

Hospice Compliance Calendar

[Click Here to View the Glossary](#)

- Federal fiscal year = October 1 – September 30
- Federal calendar year = January 1 – December 31
- 2024 specific regulatory requirements are highlighted

This calendar will be updated in 2024 based on regulatory updates and guidance received from CMS

Item	Timeframe	Link	Recommendation
January			
<p>Hospice Quality Measures (HIS and CAHPS) – Pay for submission</p> <ul style="list-style-type: none"> • HIS and CAHPS data is collected/submitted by the calendar year for compliance • HIS compliance = the HIS threshold is 90%. This means 90% of all HIS assessments must be submitted within 30 days of the event date (admission or discharge) • CAHPS compliance = vendor submission of data on designated submission dates (4 quarters) 	<p>The data collection year starts on January 1</p>	<p>HQRP website https://www.cms.gov/medicare/quality/hospice</p> <p>HIS https://www.cms.gov/medicare/quality/hospice/hospice-item-set-his</p> <p>CAHPS https://www.hospicecahpsurvey.org/ See CAHPS webpage for 2024 CAHPS data submission dates to vendors</p>	<p>Subscribe to HQRP updates from CMS to ensure updated information receipt</p>
<p>MFT/MHC IDG requirement</p> <p>Per the update to the Conditions of Participation at § 418.56 - Condition of participation: Interdisciplinary group (IDG), care planning, and coordination of services, hospice providers are permitted to include marriage and family therapists or mental health counselors in the IDG</p>	<p>January 1, 2024 Implementation date</p>	<p>CY 2023 Medicare Physician Fee Schedule Final Rule</p> <p>https://www.cms.gov/files/document/mssp-fact-sheet-cy-2023-pfs-final-rule.pdf</p>	<p>Ensure compliance with the regulatory requirement for patients electing the Medicare hospice benefit on January 1, 2024, and forward</p> <p>Review requirements, update internal policies and procedures, educate staff prior to implementation</p>

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<p>Hospice Special Focus Program (SFP) Hospice Special Focus Program (SFP) means a program conducted by CMS to identify hospices as poor performers, based on defined quality indicators, in which CMS selects hospices for increased oversight to ensure that they meet Medicare requirements. Selected hospices either successfully complete the SFP program or are terminated from the Medicare program.</p>	<p>January 1, 2024 Implementation of SFP</p> <p>CMS will select hospices for inclusion in the SFP during the first quarter of 2024.</p>	<p>Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update – Final rule https://public-inspection.federalregister.gov/2023-24455.pdf</p>	<p>Review program elements and educate staff.</p> <p>Focus on compliance with hospice CoPs and improving HQRPs scores.</p>
<p>Informal Dispute Process (IDP) CMS will implement a hospice IDR process to resolve disputes related to condition-level survey findings from the State survey agency (SA), CMS, or reaccreditation from the accrediting organization (AO) for continued participation in Medicare.</p>	<p>January 1, 2024 Implementation</p>	<p>Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update – Final rule https://public-inspection.federalregister.gov/2023-24455.pdf</p>	<p>Review program elements, update policies/procedures as needed, and educate staff</p>
February - April			
<p>Medicare Care Compare Refresh</p> <ul style="list-style-type: none"> Hospice quality scores are publicly reported on the Care Compare website and updated on a quarterly basis. CAHPS star ratings are updated in this quarterly refresh 	<p>February</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p> <p>Information about hospice public reporting https://www.cms.gov/medicare/quality/hospice/public-reporting-background-and-announcements</p>	<p>Before each quarterly release of data, hospice providers should review their quality measure results during a 30-day preview period using the Provider Preview Report available in QIES.</p> <p>Subscribe to HQRPs updates from CMS to ensure updated information receipt</p>
<p>OSHA Form 300-A form</p> <ul style="list-style-type: none"> Form 300-A is the Summary of Work-Related Injuries and Illnesses At the end of each calendar year, Form 300-A must be completed and certified by a company executive as correct and complete and posted in the workplace annually, where notices to workers are usually posted. 	<p>The completed form must be submitted to OSHA by early March</p> <p>The completed form must be posted for three months, from February 1 until April 30</p>	<p>Form 300-A https://www.osha.gov/recordkeeping/forms</p>	<p>Establishments under Federal OSHA jurisdiction can use the ITA Coverage Application to determine if they are required to electronically report their injury and illness information to OSHA. Establishments under State Plan jurisdiction should contact their State Plan. https://www.osha.gov/news/newsreleases/trade/01092023</p>

