

Fact Sheet: Hospice Quality Reporting Program (HQRP) General Information

The purpose of this fact sheet is to help providers understand general HQRP requirements and processes.

What is the HQRP?

The Hospice Quality Reporting Program (HQRP) was mandated by Section 3004 of the Affordable Care Act (ACA). As part of the HQRP, all **Medicare-certified hospices are required to submit quality data** to CMS. The first reporting cycle, which will impact payments in FY2014, required data be collected in 2012 and submitted by specific deadlines in 2013.

What are the general HQRP requirements?

Currently, hospice providers submit quality data in the form of facility-level quality measure data to CMS. Quality measures for each HQRP cycle are selected by CMS. Through rulemaking processes, hospice providers are notified of HQRP quality measures, data collection periods, data submission deadlines, and other requirements.

The **HQRP currently operates on a cycle of data collection, data submission, and payment impact that spans three years**. HQRP reporting cycles are referenced by the payment year they impact. For example, the current HQRP cycle, Payment Year 2015 Cycle will consist of data collection in 2013, data submission in 2014, impacting the Annual Payment Update (APU) for 2015.

For more information on HQRP requirements for specific reporting cycles, please visit the [CMS HQRP website](#).

How is HQRP compliance determined?

Providers that fail to meet HQRP requirements as specified in rulemaking will receive a 2 percentage point reduction in their APU. The **HQRP is currently a “pay-for-reporting” program**, meaning it is the act of submitting required data by specified deadlines that determines compliance. Performance level on quality measures is not a factor in determining compliance and APU.

How can I receive updates/more information related to the HQRP?

There are several ways that providers can receive information related to the HQRP:

1. The **official website** for announcements and information pertinent to the HQRP is the CMS HQRP website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html?redirect=/Hospice-Quality-Reporting/>.
 - Providers should **visit this website on a regular basis** for the most up-to-date information
2. **Open Door Forum (ODF) listserv**: to sign up for the ODF listserv, visit http://www.cms.gov/Outreach-and-education/Outreach/OpenDoorForums/ODF_HHHDME.html and click on the "Home Health, Hospice & DME Open Door Forum Mailing List Sign Up" link at the bottom of the webpage, under "Related Links".
3. **E-News List Serv**: To receive the E-News, please click here to sign up: https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819

How are requirements for future reporting cycles determined?

Rulemaking is the official vehicle through which future years' reporting requirements are proposed and finalized, and rulemaking is the primary vehicle through which providers are able to provide feedback to CMS on HQRP requirements. Future reporting requirements are proposed in the **proposed rule**, which is released in the Federal Register. When the proposed rule is released, it will be announced on the CMS HQRP website. The proposed rule informs providers of potential requirements before they are finalized and provides an opportunity for stakeholders to submit comments through the **public comment period**. At the end of the comment period, CMS responds to comments and publishes finalized requirements in the **final rule** in the Federal Register.