



Texas Association for
Home Care & Hospice
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Administrator Program

Wednesday, November 19, 2025

12:00pm-1:00pm

H4. Hospice Quality Reporting Program (HQRP)

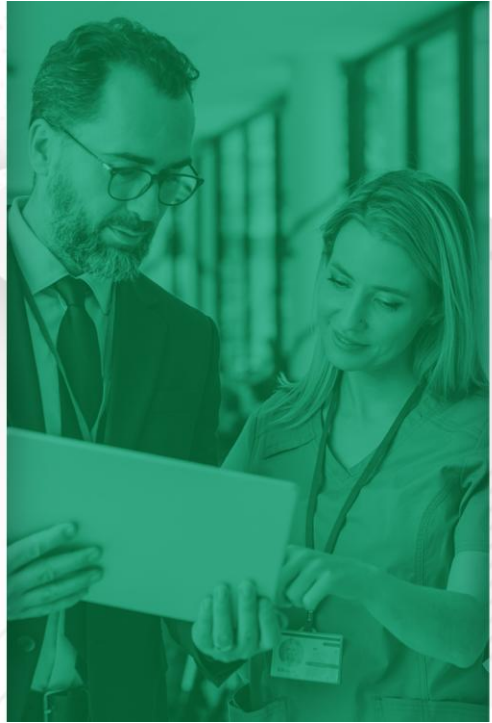
Presented by:

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Healthcare Provider Solutions (HPS)

Hospice Quality Reporting Program (HQRP)

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Victoria Barron
Clinical Consultant

Victoria Barron is a Registered Nurse who joined Healthcare Provider Solutions in December 2021 as a Clinical Consultant. As part of the HPS clinical consulting team, Victoria provides support and solutions to home health and hospice agencies nationally to achieve regulatory compliance.

With more than 40 years of nursing and healthcare experience, the majority of Victoria's career has been in the home services arena including home health, hospice, home care, and home infusion where she has served in various roles.

Victoria is a licensed Multistate Registered Nurse and is a CHAP and ACHC Certified Home Health and Hospice Consultant.

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Learning Objectives

- Discuss the purpose of the Hospice Quality Reporting Program (HQRP).
 - Identify required components of HQRP.
 - Explain the impact on the Annual Payment Update (APU) and timelines for compliance.
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Acronyms

APU – Annual Payment Update

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CMS – Centers for Medicare and Medicaid Services

CY – Calendar Year

FY – Fiscal Year

HIS – Hospice Item Set

HOPE – Hospice Outcomes and Patient Evaluation

HQRP – Hospice Quality Reporting Program

HVLDL – Hospice Visits Last Days of Life

iQIES – Internet Quality Improvement and Evaluation System

MAC – Medicare Administrative Contractor

PHI – Protected Health Information

PII – Personally Identifiable Information

QM – Quality Measure

QTSO – QIES Technical Support Office

VR – Validation Report

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What is the Hospice Quality Reporting Program (HQRP)?

- Pay-for-reporting program
 - Collection of data that CMS uses to calculate a hospice's performance on Quality Measures.
 - CMS publicly reports the Quality Measures on Care Compare.
 - CMS provides multiple reports for agencies to preview data prior to publishing data on Care Compare.
 - Hospices can use HQRP data in their QAPI program to identify areas for performance improvement.
 - All Medicare-certified hospices must comply with reporting requirements.
 - HQRP is intended to promote high-quality, person-centered, safe hospice care.
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HQRP Data Sources

HOPE

Replaced HIS on 10/1/25
Standardized patient level
data collection tool.

CAHPS Hospice Survey

Patient experience of
care survey.

Administrative Data

Medicare FFS Claims
Claims data submitted by
hospices for payment.

