Home Health Line Fact Sheet

HQRP updates in the FY2027 hospice final rule

The fiscal year 2027 hospice payment rule included some important changes and updates for the Hospice Quality Reporting Program (HQRP).

Failure to report icon

Effective in October/November 2027, CMS will add an icon to Care Compare results for a provider that fails to meet the 90% reporting requirement for the Hospice Outcomes and Patient Evaluation (HOPE) tool.

Hospices are expected to have at least 90% of HOPE submissions submitted and accepted by CMS within 30 days from target dates for admission, discharge and update visits.

Icon details

The icon will be similar to those used to identify issues at hospitals and nursing homes. Example: ⚠

Data for the first year will be based on calendar year 2026 results, with the icon added or removed annually.

The icon will be visible on both the provider search page and the individual hospice page.

A "plain-language explanation" will be included with the icon, according to CMS, to ensure consumers are aware of what the icon means and how it should be taken into consideration.

Why an icon?

Officials are frustrated that past efforts to compel compliance have failed to move the needle.

In 2023, CMS announced it would double the penalty for failing to meet reporting requirements — meaning a 4 percentage point reduction in payments. With annual payment updates routinely falling below 4%, this generally means a hospice will see a payment cut if it fails to meet the 90% reporting threshold.

And yet, CMS notes the penalty has done nothing to motivate providers.

Percent of hospices failing to meet reporting requirements

FY 2023	FY 2024	FY 2025	FY 2026
20.07%	22.06%	23.53%	20.37%

Source: FY 2027 hospice payment rule

Response to criticism

- **Accentuate the negative.** CMS notes that some providers wanted a positive icon to represent agencies that meet standards. Officials say a negative icon is a more effective incentive for hospices to meet HQRP requirements.
- **There will not be an additional review period for the icon.** Some providers asked for a preview period for disputes in advance of icon placement. CMS stated that the existing 30-day window to submit a reconsideration for non-compliance is sufficient.

Notable exceptions

CAHPS Hospice survey submissions will not be used to determine icon placement.

Any hospice that is **exempted from the HQRP reporting requirements** due to extraordinary circumstances will not be identified by this icon.

This may apply to new hospices that receive a CCN letter late in the calendar year.

New quality measures

Beginning with the November 2027 update of Care Compare, CMS expects to add two new measures to the HQRP using HOPE data.

- **Timely Follow-up for Pain Impact** measures the percent of hospice patient assessments that have a symptom follow-up visit (SFV) within two calendar days after pain impact was initially assessed as moderate or severe.
- **Timely Follow-up for Non-Pain Symptom Impact** measures the percent of hospice patient assessments that have a SFV within two calendar days after non-pain symptom impact was initially assessed as moderate or severe.

An SFV can be triggered during the admission or a hospice update visit (HUV) using the results from J2051 (Symptom impact).

Depending upon responses to J2051 at admission and the two HUVs (each at specified timeframes), up to three SFVs may be required over the course of the hospice period.

If there is evidence of ongoing moderate or severe symptom impact during an SFV, no additional SFV is required for HOPE. However, the hospice staff are expected to continue following up with the patient based on their clinical and symptom management needs.

Future changes

Beyond the icon

If the failure to report icon doesn't produce results, CMS notes in the rule that officials "may consider strong reporting-related enforcement to increase transparency and accountability processes in future rulemaking proposals."

Hospice Care Index tweaks

Added to the HQRP in fall 2021, the Hospice Care Index (HCI) may be in line for retooling.

CMS notes in the rule that officials are "considering making changes to the HCI measure to better distinguish true differences in hospice performance, making it more useful and important to providers and consumers."

For example, CMS notes concerns that some existing indicators — particularly those related to continuous home care, general inpatient care and certain burdensome transition and live discharge measures — may not accurately reflect hospice quality and can be affected by billing rules, patient preferences or hospice case-mix. ■

Source: FY2027 hospice payment final rule, HQRP Quality Measure Specifications User Manual (v1.04)