

## Policy Update: 4.5 Month Data Correction Deadline for Public Reporting

CMS implemented Hospice Item Set (HIS) Provider Preview Reports so providers could preview their quality measure scores before the data are publicly displayed on Hospice Compare. To ensure that the data displayed in the HIS Provider Preview Reports were an accurate representation of data to be displayed on Hospice Compare, CMS implemented a correction deadline, or “freeze date,” in 2017. Freeze dates specify the latest possible date providers can correct data and have that corrected data be displayed on Hospice Compare for a given refresh (regularly scheduled update). 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.

To ensure that Hospice Compare is an accurate and consistent representation of hospice quality, CMS implemented public reporting data review and correction timeframes for data submitted using the HIS in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements (82 FR 38638-38640). Beginning January 1, 2019, hospices will have approximately 4.5 months following the end of each calendar year (CY) quarter to review and correct their HIS records with target dates (i.e., the patient’s admission or discharge date) in that quarter for the purposes of public reporting. Specifically, each data correction deadline will occur on the 15th of the CY month that is approximately 4.5 months after the end of each CY quarter. These newly imposed 4.5 month data correction deadlines differ from the current “freeze dates” in that once this new data correction deadline has passed, HIS data from that CY quarter will be permanently frozen for the purposes of public reporting. Updates made after the correction deadline will not appear in any Hospice Compare refresh. This 4.5 month data correction deadline policy will eventually replace the existing “freeze date” policy.

This Fact Sheet provides details on the new data correction deadline policy and addresses frequently asked questions you may have about this new policy. Navigate to specific sections in this Fact Sheet using the links below:

- [What are the new data correction deadlines for public reporting?](#)
- [What will happen to the “freeze date” when the 4.5 month data correction deadline for public reporting goes into effect?](#)
- [When do I need to correct data by for the data corrections to be reflected on Hospice Compare?](#)
- [How is the 4.5 month data correction deadline for public reporting different than the “freeze date” policy? What will be changing and what is staying the same?](#)
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- [How does the 4.5 month data correction deadline for public reporting affect HIS submission, modification, and inactivation policies?](#)
- [How does this affect the current public reporting timeline \(i.e., Hospice Compare refresh schedule, preview reports and preview periods\)?](#)
- [Will I have an opportunity to review my data before this 4.5 month data correction deadline?](#)
- [How should I prepare for this 4.5 month data correction deadline?](#)

## Frequently Asked Questions

### What are the new data correction deadlines for public reporting?

Beginning January 1, 2019, providers will have approximately 4.5 months following the end of each Calendar Year (CY) quarter to review and correct Hospice Item Set (HIS) records with target dates (i.e., the patient's admission or discharge date) in that quarter. Any data corrections that occur after this data correction deadline for public reporting will not impact the data that is displayed on Hospice Compare. **Table 1** provides an illustration of the data correction deadlines beginning January 1, 2019.

**Table 1. Data Correction Deadlines for Public Reporting beginning January 1, 2019\***

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

\* The dates displayed can serve as an illustration for the data correction deadlines for any CY following 2019.

### What will happen to the “freeze date” when the 4.5 month data correction deadline for public reporting goes into effect?

August 15, 2019 is the first data correction deadline of 2019. All Hospice Item Set (HIS) records with target dates prior to Quarter (Q) 1, 2019 and in Q1 2019 will be correctable until August 15, 2019 for the purposes of public reporting. However, some of this data will be publicly reported before August 15, 2019, meaning that the “freeze date” will still be required.

There will be three Hospice Compare refreshes that will occur in 2019 prior to or around August 15. After these first three Hospice Compare refreshes, there will no longer be a need for a “freeze date” because the data correction deadline will occur on or before the previously implemented “freeze date” policy. **Table 2** provides an illustration of why the “freeze date” can be phased out:

**Table 2. “Freeze Date” Phase Out**

Hospice Compare refresh	Discharged patient-stays included in refresh	Preview period	“Freeze date”	4.5 month data correction deadline
<b>February 2019</b>	Q2 2017—Q1 2018	December 2018	November 15, 2018	August 15, 2019
<b>May 2019</b>	Q3 2017—Q2 2018	March 2019	February 15, 2019	August 15, 2019
<b>August 2019</b>	Q4 2017—Q3 2018	June 2019	May 15, 2019	August 15, 2019
<b>November 2019</b>	Q1 2018—Q4 2018	September 2019	August 15, 2019	August 15, 2019
<b>February 2020</b>	Q2 2018—Q1 2019	December 2019	November 15, 2019	August 15, 2019
<b>May 2020</b>	Q3 2018—Q2 2019	March 2020	February 15, 2020	November 15, 2019*

\*Data correction deadline applies to the newest quarter of data (Q2 2019). Data from Q2 2018 through Q1 2019 have a data correction deadline of August 15, 2019.