- Compliance is based on data submission AND acceptance.
 - Timeliness and accuracy are necessary to avoid payment penalties
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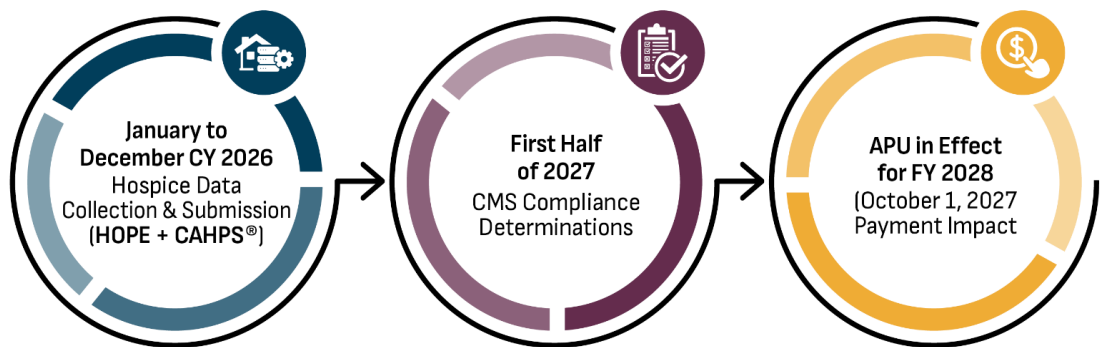
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FY and CY

- **CY** – January 1 through December 31 of the same year.
- **FY** – 10/1 of the year (before the referenced FY) to 9/30 of the year noted as the FY.
Example: FY 26 dates include 10/1/2025-9/30/2026
- **HQRP data is based on the data collected during the calendar year however impacts the Annual Payment Update of the corresponding fiscal year.**

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HQRP Data Impact on Hospice APU



The 2027 APU will be impacted by the first 3 quarters of 2025 data from HIS and the last quarter of 2025 data from HOPE.

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HIS to HOPE Transition Considerations

- HOPE Data collection started on 10/1/2025.
 - HIS Data collection ended on 9/30/25.
 - Patients admitted BEFORE 10/1/25 should have HIS data collected and only HOPE discharge data collected if the patient discharges on or after 10/1/25.
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HIS/HOPE Transition: QIES/iQIES Reports

- CASPER Quality Measure Reports (QIES) will continue to include detailed information about HIS submissions through 2/15/2026.
 - Following the 10/1/2025 migration into iQIES, the following reports will continue to be accessible in CASPER:
 - Hospice-Level Quality Measure Report
 - HIS, Hospice Care Index (HCI) and HVLDL
 - Hospice Patient-Level Quality Measure Report
 - Details of 7 component process measures for the HIS Comprehensive Assessment at Admission Measure.
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HIS/HOPE Transition: QIES/iQIES Reports

- CASPER Quality Measure Reports (QIES) will continue to include detailed information about HIS submissions through 2/15/2026.
 - Following the 10/1/2025 migration into iQIES, the following reports will continue to be accessible in CASPER: (cont.)
 - Hospice Review and Correct Report
 - Hospice Provider Preview Reports (November 2025 and February 2026 reports)
 - Hospice CAHPs Provider Preview Reports (November 2025 and February 2026 reports)
 - FY 2026 Non-Compliance Notification Letter
 - CMS plans a phased migration of the Quality Measure reports from CASPER into iQIES beginning in February 2026. Additional information coming early 2026.
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iQIES Hospice Provider Report Information

- User-requested Hospice Provider Reports and the associated Report Category/Report Type combination in iQIES:

- Report Category: **Provider** / Report Type: **Submission**
 - Hospice Activity
 - Hospice Submission Statistics by Provider
 - Hospice Timeliness Compliance Threshold
 - Report Category: **Provider** / Report Type: **Validation**
 - Hospice Final Validation
 - Hospice Submitter Final Validation
 - Report Category: **Provider** / Report Type: **Admission/Discharge**
 - Hospice Admissions/HUVs/Discharges
 - Report Category: **Provider** / Report Type: **Error**
 - Hospice Error Detail
 - Hospice Error Number Summary by Provider
 - Hospice Record Errors by Field by Provider
 - Report Category: **Provider** / Report Type: **Roster**
 - Hospice Roster
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iQIES Tracking Reports and Folder

