Collection & Submission (HIS and CAHPS®)* CY 2022	**CMS Determination**	**Payment Impact APU in Effect for FY 2024 (October 1, 2023-September 30, 2024)**

CMS Sends Noncompliance Letters

Noncompliant Hospice Completes Reconsideration Requests Within 30 Days

CMS Delivers Reconsideration Results

CY 2023

* Since administrative data are collected from claims, hospices are automatically considered 100% compliant with submission of this data. Beginning with FY 2024 APU (CY 2022 data), the APU penalty increased from 2% to 4%.

- Year 1: Data collection and submission.
- Year 2: Compliance determinations.
- FY: APU in effect.

A failure to meet the 90 percent threshold for HIS record submission during the collection year and participate in CAHPS® monthly will impact payment in the FY 2 years later.

Steps to Follow to Track Your HQRP Compliance:

1. Submit HIS data on time for the HIS Comprehensive Assessment at Admission (National Quality Forum (NQF) #3235).

2. Check the Final Validation Report (FVR) with each submission to confirm acceptance.

3. Monitor your performance in meeting the 90 percent threshold, utilizing the Timeliness Compliance report.

4. Access other available QM reports regularly and consider using these for quality improvement.

For more information, refer to the CASPER- Hospice Reporting User's Guide.

What are the CAHPS® Hospice Survey Requirements?

The data collection year runs from January 1 through December 31.

To comply with the CAHPS® Hospice Survey **ALL Medicare certified hospices must participate monthly** to receive their full APU, unless they are exempt due to size or newness. Hospices must use an approved vendor to conduct the survey and submit their data.

More detailed information can be found here: CAHPS® Hospice Survey

How Will You Know if Your Hospice Is Compliant?

CMS considers the timeliness of both the HIS and CAHPS® Hospice Survey data submitted and accepted by hospices to CMS to determine the APU compliance.

In July, CMS issues notices of non-compliance to hospices that failed to meet HQRP requirements for the previous CY. Hospices may file for reconsideration if they receive a letter of HQRP non-compliance and believe the finding is in error.

The Reconsideration Requests webpage provides:

1. Information and updates related to the annual reconsideration process for the HQRP APU determinations.

2. Guidelines and processes for requesting and submitting reconsideration requests for a determination of noncompliance with the HQRP.

For questions related to reconsideration, you can contact the Reconsideration Help Desk at: HospiceQRPReconsiderations@cms.hhs.gov.

The HQRP Extensions and Exemption Requests webpage can help you navigate special circumstances.

FY 2024 Compliance Checklist

☑ Submit at least 90 percent of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring January 1, 2022–December 31, 2022.

AND

☑ Ongoing monthly participation (from January through December of each year) in the CAHPS® Hospice Survey with an approved third-party vendor that submits data according to the quarterly deadlines on behalf of the hospice.

Note: Since administrative data are already collected from claims, hospices are considered 100 percent compliant with the submission of these data for HVLDL and HCI.

Additional Trainings and Fact Sheets

Visit the HQRP website to locate useful fact sheets, resources, and trainings on the Training and Education Library and Requirements and Best Practices webpages.

Additional Resources

Help Desk Assistance

Quality Help Desk	CAHPS® Hospice Survey Help Desk	Public Reporting Help Desk	APU/Reconsiderations Help Desk	iQIES Help Desk (for questions related to QIES ASAP and its successor, iQIES)
For questions about quality reporting requirements, quality measures & reporting deadlines.	For information about the CAHPS® Hospice Survey.	For questions related to public reporting of quality data.	For requesting reconsideration for a determination of noncompliance with hospice quality reporting.	For technical questions about HIS submission reports and CASPER reports.
Email: HospiceQuality Questions @cms.hhs.gov	Email: HospiceCAHPSSurvey @HSAG.com or call: 1-844-472-4621	Email: HospicePRQuestions @cms.hhs.gov	Email: HospiceQRP Reconsiderations@ cms.hhs.gov	Email: iQIES@cms.hhs.gov or call: 1-877-201-4721