

# Hospice Quality Reporting Program (HQRP)



## Help Desk Questions and Answers: Quarter 3, 2024

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

The Hospice Quality Reporting Program Help Desk responded to 92 questions in the third quarter of 2024. This quarter covers questions received between July 1 and September 30, 2024. The questions below reflect newer and/or more common questions.

### Question 1:

#### Leading Zeroes on Hospice Outcomes and Patient Evaluation (HOPE) Data Elements

When reviewing the HOPE item sets, we noticed that unlike the Hospice Item Set (HIS), the response codes for some data elements no longer have leading zeroes (two digits) in the new HOPE tool (e.g., A0250. Reason for Record, A2115. Reason for Discharge). Was this intentional or an error?

### Answer 1:



Intentional changes have been made to some HIS items retained for the HOPE tool to streamline and align with other items within the new tool, including changes made to A0250 and A2115. The current HOPE Guidance Manual v1.00, item sets, and change table are currently posted on CMS' [HOPE webpage](#).

#### **Question 2:**

##### **Annual Payment Update Penalty**

Why are my hospice's payments being reduced? I know the 2% sequestration is part of it, but I cannot determine the remaining percentage portion.

#### **Answer 2:**

Hospices that did not meet the 90% compliance threshold for FY 2024 are subject to a 4% payment penalty. CMS posted the final list of the FY 2024 Compliant & Non-compliant hospices back in November 2023. These lists are on CMS' HQRP website in the *Downloads* section of the [HQRP Reconsideration Requests](#) webpage. Information and updates related to the annual reconsideration process for the HQRP Annual Payment Update (APU) determinations can also be found on this page. Questions related to reconsideration should be directed to the *Reconsideration Help Desk*- at [HospiceQRPreconsiderations@cms.hhs.gov](mailto:HospiceQRPreconsiderations@cms.hhs.gov).

There are also many useful provider resources about compliance on the CMS HQRP website, specifically in the *Provider Toolkit* located at the bottom of the [Requirements and Best Practices](#) webpage.

#### **Question 3:**

##### **HOPE Implementation**

Is October 1, 2025, the final implementation date for HOPE?

#### **Answer 3:**

Yes, October 1, 2025, is the final implementation date for HOPE. Only HOPE data will be accepted for all patients admitted or discharged on or after October 1, 2025.

Information about upcoming provider trainings related to HOPE will be posted on the CMS HQRP [Announcements & Spotlight](#) page and announced during Open Door Forums. Future training will include detailed item instructions, coding, and more information about the HIS to HOPE transition.

#### **Question 4:**

##### **HIS to HOPE Transition**



Will CMS have any period where both HOPE and HIS records are acceptable, or is it just a hard cutover on 10/1/25?

**Answer 4:**

While there will be some transition time to allow for HIS record corrections, only HOPE records will be accepted for all patients admitted or discharged on or after October 1, 2025.

**Question 5:**

**HOPE and Hope Update Visit (HUV) data collection**

For patients admitted just before 10/1/25 using the HIS, will providers have to submit the HUV timepoint, or is that only for new patients admitted on or after 10/1/25?

**Answer 5:**

The HUV data collection timepoints will only apply to new patients admitted on or after October 1, 2025, using the HOPE tool.

**Question 6:**

**Hospice Care Index (HCI)**

Where is the CASPER report that shows the average number of nursing visits per week, and average length of time per visit?

**Answer 6:**

These data are not found in the CASPER reports. The information about nursing minutes comes from your hospice's own Medicare claims after they are submitted for payment.

Details about the Hospice Care Index (HCI) measure and all HQRP measures are on the [Current Measures](#) webpage on CMS' HQRP website. The *Downloads* section includes a printable PDF of the Current Measures and the most current [HQRP Quality Measure Specifications: User's Manual](#). Specific details regarding the specifications for *Skilled Nursing Care Minutes per Routine Home Care (RHC) Day* can be found in the manual.

To learn more about all available HQRP reports and how to use them, refer to the resources on the [HQRP Training and Education Library](#) webpage and specifically [Course 2 – Hospice Quality Reporting Program \(HQRP\) Data Submission and Reports](#).

**Question 7:**

**Symptom Follow-Up Visit**

From the FY2025 proposed rule to the publication of the FY2025 final rule (FR), we noticed a change in the name of the visits from the Symptom Re-assessment visit (SRA) to the Symptom Follow-up Visit (SFV). Can you please confirm the name change?

**Answer 7:**



In the [FY2025 Hospice Final Rule](#), the name change was confirmed from the SRA to SFV to accommodate allowing LPN/LVNs to complete this follow-up visit for both moderate or severe symptoms.

**Question 8:**

**Review and Correct Report**

The Review and Correct Report in CASPER lists the dates by which data can be corrected. Could you please provide information on how to know which records need correcting and how to go about correcting them?

**Answer 8:**

We recommend that you visit the [Requirements and Best Practices](#) of the HQRP website. There you will find a *Provider Toolkit* at the bottom of the page. Among the items in the toolkit is a helpful document entitled: [Getting Started with Review and Correct Reports- Feb 2024](#)

We also suggest visiting the [HQRP Training and Education Library](#) webpage. [Course 2 – Hospice Quality Reporting Program \(HQRP\) Data Submission and Reports](#) provides an introduction to the HQRP data submission requirements and reports available to providers.