

Hospice Quality Reporting Program

Updates to Public Reporting in Fiscal Year (FY) 2019: Hospice Comprehensive Assessment Measure and Data Correction Deadlines

December 13, 2018

Welcome & Agenda

Part 1

- Learn about the NQF #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission Quality Measure (QM)
 - Measure background and what it assesses
 - How it is calculated (including accounting for conditional measures)
 - How the measure will be reported
- Question and Answer session

Part 2

- Review the 4.5 Month Data Correction Deadline Policy Update
- Question and Answer session

Cindy Massuda, JD
CCSQ, CMS

Dorothy Wu, BA
RTI International

Elizabeth Fehlberg, PhD RN
RTI International

Acronyms used in this presentation

- CASPER: Certification And Survey Provider Enhanced Reports
- CMS: Centers for Medicare & Medicaid Services
- CY: Calendar Year
- FAQ: Frequently Asked Questions
- FY: Fiscal Year
- HIS: Hospice Item Set
- HQRP: Hospice Quality Reporting Program
- NQF: National Quality Forum
- QIES ASAP: Quality Improvement and Evaluation System Assessment Submission and Processing
- QMs: Quality measures
- QTSO: QIES Technical Support Office

PART ONE

NQF #3235 The Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission

What is the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235)?

- Also known as the Hospice Comprehensive Assessment Measure, or the Composite Measure
- Implemented in the HQRP on April 1, 2017 and is calculated using existing HIS data items from the HIS V2.00.0
- Captures - in a **single** measure - whether **multiple** key care processes were delivered upon patients' admissions to hospice (i.e., a composite measure)

Which measures are included in the Hospice Comprehensive Assessment QM?

- Table 1 lists the 7 Hospice Item Set (HIS)-based QMs that were originally implemented with the HIS was released
- The Hospice Comprehensive Assessment QM is comprised of the 7 HIS Admission-based Care Process QMs

Table 1. The 7 HIS Admission-based Care Process QMs

NQF#1617 Patients Treated with an Opioid who are Given a Bowel Regimen

NQF #1634 Pain Screening

NQF #1637 Pain Assessment

NQF #1639 Dyspnea Screening

NQF #1638 Dyspnea Treatment

NQF #1641 Treatment Preferences

NQF #1647 Beliefs/Values Addressed (if desired by the patient)

Which measures are included in the Hospice Comprehensive Assessment QM?

- Instead of looking at each of the 7 care processes in Table 1 individually, the Hospice Comprehensive Assessment QM looks at **all 7 component measures at once**
- In a single measure, the Hospice Comprehensive Assessment QM captures the proportion of patients for whom the hospice performed **all 7 care processes**, as applicable

Table 1. The 7 HIS Admission-based Care Process QMs

NQF#1617 Patients Treated with an Opioid who are Given a Bowel Regimen
NQF #1634 Pain Screening
NQF #1637 Pain Assessment
NQF #1639 Dyspnea Screening
NQF #1638 Dyspnea Treatment
NQF #1641 Treatment Preferences
NQF #1647 Beliefs/Values Addressed (if desired by the patient)

How is the Hospice Comprehensive Assessment QM calculated?

- The Hospice Comprehensive Assessment QM is an “**all-or-none**” measure, which means that in order to receive credit for the QM, the hospice must perform **ALL** 7 care processes (as applicable) for that patient (no partial credit)
- The Hospice Comprehensive Assessment QM is **not** an average of the hospice’s performance on individual care processes

Example of all-or-none approach

- » Your hospice successfully completes 6 out of the 7 HIS care processes for a patient upon admission (or 86% of required care processes).
- » However, since the Hospice Comprehensive Assessment QM has an all-or-none standard, your hospice would not receive **any** credit for that patient for this measure (i.e., 0% for this patient)
- » This is because your hospice did not successfully complete all 7 care processes.