- **Timeliness Compliance Threshold** – tracks timeliness of submission
 - **Final Validation Report** – Confirms records were submitted with no data submission errors.
 - **HQRP Non-Compliance Letter** – If your agency receives a non-compliance letter for HQRP, a letter will be mailed and will also be in your iQIES folder in July. Reconsideration requests may be submitted within 30 days of receipt of the non-compliance letter.
 - Once published, the list of Excluded, Compliant and Non-Compliance Hospices may be found at the following link:
 - <https://www.cms.gov/medicare/quality/hospice/hqrp-reconsideration-requests>
 - ***Agencies should have a process to review both reports to ensure submissions are submitted timely and accurately.***
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iQIES Known Issues - HOSPICE

10/1/25 - An issue has been identified with item A1400 - Payer Information. A1400 is triggering fatal error -3083 (Inconsistent A1400 item) when A1400A Payer Information Medicare-FFS is checked and A1400B Payer Information Medicare-managed care/Part C/Medicare Advantage is also checked in the same assessment. Fatal error -3083 will be retired in iQIES in the near future which will allow for both A1400A and A1400B to be checked, but until such time that it is, providers should only select A1400A Payer Information Medicare-FFS in the HOPE records to avoid the fatal error from occurring and the record being rejected or not saved into the iQIES database.

Enter “HOPE” in the Search for Known Issues box

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HOPE Related Quality Measures

Timely Follow-up for Pain and Non-Pain Symptoms:

- Timely Follow-Up for Pain Impact - Percentage of patient assessments who have a symptom follow-up visit within 2 days when pain impact was assessed as moderate or severe
 - Timely Follow-Up for Non-Pain Symptom **Impact** - Percentage of patient assessments who have a symptom follow-up visit within 2 days when non-pain symptoms were assessed as moderate or severe
 - HOPE quality measures will be publicly reported no earlier than FY 2028
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2 HOPE-based Quality Measures

Timely Follow-Up of Pain Impact and Timely Follow-Up of Non-Pain Impact

- Measures how many patients who were assessed with moderate/severe pain or non-pain symptom impact were reassessed within two calendar days
- Severity and impact based on HOPE assessments
- Non-pain symptoms include shortness of breath, anxiety, nausea, vomiting, diarrhea, constipation, and agitation

Exclusions:

- ☐ Died or discharged within 2 days
 - ☐ Reassessment visit refused
 - ☐ Unable to contact/locate patient
 - ☐ Patient in ER/hospital
 - ☐ Patient travelling outside of service area
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Timely Follow-Up for Pain Impact

The percentage of hospice patients that have a pain follow-up visit within 2 days after pain impact was initially assessed as Moderate or Severe.

Timely Follow-up for Pain Impact

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments in which pain impact is followed up within 2 days of the initial/triggering assessment date}}{\text{Assessments where pain impact is Moderate or Severe}}$$

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Timely Follow-Up for Non-Pain Impact

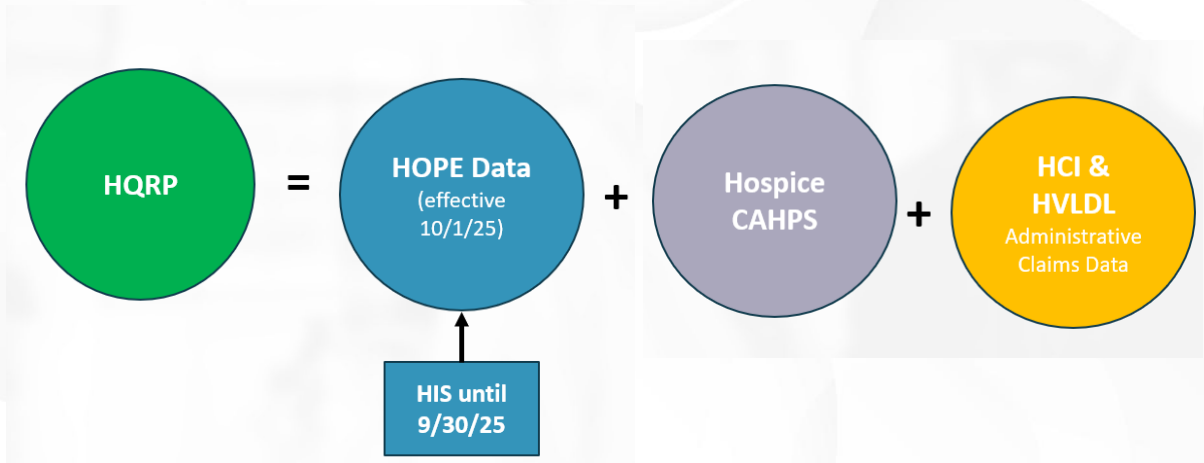
The percentage of assessments that have a symptom follow-up visit within 2 days after non-pain symptom impact was initially assessed as Moderate or Severe.