For the February, May, and August 2019 Hospice Compare refreshes, the preview period precedes the 4.5 month data correction deadline. Therefore, a “freeze date” is still required to ensure that the data included in the HIS Provider Preview Reports are an accurate representation of data to be displayed on Hospice Compare. Starting with 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, and instead all data must be corrected by the new data correction deadline to be reflected on Hospice Compare.

### By when do I need to correct data for the data corrections to be reflected on Hospice Compare?

**Exhibit 1** presents examples of the date by which data corrections need to be made to be reflected on Hospice Compare when 1) only the “freeze date” policy is in effect, 2) both the “freeze date” and 4.5 month data correction deadline for public reporting policies are in place, and 3) only the 4.5 month data correction deadline for public reporting is in place (after the “freeze date” is phased out completely).

**Exhibit 1: 4.5 Month Data Correction Deadline for Public Reporting Implementation using Example Patients****1) October 1, 2018 to December 31, 2018: Hospice Compare Refresh with “Freeze Date” Policy in Place***Hospice Compare Refresh: November 2018**Discharged patient stays included in refresh: Quarter (Q)1 2017 – Q4 2017*

Patient	Admission Target Date	Discharge Target Date	<b>“Freeze Date”</b> <i>Date by which modifications must be made to both admission and discharge records for the modifications to be reflected in the November 2018 Hospice Compare refresh</i>
DOE, ANNA	1/4/17	3/25/17	August 15, 2018
DOE, JACK	2/15/17	5/31/17	August 15, 2018
DOE, JAIME	5/18/17	6/1/17	August 15, 2018
DOE, MOLLY	7/24/17	12/3/17	August 15, 2018

The November 2018 Hospice Compare refresh will occur before the 4.5 month data correction deadline for public reporting is implemented (implementation begins January 1, 2019). Therefore, providers only need to focus on the “freeze date” for this refresh.

- Providers must modify records for these four patients by August 15, 2018 for these modifications to be reflected in the November 2018 refresh of Hospice Compare.
- Modifications made after this date may be reflected in the next Hospice Compare refresh in February 2019.

**2) January 1, 2019 to August 15, 2019: Hospice Compare Refresh with both “Freeze Date” and 4.5 Month Data Correction Deadline for Public Reporting Policies in Place***Hospice Compare Refresh: August 2019**Discharged patient stays included in refresh: Quarter (Q)4 2017 – Q3 2018*

Patient	Admission Target Date	Discharge Target Date	<b>“Freeze Date”</b> <i>Date by which modifications must be made to both admission and discharge records for the modifications to be reflected in the August 2019 Hospice Compare refresh</i>	<b>Admission Record 4.5 Month Data Correction Deadline</b> <i>Date by which modifications must be made to admission record for the modifications to be reflected in any Hospice Compare Refresh</i>	<b>Discharge Record 4.5 Month Data Correction Deadline</b> <i>Date by which modifications must be made to discharge record for the modifications to be reflected in any Hospice Compare Refresh</i>
DOE, HENRY	6/15/17 (Q2 2017)	12/4/17 (Q4 2017)	May 15, 2019	August 15, 2019	August 15, 2019
DOE, AUSTIN	1/20/18 (Q1 2018)	3/6/18 (Q1 2018)	May 15, 2019	August 15, 2019	August 15, 2019
DOE, ABRAHAM	7/10/18 (Q3 2018)	9/15/18 (Q3 2018)	May 15, 2019	August 15, 2019	August 15, 2019
DOE, IDA	8/6/18 (Q3 2018)	9/30/18 (Q3 2018)	May 15, 2019	August 15, 2019	August 15, 2019

The August 2019 Hospice Compare refresh will occur after the 4.5 month data correction deadline for public reporting is implemented but before the “freeze date” is phased out. Therefore, providers need to focus on both deadlines.

- For modifications to be reflected in the August 2019 Hospice Compare refresh, providers need to modify all records for these four patients by May 15, 2019.
- Providers can continue modifying records for these patients until August 15, 2019, the 4.5 month data correction deadline for public reporting for HIS records with target dates before January 1, 2019. This means that modifications made to these records between May 16, 2019 and August 15, 2019 will be reflected in the next Hospice Compare refresh in November 2019.
- Any modifications made after August 15, 2019 will never be reflected on Hospice Compare.