The all-or-none criterion sets a higher bar for performance

Implications of an all-or-none approach

- All-or-none approach means it is possible for the Hospice Comprehensive Assessment QM score to be lower than the lowest component measure score

School Example: Understanding why the Hospice Comprehensive Assessment QM score may be lower than individual component scores

A school has three students:

- Alex
- John
- Erin

The school was supposed to teach the students three subjects:

- Math
- Science
- English

Let's look at how the school did ...

School Example (continued):

	Math	Science	English
Alex	✓	✓	✗
John	✗	✓	✓
Erin	✓	✓	✓

The school taught Alex: **Math** and **Science**

The school taught John: **Science** and **English**

The school taught Erin: **Math**, **Science**, and **English**

School Example (continued):

How well did the school do at teaching each of the subjects (individual measure approach)?

	Math	Science	English
Alex	✓	✓	✗
John	✗	✓	✓
Erin	✓	✓	✓
% Students taught Each subject	67%	100%	67%

How well did the school do at **teaching each student all of the subjects** (i.e., “all or none” composite measure)?

	Math	Science	English	All Subjects Taught?
Alex	✓	✓	✗	No (0%)
John	✗	✓	✓	No (0%)
Erin	✓	✓	✓	Yes (100%)
% Students taught ALL subjects = 1 out of 3 students = 33%				

School Example (continued):

	Math	Science	English		Average-based	All-or-none based
Alex	✓	✓	✗		67%	0%
John	✗	✓	✓		67%	0%
Erin	✓	✓	✓		100%	100%
% Students taught Each subject	67%	100%	67%		78%	33%

What are conditional measures?

- Conditional measures are measures where inclusion in the denominator is “dependent” or “conditional” on a response to a previous item
- Conditional measures matter because not all measures are required for all patients, so there must be a way to account for measures that are “N/A” for a given patient to ensure the hospice is not unfairly penalized
- Hospice Comprehensive Assessment QM conditional measures:

Conditional Measure	Condition
NQF #1637 Pain Assessment	To be included in this measure, the patient must screen positive for pain as indicated by J0900C.
NQF #1638 Dyspnea Treatment	To be included in this measure, the patient must screen positive for shortness of breath as indicated by J2030C.
NQF #1617 Patients Treated with an Opioid Who Are Given a Bowel Regimen	To be included in this measure, a scheduled opioid must be initiated or continued as indicated by N0500A.

How does the Hospice Comprehensive Assessment QM account for conditional measures?

When calculating the Hospice Comprehensive Assessment QM, if a patient does not meet the denominator criteria for a conditional measure, **the hospice will by default 'receive credit' for that conditional measure for that patient.**

Note: this methodology only applies to the Hospice Comprehensive Assessment QM, **not** the calculation of the individual component measures

How does the Hospice Comprehensive Assessment QM account for conditional measures?

- For example, if a patient screened 'negative' for dyspnea:
 - The patient would be ineligible for the NQF#1638 Dyspnea Treatment QM
 - The hospice would 'receive credit' for the Dyspnea Treatment component of the Hospice Comprehensive Assessment QM, even without having conducted the dyspnea treatment care process
- This is because, based on the results of the patient's dyspnea screening, it was appropriate for the hospice not to proceed with dyspnea treatment, as the patient does not have dyspnea

How does the Hospice Comprehensive Assessment QM account for conditional measures?

If the patient...	In the Hospice Comprehensive Assessment QM you automatically receive credit for the component measure:
Reported no pain during pain screening (HIS V2.00 item J0900C = 0)	NQF #1637 Pain Assessment
Screened negative for SOB (HIS V2.00 item J2030C = 0)	NQF #1638 Dyspnea Treatment
Patient not on scheduled opioid (HIS V2.00 item N0500A = 0)	NQF #1617 Patients Treated with an Opioid Who Are Given a Bowel Regimen

Note: this methodology only applies to the Hospice Comprehensive Assessment QM, **not** the calculation of the individual component measures

Hospice Comprehensive Assessment QM Calculation

STEP 1. Determine the denominator

The Hospice Comprehensive Assessment QM denominator includes all patient stays **except** those admitted before April 1, 2017* and those that meet the measure exclusion criteria

*Inclusion is based on patient's admission date (i.e., even if patient stays are active after 4/1/17, they are not included in the QM if their admission date is before 4/1/17)

Exclusion Criteria:

1. Patients younger than 18 (as indicated by the birth date (item A0900) and admission date (item A0220),
2. Patients that have not been discharged from the hospice, as determined by the submission of a HIS-Discharge record, and/or
3. Discharged patients that do not have a matching HIS-Admission record

Hospice Comprehensive Assessment QM Calculation

STEP 2. Determine whether each patient met all 7 component numerator criteria or received credit automatically for certain conditional measures.