Timely Follow-up for Non-Pain Symptom Impact

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments in which non-pain symptom impact is followed up with a visit within 2 days of the initial/ triggering assessment date}}{\text{Assessments where at least one non-pain symptom impact is Moderate or Severe}}$$

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HQRP Quality Measures used in calculation:



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HQRP Compliance Requirements

❑ HOPE data must be submitted and accepted within 30 days of each assessment via iQIES.

Submission Deadline: Date of assessment + 30 days.

❑ The compliance threshold for HOPE is 90% (same as HIS). Failure to meet the 90% compliance threshold will result in a 4% reduction of payment for the corresponding fiscal year.

❑ CAHPS data submissions are required unless the hospice is exempt due to serving fewer than 50 survey-eligible decedents/caregivers in a "reference period" (calendar year). An exemption must be filed EACH year an exemption is needed. Data must be submitted quarterly and hospices must collect data monthly to receive the full APU. A CMS 3rd party vendor is required. (Hospices that received their CCN (CMS Certification Number) after January 1 of the reference period are automatically exempt that year only.)

❑ Claims data is automatically considered 100% compliance.

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HOPE and CAHPS: Connecting the Dots

- Be aware of cross over areas in the HOPE and CAHPS surveys such as:
 - Pain
 - Bowel regimens
 - Medications
 - Dyspnea/Shortness of Breath
 - Direct and non-direct employees may impact:
 - Dignity, respect, caring
 - Home visits
 - Office calls from patient, family or caregiver
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HOPE and CAHPS: Connecting the Dots

Multiple Disciplines may affect:

- Communication
- Visit scheduling
- Timeliness of visits/calls during and after business hours
- Timeliness of follow-up for issues impacting the patient's plan of care
- Coordination and provision of services following the patient's plan of care by the IDG

Staff education is crucial to the success of your hospice's quality program!!

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CAHPS Data Submission

- Contract with a CMS-approved survey vendor and authorize vendor submission.
 - Monitor CAHPS data submission
 - Verify that submissions are occurring before the deadlines.
 - Review CAHPS data reports.
 - Submissions are required quarterly.
 - CAHPS exemptions due to size or newness DO NOT apply for HOPE submission.
 - CAHPS Size exemption – for hospices that have fewer than 50 survey-eligible decedents/caregivers in a reference period (calendar year). Exemptions are active for 1 year only.
 - CAHPS Newness exemption – CCN received on or after the first day of the performance year. Example on or after January 1st of the year. One time exemption only.
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Quality Measures – Medicare Claims – HCI

- Provides a broad overview of hospice care quality.
 - The Hospice Care Index (HCI) captures care processes occurring throughout the hospice stay, between admission and discharge.
 - The HCI is a single measure comprising 10 indicators calculated from Medicare claims data. National average 8.8 of 10.
 - The index design of the HCI simultaneously monitors all 10 indicators.
 - Collectively these indicators represent different aspects of hospice service.
 - The HCI will help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices.
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Quality Measures – Medicare Claims – HCI

- The sum of the points earned from meeting the criterion of each indicator results in the hospice's HCI score, with 10 as the highest hospice score.
 - Each indicator equally affects the single HCI score.
 - Numerator – A hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators.
 - Denominator - The HCI score is calculated as the total number of points earned across ten indicators. The potential range of scores is from 0 to 10.
 - Hospice with fewer than 20 discharges over the 2 years of data collection will not have a HCI calculated for public reporting.
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10 HCI Indicators

