



# COVID-19 Public Reporting Tip Sheet

The second edition of the Public Reporting Tip Sheet adds to the information found in the first edition [HQRP COVID-19 Public Reporting Tip Sheet](#) published in September 2020. The first edition tip sheet provided information through the November 2021 public reporting refresh cycle. This tip sheet provides information beginning with the February 2022 public reporting refresh cycle. This tip sheet includes the following key points:



## QUALITY REPORTS

1. Explain the Centers for Medicare & Medicaid Services' (CMS) public reporting approach to the Hospice Quality Reporting Program (HQRP) as public reporting resumes in February 2022, including accounting for CMS quality data submissions that were optional during Q4 2019 and exempted from public reporting for Q1 and Q2 2020 due to the COVID-19 public health emergency (PHE).
2. Help providers understand the HQRP public reporting changes associated with the [Fiscal Year \(FY\) 2022 Hospice Final Rule](#) with particular respect to the impact on CMS' Care Compare website for hospices. Key points include:
  - The use of less than the standard number of quarters of data for the February 2022 public reporting refresh for the Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey.
  - Impact of the eight quarters of claims data used for the two new claims-based measures, Hospice Care Index (HCI) and Hospice Visits in the Last Days of Life (HVLDL), since Q1 and Q2 2020 data are exempt.
  - When public reporting will return to the expected quarters of data (referred to as normal) for HIS, CAHPS, and the new claims-based HVLDL and HCI measures.

### Document Terms

**CY 2020 COVID-19 exempted data** – refers to exempted quarters, Q1 and Q2 2020, of data due to the PHE.

**Frozen/Freeze** – refers to data that remains constant and unchanged from November 2020-November 2021 refreshes.

**Normal Refresh** – refers to updates on Care Compare using the standard number of consecutive quarters of data.

## Background:

### Temporary HQRP Exemptions Due to the COVID-19 PHE

The CMS [March 27, 2020, Medicare Learning Network \(MLN\) memo](#) provided temporary exemptions to the HQRP data submission requirements due to the COVID-19 PHE. CMS made data submissions optional or temporarily exempted providers from the submission of the CAHPS® Hospice Survey and HIS admission and discharge data for the quarters in **Table 1**.

**Table 1. Quarters for Which Data Are Optional or Exempted**

Quarter	CAHPS® Hospice Survey and HIS Data Submission
October 1, 2019–December 31, 2019 (Q4 2019)	Optional
January 1, 2020–March 31, 2020 (Q1 2020)	Exempted
April 1, 2020–June 30, 2020 (Q2 2020)	Exempted

These exemptions to the HQRP data submission requirements ended **on June 30, 2020**.

### Impact of Data Exemptions on Public Reporting

CMS indicated that data submission for Q4 2019 (October 1–December 31, 2019) was optional. As stated in the FY 2022 Final Rule, submission rates in Q4 2019 for HIS and the CAHPS® Hospice Survey were not impacted and comparable to Q4 2018. Consequently, CMS decided to include these data in measure calculations for the Care Compare site refresh that occurred in November 2020.

Q1 and Q2 2020 (January 1–July 31, 2020) data are exempt per the March 27 memo and cannot be used, including for public reporting. Hereinafter, these Q1 and Q2 2020 data are referred to as the “Calendar Year (CY) 2020 COVID-19 exempted data.”

### Data Used for Determining CY 2020 HQRP Requirements

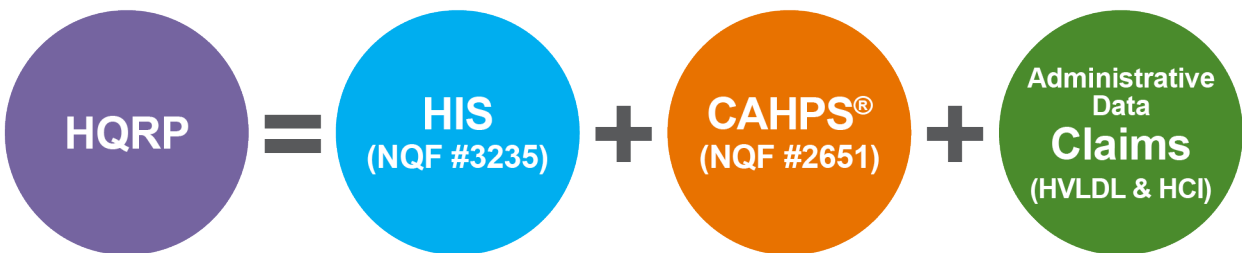
Due to the CY 2020 COVID-19 exempted data, CMS used data from July 1–December 31, 2020, to determine whether HQRP requirements were met for CY 2020. This means that even if a provider submitted CY 2020 COVID-19 exempted data (Q1 and Q2 2020 HIS and/or CAHPS® Hospice Survey data), CMS did not include those data for the purpose of public reporting on quality measures (QMs) or calculating whether HQRP requirements impacting FY 2022 payments were met.