For **each patient's stay in the denominator**, check off which QMs out of the 7 component HIS QMs in the Hospice Comprehensive Assessment QM that you met the requirements (and thus received credit), as applicable*:

- ☐ NQF#1617 Patients Treated with an Opioid who are Given a Bowel Regimen*
- ☐ NQF #1634 Pain Screening
- ☐ NQF #1637 Pain Assessment*
- ☐ NQF #1639 Dyspnea Screening
- ☐ NQF #1638 Dyspnea Treatment*
- ☐ NQF #1641 Treatment Preferences
- ☐ NQF #1647 Beliefs/Values Addressed (if desired by the patient)

*Remember that if a patient does not meet the denominator criteria for one of the conditional measures (indicated in the above list by *), your hospice will by default 'receive credit' for that conditional measure in the calculation of the Hospice Comprehensive Assessment QM, even without having conducted that care process.

Hospice Comprehensive Assessment QM Calculation

STEP 3. Determine if the patient stay will receive credit for this QM:

For each of the patient stays that meet the denominator criteria, add up the number of component HIS QMs for which you met the requirements

For any given patient stay, if your **total = 7**:

- This patient stay **met the numerator criteria** for the Hospice Comprehensive Assessment QM
- Your hospice **will receive credit** for this patient in the QM

For any given patient stay, if your **total is less than 7**:

- This patient stay **did not** meet the numerator criteria for the Hospice Comprehensive Assessment QM
- Your hospice will **not** receive credit for this patient in the QM

Hospice Comprehensive Assessment QM Calculation

STEP 3 (continued). For each of the patient stays that meet the denominator criteria, **add up the number of component HIS QMs for which you met the requirements**

Patient A

- ☒ NQF#1617 Patients Treated with an Opioid who are Given a Bowel Regimen*
- ☒ NQF #1634 Pain Screening
- ☒ NQF #1637 Pain Assessment*
- ☒ NQF #1639 Dyspnea Screening
- ☒ NQF #1638 Dyspnea Treatment*
- ☒ NQF #1641 Treatment Preferences
- ☒ NQF #1647 Beliefs/Values Addressed (if desired by the patient)

Total = 7



Your hospice **will receive credit** for this patient for the QM

Patient B

- ☒ NQF#1617 Patients Treated with an Opioid who are Given a Bowel Regimen*
- ☒ NQF #1634 Pain Screening
- ☒ NQF #1637 Pain Assessment*
- ☒ NQF #1639 Dyspnea Screening
- ☒ NQF #1638 Dyspnea Treatment*
- ☒ NQF #1641 Treatment Preferences
- ☒ NQF #1647 Beliefs/Values Addressed (if desired by the patient)

Total is less than 7



Your hospice **will not receive credit** for this patient for this QM

Hospice Comprehensive Assessment QM Calculation

STEP 4. To calculate your hospice's overall Hospice Comprehensive Assessment QM, divide the final denominator for the QM by the number of patient stays in the denominator that met the numerator for the QM

$$\begin{array}{l} \text{Your hospice's} \\ \text{observed QM score} \\ \text{for the Hospice} \\ \text{Comprehensive} \\ \text{Assessment QM} \end{array} = \frac{\begin{array}{l} \text{The number of patient stays that} \\ \text{met the numerator and received} \\ \text{credit for the QM (Step 3)} \end{array}}{\begin{array}{l} \text{Final denominator, after accounting for} \\ \text{exclusion criteria (Step 1)} \end{array}} \times 100$$