- 1) Continuous Home Care (CHC) or General Inpatient (GIP) - % of CHC and GIP level of care days reflected on the Medicare claims during the reporting period. (Need to be greater than 0%)
 - 2) Gaps in Nursing Visits - Number of Medicare Elections that had Gaps in Nursing Visits greater than 7 days within a 30-day period. (Need to be < 90%)
 - 3) Early Live Discharges - % of Early Live Discharges within 7 days of admission compared to other hospice providers Nationally (Need to be < 90%)
 - 4) Late Live Discharges - % of Late Live Discharges on or after 180 days from the hospice admission compared to other hospice providers (Need to be < 90%)
 - 5) Burdensome Transitions (Type 1) - % of Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission (Needs to be < 90%)
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10 HCI Indicators

- 6) Burdensome Transitions (Type 2) - % of Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital (Needs to be < 90%)
 - 7) Per-beneficiary Medicare Spending compared to other hospice providers - Calculate by the total # of payments, Medicare paid to hospice providers divided by the total # of hospice beneficiaries served. (Need to be < 90%)
 - 8) Nurse Care Minutes per Routine Home Care (RHC) Day - Average SN Care Minutes per RHC Day compared to other hospice providers (Need to be Greater than 10%)
 - 9) Skilled Nursing Minutes on Weekends – SN Minutes on the Weekends (Saturday & Sunday) out of all SNV during RHC services days (Need to be Greater than 10%)
 - 10) Visits Near Death - The number of Visits Near Death reflected on the Medicare claims compared to other hospice providers. The % of beneficiaries receiving at least one visit by a SN or social worker during the last three days of the patient's life (Need to be Greater than 10%)
 - (A visit on the date of death, the date prior to the date of death, or two days prior to the date of death).
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Quality Measures – Medicare Claims – HCI

- **Gaps in Nursing Visits** - Number of Medicare Elections that had Gaps in Nursing Visits greater than 7 days within a 30-day period. (Need to be < 90%)
 - Numerator: The number of hospice stays where the patient experienced at least one **gap between nursing visits exceeding seven days**, excluding hospice stays where the patient elected hospice for less than 30 days within a reporting period.
 - Denominator: The total number of stays with the hospice, excluding hospice stays where the patient elected hospice for less than 30 days within a reporting period.
 - Index Earned Point Criterion: Hospices earn a point towards the HCI if their individual hospice score for gaps in skilled nursing visits greater than seven days falls below the 90th percentile ranking among hospices nationally.
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Quality Measures – Medicare Claims – HVLDL

- The number of patients who received an in-person visit from a RN or MSW (medical social worker) on at least 2 of the final 3 days of the patient's life. Last 3 days defined as:
 - Day of death
 - Day prior to death
 - 2 days prior to death
 - Purpose of measure is to capture the provision of services at end-of-life when symptom management is expected to be at the highest with both physical and emotional needs.
 - Current national average is 47.4%
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Quality Measures – Medicare Claims – HVLDL

- Calculation: Numerator is the number of patient stays for which RN or MSWs provided visits on at least 2 days of the final 3 days of life.
 - Calculation: Denominator is the number of all Medicare Hospice patients discharged due to death within the reporting period.
 - Exclusions: Discharge for cause; GIP, respite or Continuous Home Care in the final 3 days of life and patient was enrolled in hospice 1 or 2 days only
 - Scores will be publicly reported for hospices that have at least 20 patients in the denominator during the reporting period.
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Hospice CAHPS Survey

- Hospices may inform all caregivers about the survey and may include an informational flyer in bereavement materials.
 - Conduct QAPI activities including asking patient/family members questions to promote well being.
 - Hospices should **NOT**:
 - Invite or ask caregiver if they want to participate in the survey or ask if they want to opt out of the survey
 - Influence caregivers on how to answer survey questions a specific way
 - Offer incentives
 - Ask any CAHPS Hospice Survey like questions or response categories outside of the official survey administration
 - Contact caregiver about their survey responses
 - Share responses that would identify a particular decedent/caregiver with direct staff.
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Supplemental Questions

- Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey.
 - Hospice-specific supplemental questions can be added immediately after the Core questions (Q1 – Q31) or at the end of all the survey questions (Q1 – Q38). When supplemental questions are placed in between the Core questions and the “About Your Family Member” questions, the “About Your Family Member” heading must still be placed prior to those questions.
 - Phrases must be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions such as:
 - “Now we would like to gather some additional details on topics we have asked you about before.
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
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Supplemental Questions

- Supplemental questions should be integrated into the CAHPS Hospice Survey and not be a separate insert.
 - If the supplemental questions are printed on a separate sheet, then they must be included as the last page of the materials.
 - Hospice-specific supplemental questions must be identical for both mail wave attempts.
 - The number of supplemental questions added is left to the discretion of the survey vendor.
 - Supplemental questions Must Not:
 - Be lengthy and complex
 - Influence response to CAHPS survey questions
 - Ask caregiver to explain their survey responses
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Survey Communication

Hospices should not:

- Permit staff to wear buttons, stickers, etc. that state "Always" or "10"
 - Emphasize CAHPS Hospice Survey response options in posters, white boards, rounding questions, in-room televisions, or other media accessible to patients and/or their caregivers.
 - Examples of statements that **do not comply** with CAHPS Hospice Survey protocols include:
 - "We expect to be the best hospice possible."
 - "Our goal is to always address your needs."
 - "Let us know if we are not listening carefully to you."
 - "We treat our patients with dignity and respect."
 - "In order to provide the best possible care, please tell us how we can always..."
 - "Our doctors and nurses always listen carefully to you."
 - "We want to always explain things to you in a way you can understand."
 - "We want you to recommend us to family and friends."
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Survey Communication

- When communicating with patients and/or their caregivers while in hospice care regarding their healthcare, hospices should take care to avoid introducing bias in the way caregivers may answer questions. Many of the guidelines below in the Communicating with Patients and/or their Caregivers about the CAHPS Hospice Survey and Use of Other Hospice Surveys apply to general communications with patients and/or their caregivers.
 - Examples of statements that **comply** with CAHPS Hospice Survey protocols include:
 - “We are looking for ways to improve your family member’s stay. Please share your comments with us.”
 - “What can we do to improve your family member’s care?”
 - “We want to hear from you, please share your experience with us.”
 - “Please let us know if you have any questions about your family member’s treatment plan.”
 - “Let us know if your family member’s room is not comfortable.”
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Tips for Compliance

- Ensure HOPE Assessment data is complete and accurate, submitted timely and accepted by CMS to avoid payment penalties.
 - Perform internal audits to ensure documentation is complete and accurate
 - Report findings in QAPI meetings and develop corrective action when necessary
 - Monitor visit schedules to ensure all visits occur within 7 days of the previous visit.
 - Educate staff that weekly visits should occur at least every 7 days to avoid penalties to the 7-day nursing gap measure
 - Schedule visits for RN and/or MSW in the final 3 days of life to improve compliance with HVLDL measure. Ensure communication is occurring among the IDG when the patient is transitioning to actively dying.
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HQRP Announcements and Spotlights HOPE Information

<https://www.cms.gov/medicare/quality/hospice/hospice-qrp-announcements-spotlight>

Most recent update was 9/22/25.

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Resources/References

- HQRP Training and Education Library - <https://www.cms.gov/medicare/quality/hospice/hqrp-training-and-education-library>
 - HQRP Announcements and Spotlight - <https://www.cms.gov/medicare/quality/hospice/hospice-qrp-announcements-spotlight>
 - FY 2026 Hospice Final Rule - <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/hospice-center>
 - iQIES Known Issues - <https://iqies.cms.gov/iqies/help/known-issues>
 - iQIES Hospice Provider Report Information - <https://qtso.cms.gov/system/files/qtso/iQIES%20Hospice%20Provider%20Report%20Information.pdf>
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Have any questions?

Scan the QR Code to
schedule a call!

Thank You for Participating!

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