**Exhibit 1 (cont.):**

**3) August 15, 2019 onwards: Hospice Compare Refresh with 4.5 Month Data Correction Deadline for Public Reporting Policy in Place**

*Hospice Compare Refresh: May 2020*

*Discharged patient stays included in refresh: Quarter (Q)3 2018 – Q2 2019*

Patient	Admission Target Date	Discharge Target Date	Admission Record 4.5 Month Data Correction Deadline <i>Date by which modifications must be made to admission record for the modifications to be reflected in any Hospice Compare refresh</i>	Discharge Record 4.5 Month Data Correction Deadline <i>Date by which modifications must be made to discharge record for the modifications to be reflected in any Hospice Compare refresh</i>
DOE, EILEEN	1/30/18 (Q1 2018)	9/17/18 (Q3 2018)	August 15, 2019	August 15, 2019
DOE, GRETCHEN	12/1/18 (Q4 2018)	12/5/18 (Q4 2018)	August 15, 2019	August 15, 2019
DOE, OLIVIA	1/1/19 (Q1 2019)	5/14/19 (Q2 2019)	August 15, 2019	November 15, 2019
DOE, LUKE	2/27/18 (Q1 2019)	4/30/19 (Q2 2019)	August 15, 2019	November 15, 2019

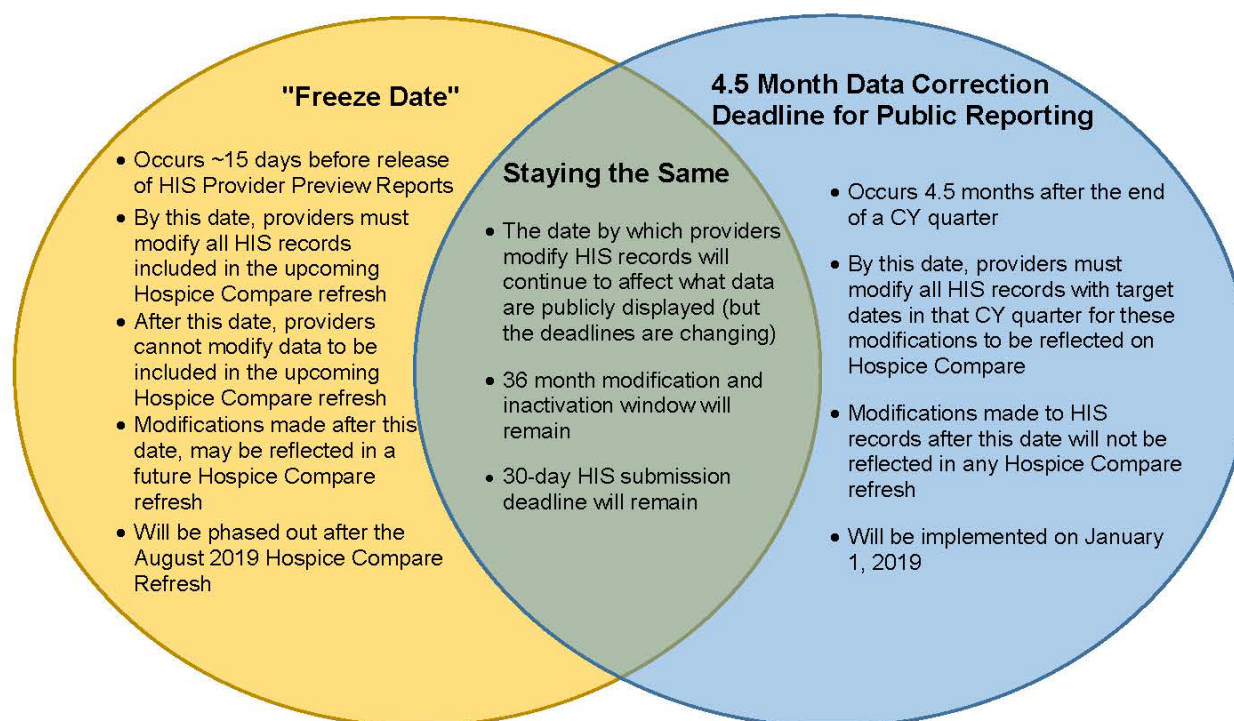
The May 2020 Hospice Compare refresh will occur after the 4.5 month data correction deadline for public reporting is implemented and after the “freeze date” is phased out. Therefore, providers only need to focus on the 4.5 month data correction deadline for public reporting.