Reporting of the Hospice Comprehensive Assessment QM

- Providers are able to view their Hospice Comprehensive Assessment QM scores on their Certification And Survey Provider Enhanced Reports (CASPER) Reports, which includes their:
 - Hospice-Level Quality Measure Report (QM Report)
 - Patient Stay-Level Quality Measure Report
- Hospice Comprehensive Assessment QM scores also appear on Preview Reports in advance of public reporting on Hospice Compare

For information on accessing and interpreting CASPER QM Reports, please refer to the [CASPER QM Report Fact Sheet](#)

The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

REPORT TIMEFRAME: 06/01/14 – 06/30/15

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
Patient F	123456	01/01/2017	05/31/2017	X	X	X	e	b	b	e	d	3
Patient G	234567	04/05/2017	07/08/2017	X	X	b	e	X	X	X	b	5
Patient H	345678	04/18/2017	05/04/2017	X	X	X	X	X	X	X	X	8
Patient J	456789	06/06/2017	06/13/2017	X	X	X	X	X	e	e	X	6
Etc.												



The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

Patient stay-level QM Report Footnotes:

Footnote	What it means
X	The patient met the denominator and numerator criteria for the measure. The hospice will “get credit” for this measure for this patient.
b	The patient met the denominator criteria but not the numerator criteria for the measure. The hospice will not get credit for this measure for this patient.
e	The patient did not meet the denominator criteria for the measure or was excluded from the measure. This measure does not apply to this patient and this patient will not count against or for a hospice in measure calculation.
c	The patient’s admission date was pulled from the discharge record because the admission record is missing. This patient is excluded from measure calculation because of this missing record.
New! d	The measure was implemented after the patient’s admission date. This patient is excluded from measure calculation for this measure.

The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

Example where patient was admitted prior to 4/1/2017:

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
Patient F	123456	01/01/2017	05/31/2017	X	X	X	e	b	b	e	d	3



The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

Example where patient **does not** meet the inclusion criteria for the Hospice Comprehensive Assessment QM:

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
Patient G	234567	04/05/2017	07/08/2017	X	X	<u>b</u>	e	X	X	X	b	5



The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

Example where patient **does** meet the inclusion criteria for the Hospice Comprehensive Assessment QM:

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
Patient H	345678	04/18/2017	05/04/2017	X	X	X	X	X	X	X	X	8



The Hospice Comprehensive Assessment QM and Patient stay-level CASPER QM Reports

Example where patient **does** meet the inclusion criteria and receives automatic credit for certain condition measures:

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
Patient J	456789	06/06/2017	06/13/2017	X	X	X	X	X	e	e	X	6



The Hospice Comprehensive Assessment QM and Hospice-level CASPER QM Reports

REPORT TIMEFRAME: 06/01/14 – 06/30/15

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent
Treatment Preferences (NQF #1641)	H001.01	7	8	87.5
Beliefs/ Values (NQF #1647)	H002.01	7	8	87.5
Pain Screening (NQF #1634)	H003.01	7	8	87.5
Pain Assessment (NQF #1637)	H004.01	4	4	100.0
Dyspnea Screening (NQF #1639)	H005.01	7	8	87.5
Dyspnea Treatment (NQF #1638)	H006.01	5	6	83.3
Bowel Regimen (NQF #1617)	H007.01	5	5	100.0
Hospice Comprehensive Assessment (NQF #3235)	H008.01	5	7	71.4

Additional Resources

- For more information on Hospice Comprehensive Assessment QM, refer to the [Hospice Comprehensive Assessment Background and Methodology Fact Sheet](#) and the QM User's Manual available for download of the HQRP [Current Measures](#) Page.
- For more information on the CASPER QM Reports, refer to the [CASPER QM Factsheet](#).
- Providers are encouraged to access the [From Data to Measure](#) webinar for guidance on how providers should interpret their QM Reports (both the Hospice-level QM Report and the Patient stay-level QM Report)
- Training materials can also be found in the Downloads section on the HQRP [Training and Education Library](#)

PART ONE:

Question and Answer Session

PART TWO

Policy Update: 4.5 Month Data Correction Deadline for Public Reporting

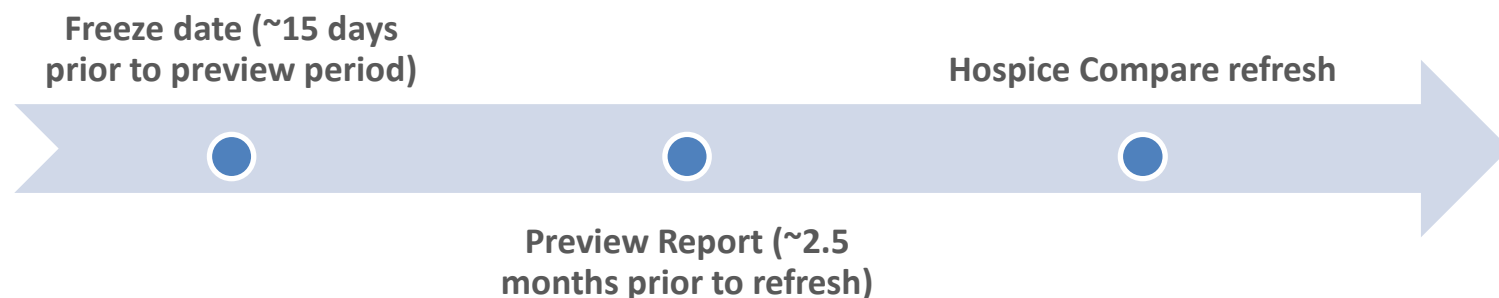
Current Policy: “Freeze Dates”

- Hospice Compare is a “snapshot” of provider performance that is updated (or “refreshed”) on a quarterly basis; the data is not updated in real-time
- To ensure that the data displayed in the HIS Provider Preview Reports are an accurate representation of the “snapshot” of data to be displayed on Hospice Compare, CMS instituted “freeze dates”



Current Policy: “Freeze Dates”

- “Freeze dates” specify the **latest possible date** providers can correct their data and have that corrected data be displayed on their Preview Reports (and ultimately Hospice Compare) for a **given** refresh
- Currently, if providers correct data after the “freeze date,” these updates will not be reflected in the upcoming Hospice Compare refresh, but instead will be reflected in a subsequent refresh



Policy update: The 4.5 month data correction deadline

- To make corrections timelier and ensure that Hospice Compare is an accurate and consistent representation of hospice quality, as well as to align with other post-acute care settings, CMS implemented new public reporting data review and correction timeframes for data submitted using the HIS in the FY 2019 Hospice final rule*

Beginning January 1, 2019, providers will have approximately 4.5 months following the end of each Calendar Year (CY) quarter to review and correct HIS records with target dates (i.e., the patient's admission or discharge date) in that quarter

*FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements final rule (83 FR 38622, see pages 38638-38640)

Policy update: The 4.5 month data correction deadline

- Once this new 4.5 month data correction deadline has passed, HIS data from that CY quarter will be **permanently frozen** for the purposes of public reporting
- Any updates or changes made to data after the data's corresponding correction deadline will not appear in any Hospice Compare refresh

Data Correction Deadlines for Public Reporting (starting 1/1/2019)

HIS Record Target Date	4.5 Month Data Correction Deadline for Public Reporting
Prior to January 1, 2019	August 15, 2019
Quarter 1, 2019 (Jan 1 – March 31, 2019)	August 15, 2019
Quarter 2, 2019 (April 1 – June 30, 2019)	November 15, 2019
Quarter 3, 2019 (July 1 – Sept 30, 2019)	February 15, 2020
Quarter 4, 2019 (Oct 1 – Dec 31, 2019)	May 15, 2020

Data Correction Deadlines for Public Reporting (starting 1/1/2019)