## The HQRP Requirements for FY 2022

The HQRP was established under [Section 1814\(i\)\(5\) of the Social Security Act](#), which requires the Secretary to publicly report, on a CMS website, QMs that relate to the care provided by Medicare-certified hospice programs. For FY 2022, the HQRP requirements include four QMs:

- The HIS Comprehensive Assessment at Admission (National Quality Forum (NQF) #3235).
- CAHPS® Hospice Survey (NQF #2651).
- Hospice Visits in the Last Days of Life (HVLDL) based on Medicare claims.
- Hospice Care Index (HCI) based on Medicare claims.



## Timely Data Submission for the HQRP

On July 1, 2020, data submission requirements resumed. The HQRP is a pay-for-reporting program. To be compliant with the HQRP overall and avoid a reduction in their Annual Payment Update (APU), hospice providers must adhere to both the individual requirements of HIS and CAHPS® Hospice Survey. Individual compliance requirements for HIS and CAHPS® Hospice Survey are discussed in greater detail below.

Beginning with FY 2022, claims-based measures have been added to the HQRP. The data source for the new claims-based measures, HCI and HVLDL, are Medicare claims data that are already collected and submitted to CMS.

Failure to comply with HQRP reporting requirements will result in an APU reduction. Beginning with FY 2024 (CY 2022 data), the APU penalty will increase from 2 percent to 4 percent. The APU calculation does not include claims-based measures as these data automatically meet the HQRP requirements. Additional information is available in the FY 2022 Hospice Final Rule.



## HIS Submissions Effective for FY 2022 (October 1, 2021)

HIS data for the HIS Comprehensive Assessment at Admission (NQF #3235) must be submitted and accepted in the Quality Improvement and Evaluation System (QIES) to meet HQRP requirements.

HIS record submissions must occur for all patients within 30 days of admission and discharge at least 90 percent of the time. It is important to note that timely submission alone does not equal acceptance. The data must also be accepted in the QIES to be considered timely and meet the HQRP requirements.

### The CAHPS® Hospice Survey Requirement

Hospices are required to collect data monthly using the CAHPS® Hospice Survey. Hospices comply by utilizing a CMS-approved third-party vendor. Approved CAHPS® Hospice Survey vendors must successfully submit data on the hospice's behalf to the CAHPS® Hospice Survey Data Center. A list of the approved vendors can be found on the CAHPS® Hospice Survey website: [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org).

### Administrative Data (Medicare Claims)

There is no additional submission requirement for administrative data (Medicare claims), such as HVLDL and HCI quality measures; hospices with claims data are 100 percent compliant with this requirement. This means that hospices are 100 percent compliant with the reporting via the Medicare claims data for the claims-based HCI and HVLDL measures.

## Public Reporting and Care Compare

### February 2022 Refresh Resumes Public Reporting With New Data

Starting with the February 2022 refresh, CMS resumes public reporting with new data. **Table 2** provides a summary of the data refreshes for each of the data sources in the HQRP. The data from the November 2020–November 2021 refreshes will remain unchanged on Care Compare until February 2022. In February 2022, we will refresh with fewer than the standard quarters of data for both HIS and CAHPS Hospice Survey data. CMS is targeting the May 2022 refresh of Care Compare/Provider Data Catalogue (PDC) for the inaugural display of the two new claims-based QMs: HVLDL and HCI. As of the May 2022 refresh, the HIS Comprehensive Assessment at Admission (NQF #3235) will be the only HIS measure on Care Compare for hospice. The table provides the dates that are included in the respective quarterly refresh for measures in each of the three data sources. The footnotes provide more detail and definitions.



**Table 2. Summary of Data Refreshes**

Quarter Refresh*	HIS Assessment-Based Measures	Claims-Based Measures	CAHPS® Hospice Survey Measures
November 2021	Q1–Q4 2019	N/A	Q1 2018–Q4 2019
February 2022	Q3–Q4 2020 and Q1 2021 <sup>1</sup>	N/A	Q4 2018–Q4 2019 and Q3 2020–Q1 2021 <sup>2</sup>
May 2022	Q3–Q4 2020 and Q1–Q2 2021 <sup>3</sup>	Q2–Q4 2019 and Q3 2020–Q3 2021 <sup>4</sup>	Q1–Q4 2019 and Q3 2020–Q2 2021
August 2022	Q4 2020 and Q1–Q3 2021	Q2–Q4 2019 and Q3 2020–Q3 2021 <sup>5</sup>	Q2–Q4 2019 and Q3 2020–Q3 2021
November 2022	Q1–Q4 2021	Q3–Q4 2019 and Q3 2020–Q4 2021 <sup>6</sup>	Q3–Q4 2019 and Q3 2020–Q4 2021
February 2023	Q2–Q4 2021 and Q1 2022	Q3–Q4 2019 and Q3 2020–Q4 2021	Q4 2019 and Q3 2020–Q1 2022
May 2023	Q3–Q4 2021 and Q1–Q2 2022	Q3–Q4 2019 and Q3 2020–Q4 2021	Q3 2020–Q2 2022 <sup>7</sup>
August 2023	Q4 2021 and Q1–Q3 2022	Q3–Q4 2019 and Q3 2020–Q4 2021	Q4 2020–Q3 2022
November 2023	Q1–Q4 2022	Q1–Q4 2021 and Q1–Q4 2022 <sup>8</sup>	Q1 2021–Q4 2022