- Eileen Doe and Gretchen Doe both have their admission record and discharge record target dates before January 1, 2019. Therefore, their data correction deadline for public reporting for both records is August 15, 2019.
- Olivia Doe and Luke Doe have their admission target dates in Q1 2019 and discharge target dates in Q2 2019. Because the target dates are in two different Calendar Year (CY) quarters, the data correction deadlines for public reporting are different as follows:
  - The provider must modify their Hospice Item Set (HIS) admission record, if necessary, by the Q1 2019 data correction deadline of August 15, 2019.
  - The provider must modify their HIS discharge record, if necessary, by the Q2 2019 data correction deadline of November 15, 2019.
  - Modifications made after these two deadlines, will not be reflected in any Hospice Compare refresh.

**How is the 4.5 month data correction deadline for public reporting different than the “freeze date” policy? What will be changing and what will be staying the same?**

**Exhibit 2** provides a comparison of the “freeze date” policy and the 4.5 month data correction deadline for public reporting. The yellow portion displays primary policy features that are unique to the “freeze date” policy, which will be phased out after the August 2019 Hospice Compare Refresh (see [“What will happen to the “freeze date” when the 4.5 month data correction deadline for public reporting goes into effect?”](#)). The blue portion displays the primary policy features that are unique to the 4.5 month data correction deadline for public reporting that will be implemented January 1, 2019. The overlapping (green) portion displays the primary policy features that will not be changing as a result of the 4.5 month data correction deadline for public reporting.

**Exhibit 2: Similarities and Differences between the “Freeze Date” and 4.5 Month Data Correction Deadline for Public Reporting Policies**



**Is this policy on the patient stay-level or record-level?**

This policy is based on the record-level, not the patient-stay-level, meaning a patient’s Hospice Item Set (HIS)-Admission and HIS-Discharge records may have different data correction deadlines. Therefore, we encourage providers to review their HIS records early and often to help identify any errors in submitted data; **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 any errors in the admission record.** For example, as noted in [Exhibit 3](#), for a long-stay patient with a length of stay that extends over multiple Calendar Year (CY) quarters, by the time that the patient is discharged, the 4.5 month data correction period could have already passed for that patient’s HIS-Admission record.

**Exhibit 3. Example: Reviewing data for patients with lengths of stay that extend over multiple CY quarters.**

A provider had a patient that was admitted on May 15, 2019 and discharged on December 15, 2019. Because the patient’s admission target date (May 15, 2019) is in Quarter (Q)2 2019 and discharge target date (December 15, 2019), is in Q4 2019, the provider must modify the admission record, if necessary, by the Q2 deadline of November 15, 2019 and the discharge record by the Q4 deadline of May 15, 2020 for the changes to be reflected on Hospice Compare. This means that in this example, the admission record must be corrected (if necessary) prior to the patient being discharged from hospice.

**Is this policy based on the record target date or the submission date?**

The data correction deadline is based on which Calendar Year (CY) quarter the record target date falls under, not the 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 is submitted after the end of the CY quarter. For example, a provider may have a patient who was admitted on March 15, 2019, whose Hospice Item Set (HIS)-



Admission record was submitted on April 5, 2019 (within 30 days of the target date). 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 date by which providers must modify records.

**What is the correction deadline for Hospice Item Set (HIS) records with target dates before January 1, 2019?**

Effective January 1, 2019, HIS records with target dates between Quarter (Q)1 2016 – Q4 2018 will be modifiable until August 15, 2019 for the purposes of public reporting. Providers cannot modify HIS records with target dates before Q1 2016 because providers are only permitted to modify or inactivate HIS records for up to 36 months from the assessment target date.

**How does the 4.5 month data correction deadline for public reporting affect Hospice Item Set (HIS) submission, modification, and inactivation policies?**

The 4.5 month data correction deadline for public reporting is separate and apart from the established 30-day data submission deadline. Providers will continue to have 30 days from the record target date to submit HIS data. More information about the data submission deadline can be found on the [Hospice Quality Reporting](#) web page on the CMS Hospice Quality Reporting Program (HQRP) website.

Modification and Inactivation requests will continue to be permitted for up to 36 months from the record target date. However, HIS data that are modified after the 4.5 month data correction deadline for public reporting will not appear on Hospice Compare. More information about modification and inactivation requests can be found in the HIS Manual (Section 3.6) available under the downloads section of the [Hospice Item Set \(HIS\)](#) web page on the CMS HQRP website.