HIS Record Target Date	4.5 Month Data Correction Deadline for Public Reporting
Prior to January 1, 2019	August 15, 2019
Quarter 1, 2019 (Jan 1 – March 31, 2019)	August 15, 2019
Quarter 2, 2019 (April 1 – June 30, 2019)	November 15, 2019
Quarter 3, 2019 (July 1 – Sept 30, 2019)	February 15, 2020
Quarter 4, 2019 (Oct 1 – Dec 31, 2019)	May 15, 2020

- For example, for HIS records with admission or discharge dates during the first quarter of 2019 (Jan 1 – March 31), providers have approximately 4.5 months after the end of quarter 1 (August 15, 2019) to review and correct these HIS records before they are **permanently frozen for the purposes of public reporting**

Data Correction Deadlines for Public Reporting (starting 1/1/2019)

HIS Record Target Date	4.5 Month Data Correction Deadline for Public Reporting
Prior to January 1, 2019	August 15, 2019
Quarter 1, 2019 (Jan 1 – March 31, 2019)	August 15, 2019
Quarter 2, 2019 (April 1 – June 30, 2019)	November 15, 2019
Quarter 3, 2019 (July 1 – Sept 30, 2019)	February 15, 2020
Quarter 4, 2019 (Oct 1 – Dec 31, 2019)	May 15, 2020

- Note that HIS records with target dates prior to January 1, 2019, will also have the data correction deadline for public reporting of August 15, 2019 (same data correction deadline as that of Quarter 1, 2019 data)

How will the 4.5 month data correction deadline be implemented?

- The 4.5 month data correction deadline policy will eventually replace the current “freeze date” policy
- “Freeze dates” will still be required for three Hospice Compare refreshes that will occur in 2019 prior to or around August 15, 2019, the first 4.5 month data correction deadline

“Freeze Date” Phase Out

Hospice Compare refresh	Discharged patient-stays included in refresh	“Freeze date”	4.5 month data correction deadline
February 2019	Q2 2017—Q1 2018	November 15, 2018	August 15, 2019
May 2019	Q3 2017—Q2 2018	February 15, 2019	August 15, 2019
August 2019	Q4 2017—Q3 2018	May 15, 2019	August 15, 2019
November 2019	Q1 2018—Q4 2018	August 15, 2019	August 15, 2019

How will the 4.5 month data correction deadline be implemented?

“Freeze Date” Phase Out

Hospice Compare refresh	Discharged patient-stays included in refresh	“Freeze date”	4.5 month data correction deadline
February 2019	Q2 2017—Q1 2018	November 15, 2018	August 15, 2019
May 2019	Q3 2017—Q2 2018	February 15, 2019	August 15, 2019
August 2019	Q4 2017—Q3 2018	May 15, 2019	August 15, 2019
November 2019	Q1 2018—Q4 2018	August 15, 2019	August 15, 2019

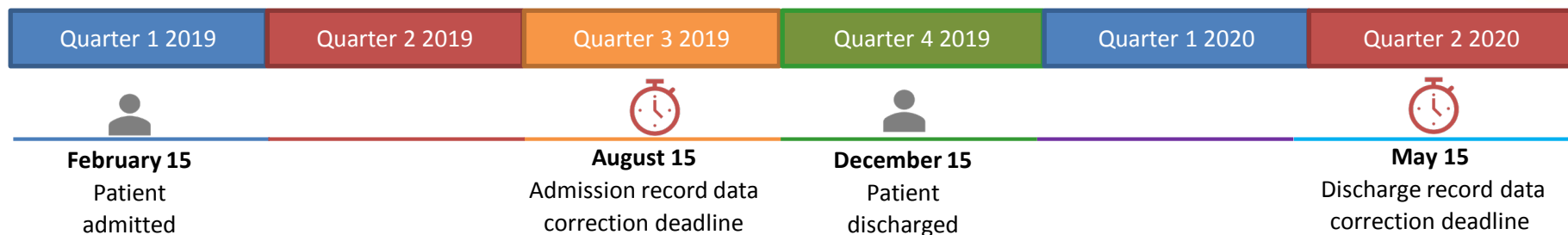
- For the November 2019 Hospice Compare refresh, **the 4.5 month data correction deadline falls on the same day or precedes the “freeze date”**
- Therefore, the “freeze date” will no longer be required for Hospice Compare refreshes starting with the November 2019 refresh; instead all data must be corrected by the new data correction deadline to be reflected on Compare

