



Timeliness Compliance Threshold for HIS Submissions: Fact Sheet

This fact sheet outlines the timeliness compliance threshold for HIS submissions, details the algorithm for calculation and explains the associated CASPER report.

Summary of Timeliness Compliance Threshold for HIS Submission

CMS finalized a timeliness compliance threshold for HIS submissions in the FY 2016 Final Rule, which stated:

- Hospices are required to submit all Hospice item Set (HIS) records (HIS-Admission and HIS-Discharge records) by the submission deadline. The submission deadline for HIS records is 30 days from the target date (the patient's date of admission to or discharge from the hospice).
- In order to avoid the percentage point reduction in their Annual Payment Update (APU), hospices are required to submit a minimum percentage of their HIS records by the 30-day submission deadline.

Beginning with the FY 2022 Final Rule, for FY 2024 APU and for each subsequent year, the reduction increased to 4 percent for hospices that do not comply with the timeliness threshold.

The compliance threshold is 90%. Beginning with the FY 2020 APU determination and ALL subsequent years, providers must submit 90% of all required HIS records in accordance with the 30-day submission deadline.

Please note: This compliance threshold is related to the *submission deadline* for HIS records only. Recommended completion deadlines are not considered in the timeliness compliance threshold calculations.

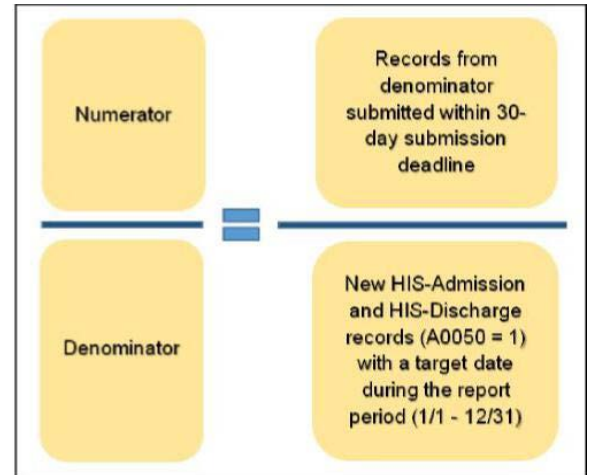
Preliminary Algorithm for Compliance Threshold Calculation

In the FY 2016 Final Rule, CMS also defined the algorithm for calculating the timeliness compliance threshold. In general, HIS records submitted for patient admissions and/or discharges with a target date during the reporting period (January 1st – December 31st of the reporting year involved) are included in the denominator of the compliance threshold calculation. The numerator includes any records from the denominator that were submitted within the 30-day submission deadline. There are two circumstances for allowances:

- Adjustments for hospices granted extensions or exemptions
- Adjustments for instances of modification/inactivation requests (Item A0050. Type of Record = 2 or 3).

Figure 1. Preliminary Algorithm for Compliance Threshold Calculation*

*Note: the calculation algorithm will also be adjusted for records for which a hospice was granted an extension or exemption by CMS



** Due to the 30-day submission threshold, the CMS system waits to run their **annual data summary of hospice submissions by provider** until 1/31 each year.

Availability of Certification and Survey Provider Enhanced Reports (CASPER) Reports

The CASPER Reporting application enables hospice providers with a Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) User ID to connect electronically to the National Reporting Database. Currently, there are several CASPER reports available for hospice providers. CASPER reports can help hospice providers monitor the submission and acceptance status of HIS records in addition to identifying errors in need of correction.

The **Hospice Timeliness Compliance Threshold Report**, is a CASPER report that allows providers to check their preliminary compliance with the 90 % compliance threshold. Specifically, this report will display:

- Provider identification information
- # of HIS records submitted
- # of HIS records submitted on time
- % of HIS records submitted on time

HIS records included in the Hospice Timeliness Compliance Threshold report:

- Only records that have been **submitted and accepted** by the QIES ASAP system are included in the Hospice Timeliness Compliance Threshold Report.
- In the CASPER application, providers will select the appropriate APU fiscal year (FY) from the FY dropdown list. For reports run in 2024, this will be the FY 2026 APU year.
- The report is based on the first submission (or new/original record A0050=1) and will include all new HIS records (A0050 = 1) that have been **submitted and accepted** by the

QIES ASAP system with a target date during the reporting period. For the FY 2026 APU year, this would be 1/1/24 through the date on which the provider runs the report.

- Adjustments mentioned above are not reflected in the report.
- **Example:** provider selects “FY 2026” from the drop-down list and runs Hospice Timeliness Compliance Threshold Report on August 18th, 2024. This report will contain all new HIS records (A0050 = 1) that have been submitted and accepted by the QIES ASAP system with a target date of 1/1/24 through 8/18/24 (the date on which the CASPER report was run).

For more information, consult the following:

- About the Hospice Timeliness Compliance Threshold Report, see Chapter 3 of the CASPER User’s Manual: <https://qtso.cms.gov/reference-and-manuals/casper-hospice-reporting-users-guide>.
- The Hospice Quality Help Desk [at HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov) for questions about the timeliness compliance threshold.
- The CASPER Reporting User’s Guide, available on the QTSO webpage: <https://qtso.cms.gov/> for more detailed instruction on accessing CASPER reports, including the **Hospice Timeliness Compliance Threshold Report**.
- The General Technical Help Desk at igies@cms.hhs.gov or call 877-201-4721, for questions about access to CASPER, or specific provider reports.
- The Reconsideration Help Desk at HospiceQRPreconsiderations@cms.hhs.gov for questions related to the submission of a reconsideration request or to ask other questions related to reconsiderations.
- CMS’ [HQRP Training and Education Library](#) webpage, for trainings related to the HQRP, the HIS, and Data Submissions and Reports.