

# Hospice Quality Reporting Program (HQRP)



## Help Desk Questions and Answers: Quarter 2, 2023

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

The HQRP Help Desk responded to sixty two (62) questions in the second quarter of 2023. The questions below reflect newer and/or more common questions.

### Question 1:

#### Claims-Based Measures Refresh

When downloading the new set of Provider Preview Reports available for HQRP we noticed that the period for the claims-based measures is the same as it was in the last quarter. Shouldn't these be updated?

### Answer 1:

Starting with the November 2023 refresh, the normal annual refresh of eight consecutive quarters (2 years of data) is scheduled to occur. After November 2023, the claims based measures will continue to be updated annually each November.



For claims-based measures the date range on The Provider Preview Reports is correct. Claims-based measures will continue to use the date range of April 1, 2019 through December 31, 2019 and July 1, 2020 through September 30, 2021, until the November 2023 Refresh.

## Question 2:

### Correcting Demographic Data on Care Compare

Our Hospice is listed as for-profit on Hospice Compare yet we are a non-profit. Can you direct us on how to resolve this issue?

## Answer 2:

**Updates to hospice provider demographic information does not happen in real time and can take up to 6-months to appear on Care Compare.**

CMS will be transitioning to a new data source for a provider's demographic data for all five Post-Acute Care (PAC) provider types (Skilled Nursing Facilities / Nursing Facilities (SNF/NFs), Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs) and Hospices).

Demographic data include such items as the provider name, provider-mailing address, provider physical address, State, ZIP Code, etc. These provider demographic data are displayed on the Provider and Quality Measure reports generated from the Quality Improvement and Evaluation System (QIES) Certification and Survey Provider Enhanced Reports (CASPER) Reporting application for Hospice providers. Additionally, these same demographic data are displayed on the public reporting websites such as the [Provider Data Catalog \(PDC\)](#).

Historically provider demographic data have been maintained in the Automated Survey Processing Environment or ASPEN software; however, CMS will be transitioning to use the demographic information from Provider Enrollment, Chain and Ownership System (PECOS). While this transition is underway, a final date when all demographic data will be obtained from PECOS has not been identified. During this transition, all PAC providers will be responsible to ensure their latest demographic data are updated and available in both iQIES (Hospices) and PECOS systems.

The steps as outlined below have been updated and contains a change in process for Hospice providers when requesting updates to their demographic information in iQIES. The updated CMS 855A form must be sent by the Medicare Administrative Contractors (MACs) to the appropriate State Agency rather than to the CMS Location.

### **Steps for Hospices:**

1. Complete form CMS-855A in **PECOS** with the updated demographic information (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>). If you need assistance, contact your Medicare Administrative Contractor (MAC)



2. Request your Medicare Administrative Contractor (MAC) to **send the updated 855A form to your State Agency** with a request to update the demographic data in iQIES

**Providers must complete both steps of the update process to ensure that their demographic data are up to date.**

NOTE: The above instructions were effective beginning April 11, 2022 and will continue until CMS provides the directive to update demographic information in PECOS only.

**For questions regarding these instructions or to identify your State Agency contacts, please contact the iQIES help desk by phone at # (800) 339- 9313 or by email at [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov)**

### Question 3:

#### Public Reporting Dates

We are a new hospice and have recently begun submitting HIS data. We realize that data will not be published on Care Compare for quite some time, but we are trying to understand the time involved in the various steps from data submission to publication on Care Compare. Can you help us to understand the time lag between the dates of submission and public reporting on Care Compare?

### Answer 3:

To understand the dates for Public Reporting, we suggest you access the Key Dates for Providers webpage: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospice-quality-reporting/public-reporting-key-dates-for-providers>.

In addition, the Requirements and Best Practices page <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospice-quality-reporting/hqrp-requirements-and-best-practices> includes many documents to help you understand the HQRP and public reporting in the “Provider Toolkit” and “Downloads.”

### Question 4:

#### Public Reporting Threshold for the Hospice Care Index (HCI)

I have been reviewing agency quality data in CASPER and on Hospice Compare. I see data for all quality measures except the HCI. Since the data comes from our claims, is there a reason why we would not have an HCI score?

**Answer 4:**

Some hospices may not see their data due to the Public Reporting Threshold. Hospices must have **at least 20** claims with dates ending during the reporting period for the HCI overall measure score to be publicly reported. Hospices that do not meet this threshold will have the HCI overall measure score suppressed. The individual 10 HCI indicators do not have a minimum threshold, and these will be reported in the [Provider Data Catalog](#), as long as the hospice has at least 20 claims overall.”

We suggest you refer to the CMS HQRP website and the [Current Measures](#) webpage and reference the [HQRP QM User's Manual](#) in the Download section. Chapter 4- Section 4 of the QM User's Manual provides information about HCI and its public reporting threshold.

**Question 5:**

**Claims-Based Measure Definition of a ‘Hospice Stay’**

For the claims-based measures, the Hospice Visits Last days of Life (HVLDL) and the Hospice Care Index (HCI), is a ‘hospice election’ different from the ‘hospice stay’ as defined within the steps to calculate the numerator?

**Answer 5:**

A hospice stay is defined in the [HQRP QM User’s Manual page 44](#). However, since these are claims-based measures, data are based on the dates found on the claims.

Per the manual. “Days of hospice service are identified based on the presence of revenue center codes 0651 (RHC), 0652 (CHC), 0655 (IRC), and 0656 (GIP) on hospice claims.” For these measures, a patient stay starts with the first day (election of hospice service) and ends with either a patient discharge (alive or through death) or the end of the reporting period, whichever comes first.