Important features of the updated policy

- This policy is based on the **record-level**, not the patient stay-level, which means that a patient's HIS-Admission and HIS-Discharge records may have different data correction deadlines
- **Providers should not wait until the patient has been discharged to review admission data because at that point, it may be too late to correct errors in the admission record**
- Therefore, we encourage providers to review their HIS records early and often to help identify any errors in submitted data

An example of patients with a length of stay that extends over multiple Calendar Year quarters

For example, a provider has a patient that was admitted on February 15, 2019 and discharged on December 15, 2019:



In this example, the admission record must be corrected (if necessary) by mid-August 2019, prior to the patient being discharged from hospice (in December 2019)

Important features of the updated policy

- The data correction deadline is based on **which CY quarter the record target date falls under**, not the record submission date
- This means that all records with target dates within a particular CY quarter must be corrected by the data correction deadline for that CY quarter, even if the record was submitted after the end of the CY quarter

For example, if a patient was admitted on March 15, 2019 and their provider submitted their HIS-Admission record on April 5, 2019 (within 30 days)

- Because this patient's admission record target date (March 15, 2019) is in Quarter (Q)1 2019, the provider must modify this record, if necessary, by the Q1 2019 deadline of August 15, 2019
- The record submission date in Q2 2019 (April 5, 2019) does not impact the deadline by which providers must modify records for the purposes of public reporting

How does the 4.5 month data correction deadline for public reporting affect HIS submission, modification, and inactivation policies?

- The 4.5 month data correction deadline does not impact the established 30-day HIS data submission deadline
 - Providers will continue to have 30 days from the record's target date to submit HIS data

For more information about data submission deadlines, refer to the CMS HQRP [Hospice Quality Reporting](#) page

- The 4.5 month data correction deadline does not impact the 36 month window for modification and inactivation requests
 - However, HIS data modified after the 4.5 month data correction deadline for public reporting will not appear on Hospice Compare