\* Methodology used for measure calculation for refreshes to account for the missing CY 2020 COVID-excepted data was detailed in the FY 2022 Final Rule (see resources below).

<sup>1</sup> Public reporting resumes with only three quarters of data, excluding Q1 and Q2 of 2020.

<sup>2</sup> Public reporting resumes with eight quarters of data, excluding Q1 and Q2 of 2020.

<sup>3</sup> Normal refresh using four consecutive quarters of data.

<sup>4</sup> Public reporting to begin with eight quarters of data, excluding Q1 and Q2 of 2020.

<sup>5</sup> No refresh = data remain unchanged relative to previous refresh.

<sup>6</sup> Refresh using 2 years or eight quarters of data, excluding Q1 and Q2 of 2020.

<sup>7</sup> CAHPS® Hospice Survey refreshes return to normal with eight consecutive quarters of data.

<sup>8</sup> Normal refresh using 2 years or eight consecutive quarters of data.

### When will refreshes return to their expected quarters of data (referred to as “normal”)?

- The HIS Comprehensive Assessment Measure at Admission (NQF #3235) uses four quarters of data and will return to normal with the May 2022 refresh.
- CAHPS® Hospice Survey relies on eight quarters of data and will return to normal with the May 2023 refresh.
- The HVLDL and HCI are claims-based measures that use 2 years or eight quarters of data and will normalize to use eight consecutive quarters (i.e., 2 full calendar years) with the November 2023 refresh. When posted, the publicly reported claims data will contain eight quarters of data, with the most recent data being no more than 11 months old.

### What data will be included in the February 2022 refresh?

As stated in the [FY 2022 Hospice Final Rule](#) and shown in **Figure 1**, the February 2022 refresh will use three quarters of data (Q3 2020–Q1 2021) as shown in green for the HIS assessment-based measures that include NQF #3235, the seven HIS component process measures, and Hospice Visits When Death is Imminent (HVWDII).



**Figure 1. PHE: Reporting of HIS Measures – Three Quarters of Data**

Quarter Refresh	2019				2020				2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
November 2021												
February 2022												
May 2022												

\* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

- HIS Quarters in Original Schedule for Care Compare
- HIS Quarters in Revised Schedule for Care Compare\*

Figure 2 shows the eight quarters of data (without using Q1 and Q2 of 2020) that will display for the two claims-based measures, HVLDL and HCI, beginning in May 2022.

**Figure 2. PHE: Reporting of Claims-Based Measure Data\***

Quarter Refresh	2019				2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
May 2022*																
August 2022																
November 2022																
February 2023																
May 2023																
August 2023																
November 2023																

\* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.



For CAHPS® Hospice Survey measures, the February 2022 refresh will include the eight most recent quarters of data (Q4 2018–Q4 2019 and Q3 2020–Q1 2021) as shown in **Figure 3**.

**Figure 3. PHE: Reporting of CAHPS® Hospice Survey Data\***

Quarter Refresh	2018				2019				2020				2021				2022	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Freeze: November 2020–November 2021																		
February 2022																		
May 2022																		
August 2022																		
November 2022																		
February 2023																		
May 2023																		

\* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

**When will the claims-based measures HVLDL and HCI be publicly reported and what quarters of data will be used to calculate these?**

As noted above, CMS is targeting the May 2022 refresh of Care Compare/PDC for the inaugural display of two new hospice claims-based quality measures, HVLDL and HCI. The eight quarters of claims data used to calculate these measures for a May 2022 refresh would include Q2 2019–Q4 2019 and Q3 2020–Q3 2021. After the initial release, the normal annual refresh for claim-based measures will occur each November using eight consecutive quarters (i.e., 2 CYs) of data.

**CMS’ Handling of HIS Mismatched Records Due to CY 2020 COVID-19 Exempted Data**

Due to hospice admissions and discharges occurring during the optional submission period for Q4 2019 and the exempted quarters (Q1 and Q2 2020), some of the discharges submitted may not have a matching HIS admission record. This may cause a warning error to be reported on the Final Validation Report during the submission process. CMS is aware and has adjusted on their end to accommodate for any records with missing admissions.