**How does this affect the current public reporting timeline (i.e., Hospice Compare refresh schedule, preview reports and preview periods)?**

This policy will not affect public reporting timelines. Hospice Compare refreshes will continue to occur quarterly, generally in February, May, August, and November of each year. Providers will still have an opportunity to preview their data before the Hospice Compare refresh using Provider Preview Reports. These reports will be released ~2.5 months ahead of the corresponding Hospice Compare refresh. This policy will only change the date by which providers must modify Hospice Item Set (HIS) records for these modifications to be reflected on Hospice Compare.

**Will I have an opportunity to review my data before this 4.5 month data correction deadline?**

Providers are encouraged to review their data prior to the data correction deadline for public reporting using their Certification and Survey Provider Enhanced Reports (CASPER) Hospice-Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report (QM Reports). 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. For more information on the CASPER QM Reports, we refer readers to the CASPER QM Factsheet on the [HQRP Requirements and Best Practices](#) webpage on the CMS HQRP website. Additionally, providers are encouraged to view the Public Reporting and Preview Reports Webinar training which can be found in the downloads section on the [HQRP Training and Education Library](#) webpage. Also, providers are encouraged to access the From Data to Measure webinar training materials that include guidance on how providers should interpret their QM Reports (both the Hospice-level QM Report and the Patient stay-level QM Report) to understand their hospice's quality performance. These training materials can also be found in the *Downloads* section on the [HQRP Training and Education Library](#).

### **How should I prepare for the 4.5 month data correction deadline?**

CMS recommends that providers review their data using their Certification and Survey Provider Enhanced Reports (CASPER) Hospice-Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report (QM Reports). If you identify any errors, submit a Hospice Item Set (HIS) modification or inactivation request and have this request accepted by the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system by the data correction deadline. Specifically, CMS recommends the following:

#### ***Between now and March 31, 2019:***

Review all HIS records with target dates between Quarter (Q)1 2017 and Q4 2018 to ensure they are complete and accurate.

- ✓ Review your CASPER QM Reports to identify missing records and/or if you will receive credit for quality measures for discharged patients (as a reminder, CASPER QM Reports only tell you if patients were included in QM calculation once they are discharged).
- ✓ If you identify any errors, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before August 15, 2019.
- ✓ Note, that for patients discharged between Q2 2017 and Q2 2018, their data will appear on Hospice Compare before or around August 15, 2019. Therefore, please keep track of the “freeze date” for those Hospice Compare refreshes to ensure that you are modifying records before the “freeze date”. For example, the HIS data for a patient discharged in Q2 2017 will be used to calculate the measure score(s) that appear on Hospice Compare in February 2019. The “freeze date” for this refresh is November 15, 2018. You should ensure that data for this patient is accurate before November 15, 2018 so that it is accurate on Hospice Compare.

#### ***Between April 1, 2019 and August 15, 2019:***

Review all HIS records with target dates in Q1 2019 to ensure they are complete and accurate.

- ✓ Use your CASPER QM Reports to identify missing records and/or if you will receive credit for quality measures for discharged patients (as a reminder, CASPER QM Reports only tell you if patients were included in QM calculation once they are discharged).
- ✓ If you identify any errors, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before August 15, 2019.

#### ***Between August 1, 2019 and November 15, 2019:***

Review all HIS records with target dates in Q2 2019 to ensure they are complete and accurate.

- ✓ Use your CASPER QM Reports to identify missing records and/or if you will receive credit for quality measures for discharged patients (as a reminder, CASPER QM Reports only tell you if patients were included in QM calculation once they are discharged).
- ✓ If you identify any errors, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before November 15, 2019.

#### ***Between November 1, 2019 and February 15, 2020:***

Review all HIS records with target dates in Q3 2019 to ensure they are complete and accurate.

- ✓ Use your CASPER QM Reports to identify missing records and/or if you will receive credit for quality measures for discharged patients (as a reminder, CASPER QM Reports only tell you if patients were included in QM calculation once they are discharged).
- ✓ If you identify any errors, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before February 15, 2020.

#### ***Between January 1, 2020 and May 15, 2020:***

Review all HIS records with target dates in Q4 2019 to ensure they are complete and accurate.

- ✓ Use your CASPER QM Reports to identify missing records and/or if you will receive credit for quality measures for discharged patients (as a reminder, CASPER QM Reports only tell you if patients were included in QM calculation once they are discharged).
- ✓ If you identify any errors, submit an HIS modification or inactivation request and have this request accepted by the QIES ASAP system before May 15, 2020.