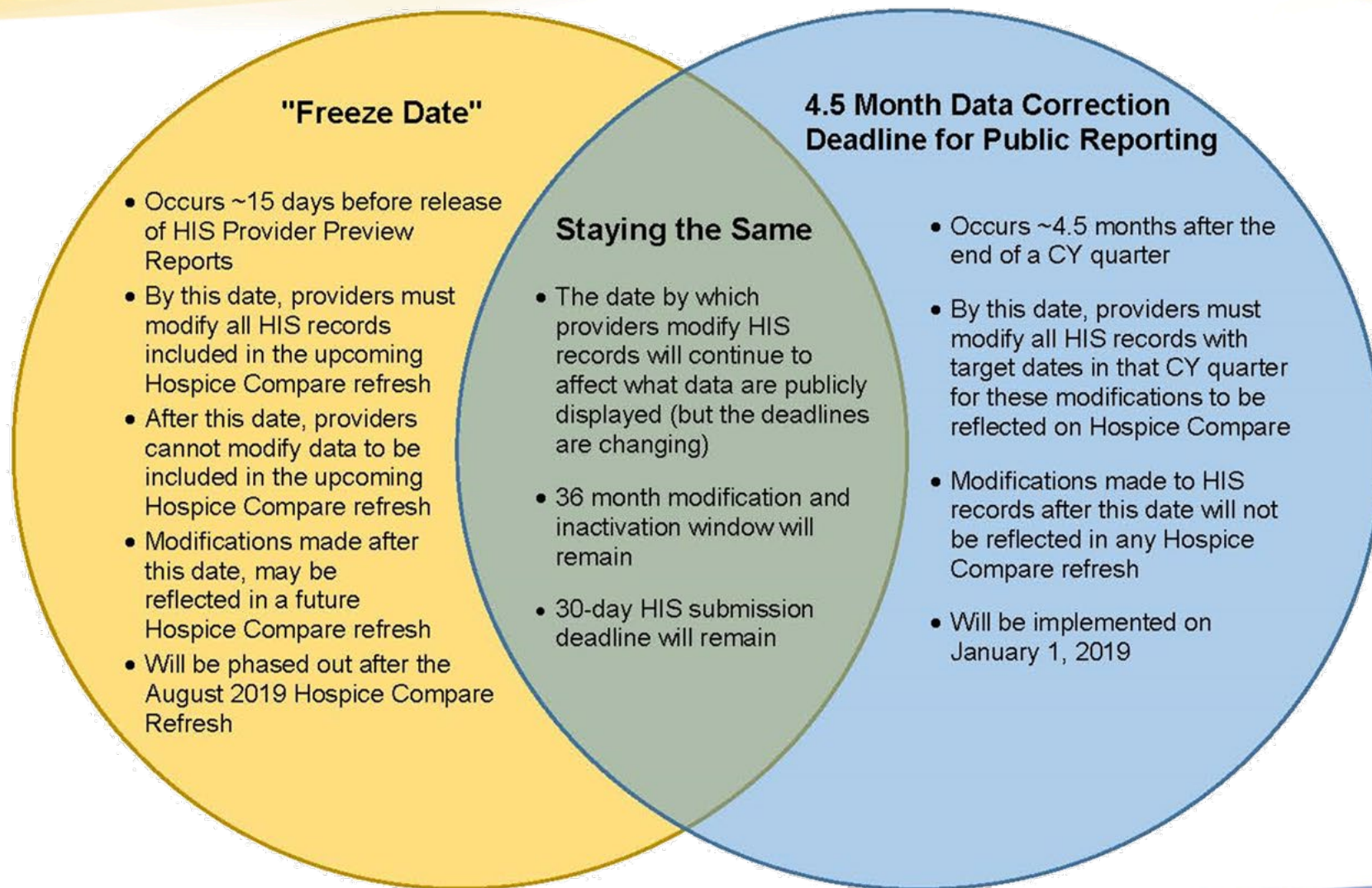
For more information about modification and inactivation requests, refer to Section 3.6 of the HIS Manual available for download on the CMS HQRP [Hospice Item Set \(HIS\)](#) page

How can I review my data before the data correction deadline?

- Providers should review their data for accuracy prior to submitting their data
- Providers are encouraged to review their data prior to the data correction deadline for public reporting using their CASPER Hospice-level QM Report and Patient stay-level QM Report
- These reports are on-demand and thus enable hospice providers to view and compare their performance to the national average for a reporting period of their choice
- If any errors are identified, providers should submit a HIS modification or inactivation request and have this request accepted by the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system **before** the data correction deadline

How can I prepare for the implementation of the 4.5 month data correction deadline for public reporting?

- The first data correction deadline of 2019 is on **August 15, 2019** and is for HIS records with target dates **prior to January 2019** and **during the first quarter of 2019 (Jan – March)**
- In preparation for this deadline, providers should:
 1. Review all HIS records with target dates prior to 2019 and in the first quarter of 2019 to ensure they are **complete** and **accurate**
 2. If any errors are identified, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before **August 15, 2019**



Additional Resources

- For more information on this new policy, refer to the [4.5 Month Data Correction Deadline for Public Reporting Fact Sheet](#)
- For more information on the CASPER QM Reports, refer to the [CASPER QM Fact Sheet](#)
- Providers are encouraged to access the [From Data to Measure](#) webinar for guidance on how providers should interpret their QM Reports (both the Hospice-level QM Report and the Patient stay-level QM Report)
- Training materials can also be found in the Downloads section on the HQRP [Training and Education Library](#)

PART TWO:

Question and Answer Session

Additional Questions?

General HQRP or HIS-specific Inquiries

Hospice Quality Help Desk: HospiceQualityQuestions@cms.hhs.gov

For Technical Assistance (QTSO, QIES, HART, or CASPER)

QTSO Help Desk:

Email: help@qtso.com

Phone: 1-877-201-4721 (M-F, 7AM-7PM CT)