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<p>HIPAA Breach Reporting</p> <ul style="list-style-type: none"> HIPAA-covered entities and their business associates are required annually to notify the Office for Civil Rights (OCR) of breaches for unsecured protected health information (PHI) that affected under 500 individuals. 	<p>Annually as applicable; submit within 60 days of the end of the calendar year in which the breach was discovered</p>	<p>Submitting a notice of breach to the HHS secretary https://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html</p>	<p>Report breaches of unsecured protected health information affects fewer than 500 individuals utilizing the web portal in the link.</p>
<p>CMS Hospice Payment Update Rule (NPRM)</p> <ul style="list-style-type: none"> Annual FY issuance Includes proposed annual payment update and quality program information Other proposed regulations or changes to standing regulations may be included with the opportunity for comments (as applicable) 	<p>Usually posted in late March – early April</p>	<p>Will first appear on the Federal Register Public Inspection Desk https://www.federalregister.gov/public-inspection/current</p> <p>Will move over to the Federal Register within 7 days of initial posting https://www.federalregister.gov/documents/current</p>	<p>Subscribe to the Federal Register for emails of newly posted regulations. The selection of content can be customized. Link to subscribe is listed on the Federal Register Public Inspection Desk webpage</p>
<p>MedPAC report to Congress</p> <ul style="list-style-type: none"> Annual issuance Includes data analysis of Medicare hospice utilization and spending and recommendations to Congress 	<p>Posted in mid-March</p>	<p>MedPAC webpage https://www.medpac.gov/document-type/report/</p> <p>Hospice has its own chapter</p>	<ul style="list-style-type: none"> Monitor the website in March for the report. Sign up to receive public meeting and MedPAC alerts. Link: https://www.medpac.gov/
<p>PEPPER report</p> <ul style="list-style-type: none"> Annual issuance PEPPER is a report of provider-specific Medicare data statistics for target areas often associated with Medicare improper payments due to billing, DRG coding and/or admission necessity issues. 	<p>Usually Posted in April</p> <p>Note: There will be a temporary pause in distributing CBRs and PEPPERs as CMS works to improve and update the program and reporting system. This pause will remain in effect through the fall of 2024</p>	<p>https://pepper.cbrpepper.org/</p>	<p>Providers should pull their individual PEPPER report as soon as it is available and use it as a data source for compliance and performance improvement</p>

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<p>Medicare Care Compare Refresh</p> <ul style="list-style-type: none"> Hospice quality scores are publicly reported on the Care Compare website and updated on a quarterly basis. CAHPS star ratings are NOT updated in this quarterly refresh 	<p>May</p>	<p>Medicare Care Compare https://www.medicare.gov/care-compare/</p> <p>Information about hospice public reporting https://www.cms.gov/medicare/quality/hospice/public-reporting-background-and-announcements</p>	<p>Before each quarterly release of data, hospice providers should review their quality measure results during a 30-day preview period using the Provider Preview Report available in QIES.</p> <p>Subscribe to HQRP updates from CMS to ensure updated information receipt https://www.cms.gov/medicare/quality/hospice</p>
<p>Hospice Physician Enrollment</p> <p>A hospice medical director or the physician member of the hospice interdisciplinary group must be enrolled in or opted out of Medicare (PECOS) for hospice services to be paid.</p>	<p>May 1, 2024, implementation date</p>	<p>FY 2024 Hospice payment update rule – Final https://www.federalregister.gov/public-inspection/2023-16116/medicare-program-fy-2024-hospice-wage-index-and-payment-rate-update-hospice-conditions-of</p> <p>Medicare enrollment - PECOS https://pecos.cms.hhs.gov/pecos/login.do#headingLv1</p>	<p>Ensure that all physicians, no matter their employment status, are enrolled in Medicare or opted out before May 1, 2024.</p> <p>Review program elements, update policies/procedures as needed, and educate staff</p>
June - July			
<p>CMS Proposed Home Health Payment Update Rule (NPRM)</p> <ul style="list-style-type: none"> Annual CY issuance May include proposed regulatory information not included in the FY hospice payment update proposed rule 	<p>Usually posted in late June – early July</p>	<p>Will first appear on the Federal Register Public Inspection Desk https://www.federalregister.gov/public-inspection/current</p> <p>Will move over to the Federal Register within 7 days of initial posting https://www.federalregister.gov/documents/current</p>	<p>Subscribe to the Federal Register for emails of newly posted regulations. The selection of content can be customized.</p> <p>Link to subscribe is listed on the following webpage: https://www.federalregister.gov/documents/current</p>
<p>Note: Hospice regulations may also be included in other provider-type proposed/final rules (i.e., Physician Fee Schedule Rule). It is important for organizations to monitor rules posted by CMS for hospice content.</p>			

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<p>CMS HQRP non-compliance letters</p> <ul style="list-style-type: none"> Providers will receive a letter if they chose not to submit quality information to CMS, or if their submission was not compliant Hospices that receive a letter of non-compliance may submit a request for reconsideration to CMS Non-compliance notifications will be distributed by the Medicare Administrative Contractors (MACs) and will be placed into hospices' CASPER folders in QIES 	<p>Usually distributed in July</p>	<p>Instructions for appeal are included in the notification and on the Reconsideration Requests webpage</p>	<p>Ensure compliance requirements for HQRP is met</p>
August - November			
<p>CMS Hospice Payment Update Rule (Final)</p> <ul style="list-style-type: none"> Annual FY issuance Includes final annual payment update and quality program information. Other proposed regulations or changes to standing regulations outcome with effective dates (as applicable). 	<p>Usually posted in late early August</p> <p>Annual payment rate update begins October 1st</p>	<p>Will first appear on the Federal Register Public Inspection Desk https://www.federalregister.gov/public-inspection/current</p> <p>Will move over to the Federal Register within 7 days of initial posting https://www.federalregister.gov/documents/current</p>	<p>Subscribe to the Federal Register for emails of newly posted regulations. The selection of content can be customized.</p> <p>Link to subscribe is listed on the following webpage: https://www.federalregister.gov/documents/current</p>
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<p>CMS HQRP Reconsideration Results</p>	<p>Reconsideration results delivered in August/September</p>	<p>N/A</p>	<p>Adjust your budget to receive a 4% reduction in the annual payment rate for the associated fiscal year. (Example 2022 CY data submission is associated with FY 2024 annual payment update)</p>

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Glossary

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CMS – Centers for Medicare and Medicaid Services

CY – calendar year

CoPs – Conditions of Participation

FY – fiscal year

HQRP – Hospice quality reporting program

NPRM – notice of proposed rulemaking

OSHA – Occupational Safety and Health Administration

PEPPER – Program for Evaluating Payment Patterns Electronic Report