- These mismatched sets of records will not be counted or included in hospice data calculations for quality reporting.
- **Warning errors will not cause records to be rejected by the system.** You can ignore these warnings, as data will still be accepted into the system as long as there were no other data issues that caused fatal warnings.





## Warning Errors

Error Number	Error Type	Error Description
909	Out of Sequence	<b>Inconsistent Record Sequence:</b> Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.

Despite this warning, data will still be accepted into the system. (no action is needed)

## Provider Reports

### How can providers review their data?

Providers can review their data, including CY 2020 COVID-19 exempted data if submitted, using reports accessible via the Certification and Survey Provider Enhanced Reports (CASPER) application.

- **Provider Preview Reports (PPR):** The Hospice Provider Preview report and CAHPS® Hospice Survey Provider Preview report are both available in CASPER. These two separate reports are located in your CASPER folder. The purpose of these reports is to give providers the opportunity to preview their measure results prior to public display on Care Compare.
  - **What happens to the data relating to the Hospice Visits When Death Is Imminent measure?**
    - Data relating to the HIS-based Hospice Visits When Death Is Imminent measure will remain on the PPR, which is related to the February 2022 refresh. This measure will be removed from the PPR and replaced with the claims-based HVLDL on the March 2022 PPR, which is related to the May 2022 refresh.
  - **How did the data freeze affect PPR?**
    - After the November 2020 refresh, no new PPR was issued until November 2021 in preparation for public reporting to resume with the February 2022 refresh.
    - Release of the PPR in November 2021 is for the February 2022 refresh.
- **Review and Correct Report:** The purpose of the Review and Correct Report is for providers to have access to QM data prior to the data correction deadline for public reporting. This report includes 12 full months of data. It notes which quarters listed within the report remain “open” for correction and which are “closed,” no longer allowing correction. The report does not include claims data.





- **How did the data freeze affect Review and Correct Report?**
  - The Review and Correct Report was affected by the freeze. Because CMS is not publicly reporting Q1 and Q2 2020 HIS data, hospices did not need to correct the data. All data correction deadlines for 2020 have now passed.
- **HQRP Quality Measure (QM) Reports:**
  - **Hospice Level QM Report:**
    - These user-requested, on-demand reports provide hospices with confidential reporting of their measure scores through CASPER. Since September 2021, this report has been revised to include the HIS Comprehensive Assessment at Admission, HCI, and HVLDL measure scores. The report includes hospice specific scores and national averages. State averages will be added in future reports. Details of the 7 component process measures are included for the HIS Comprehensive Assessment at Admission Measure (NQF #3235), as well as the details for the 10 individual HCI indicators.
  - **Hospice Patient Stay-Level QM Report:**
    - The Hospice Patient Stay-Level QM Report identifies each patient with a qualifying HIS record used to calculate the hospice-level quality measure values for a select period. The report displays each patient's name and indicates how/if the patient's assessment affected the hospice's quality measures. The details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure (NQF #3235). Claims-based measures are not included in these reports.
  - **How did the data freeze affect QM Reports?**
    - The QM Reports are not affected by the data freeze because they display measure scores based on reporting periods that continue to include the exempted quarters. Thus, hospices can view scores for the HIS Comprehensive Assessment at Admission Measure (NQF #3235) based on four quarters of data *including* Q1 and Q2 of 2020 in both the Hospice- and Patient-Level QM reports. When the reporting period for claims-based measures overlaps with the exempted quarters, hospices will similarly be able to view scores for these measures *inclusive of* the exempted quarters. This information will contrast with the reporting periods displayed publicly, which will not include the exempted quarters.



## Resources

- **For the FY 2022 Hospice Final Rule:** <https://www.cms.gov/Center/Provider-Type/Hospice-Center>.
- **For Public Reporting: Key Dates for Providers:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers>.
- **For the CMS Medicare Learning Network memo released March 27, 2020:** <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>.
- **For program guidance and information about the CMS response to COVID-19:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.
- **For program guidance, updates, and announcements regarding the Hospice QRP, visit the Announcements & Spotlight web page:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight>.
- **For more information about public reporting for the Hospice QRP, visit:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements>.
- **For information about Public Reporting: Key Dates for Providers:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers>.
- **For information about claims measure calculation and reporting, please review this Q&A:** <https://www.cms.gov/files/document/questionsandanswersclaims-basedmeasuresoctober2021.pdf>.
- **For FY 2023 Hospice QRP reporting year requirements:** <https://www.cms.gov/files/document/hgrp-requirements-fy-2023-and-future-fy-reporting-yearsseptember2021.pdf>.

**Email questions to the Hospice Quality Help Desk:**

[HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov)

