



# Hospice Quality Reporting Program (HQRP)

## Quarterly Updates

April 2018

*This document is intended to provide HQRP-related updates on events and guidance from the 1<sup>st</sup> Quarter of 2018 (January – March).*

*This document contains:*

- **Section 1** Frequently Asked Questions received by the Hospice Quality Help Desk during the 1<sup>st</sup> Quarter, as well as frequently asked questions received on the 3/27/2018 Hospice Quality Reporting Program Webinar.
- **Section 2** Events from the 1<sup>st</sup> Quarter, including links to resources
- **Section 3** Announcements for 2<sup>nd</sup> Quarter of 2018's upcoming events

**Please Note:** Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date. Please check the [HQRP Spotlight and Announcements](#) webpage for updates.

### Tips of the Quarter:

- **This quarter is the first quarter for data collection in the FY2020 reporting cycle.** Please remember that for the FY2020 reporting cycle and beyond, the timeliness threshold requirement for submission of Hospice Item Set (HIS) data is **90%**. This means that to be determined compliant with HIS requirements, hospices must submit at least 90% of their HIS records on time (within 30 days of the patient's admission or discharge date). For more information, please see 'Section 2: What you may have missed from the 1st Quarter' of this document.
- **New Medicare Numbers: Medicare Beneficiary Identifier (MBI) transition and HIS Coding:** As detailed in the HIS Manual, beginning April 1, 2018, CMS will begin the transition to using MBIs instead of the old Medicare numbers. For HIS records with a target date (patient admission or discharge date) of 4/1/2018 or onward, providers can begin entering the MBI for Item A0600B Medicare Number. Note that if the target date for the record is prior to 4/1/2018, the MBI cannot be entered; using the MBI for records with a target date prior to 4/1/2018 will result in an error message upon submission to the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system.

## Section 1: Questions and Answers

### General HIS Data Collection and Submission

**Question 1. Our hospice found out after the 30-day submission deadline that some of our HIS records were not submitted. Should we still submit these HIS records, even after the 30-day submission deadline?**

Answer 1. Yes. Hospices should make every effort to submit HIS records on a timely basis (within the 30-day submission deadline). If hospices do miss the 30-day submission deadline, they should submit **all** their HIS records, even if that means the record will be "late."

Your hospice's HIS data is a component of your hospice's HQRP compliance determination, as well as is used to calculate your hospice's quality measures displayed on [Hospice Compare](#). Hospice Compare is the user-friendly web tool that provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice.

It is important that providers submit all HIS records, even those that are late, to ensure quality measure scores displayed on Hospice Compare are accurate.

Once your HIS records have been submitted, you may monitor your submissions in the Certification and Survey Provider Enhanced Reports (CASPER) Reporting system to ensure your hospice is in compliance with HIS, and overall HQRP, requirements.

**Question 2. Our hospice has identified errors in previously submitted HIS records. How can we correct these HIS records, and what is the deadline for making corrections to previously submitted HIS records?**

Answer 2. Hospices should correct all errors in their HIS data to ensure that the information in the QIES ASAP system accurately reflects the patient's clinical record. It is important that providers correct all errors in HIS records, to ensure quality measure scores displayed on Hospice Compare are accurate. Hospice Compare is the user-friendly web tool that provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice.

Inaccurate information in the QIES ASAP system may occur for a variety of reasons, such as item response selection errors, data entry errors, transcription errors, or software product errors, and can affect a hospice's quality reporting results. HIS records may be corrected even if subsequent records have been accepted for the patient.

The following two processes exist for correcting HIS records that have already been submitted and accepted into the QIES ASAP system:

- Modification Request (A0050=2)
- Inactivation Request (A0050=3)

The modification request will archive the inaccurate record in the QIES ASAP system, and replace it with the new, corrected record. The inactivation request will also archive the inaccurate HIS record, but will not replace it with the new record.

Modification requests and inactivation requests can be made up to 36 months from the record's target date.

For details on completing modification and inactivation requests, see HIS Manual v2.00 pages 3-5 through 3-7, available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

**Question 3. Our hospice had a patient who was admitted on paper, but expired before our hospice made a visit to the patient to provide hospice services. Do we submit HIS data for this patient?**

Answer 3. For the purposes of completing the HIS, a patient is considered admitted to a hospice if the following conditions are met:

1. There is a signed election statement (or other agreement for care for non-Medicare patients).
2. The patient did not expire before the effective day of the election or agreement for care.
3. The hospice made a visit in the setting where hospice services are to be initiated.

For the patient to be considered admitted to the hospice for the purposes of HIS reporting, all three criteria listed above must be met. Therefore, if no visit was provided in the setting where hospice services were to be initiated, then all three criteria were not met, and an HIS-Admission record would not be completed or submitted.

**Question 4. What is the difference between the 14-day HIS deadline and the quality measure credit deadline?**

Answer 4. The 14-day HIS deadline is the recommended completion timing across items in the HIS-admission record, while the quality measure credit deadline varies measure to measure. The following examples may further clarify the distinction between the 14-day HIS deadline and the quality measure credit deadline:

For example, item J0900 asks if the patient was screened for pain. If so, the date of the first pain screening is reported. Pain screening can be abstracted within 14 days of the patient's admission to hospice; however, to receive credit for this quality measure, the patient's first pain screening must occur within 2 days of the patient's admission to hospice.

In another example, item J2030 asks if the patient was screened for shortness of breath. If so, the date of the first dyspnea screening is reported. Similarly to item J0900, the date of the first dyspnea screening can be within 14 days of the patient's admission to hospice; however, to receive credit for this quality measure, the patient's first dyspnea screening must occur within 2 days of their admission to hospice.

Treatment preferences can also be abstracted anytime within 14 days of the patients' admission to hospice; however, to receive credit for this quality measure, the patient/caregiver should be asked about treatment preferences no more than 7 days prior to the admission or within 5 days of the admission date.

As shown in these examples, the recommended 14-day completion deadline is the same across all HIS-admission records, but the quality measure credit deadline varies measure to measure. This distinction is important to keep in mind, to understand your hospice's performance as well as in delivering high quality care to your patients.

**Question 5. What should our hospice be comparing our validation reports to, to ensure that we are in compliance with HQRP requirements?**

Answer 5. Fulfillment of the HQRP requirements will be monitored and compliance will be determined based on completing the year's submissions for records with a target date between 1/1/2018 to 12/31/2018. Compliance with HQRP requirements is based on submission deadlines (date of event + 30 days).

For the calendar year 2018 reporting period—which affects the FY2020 APU—providers must submit at least 90% of their records on time (within the 30-day submission

timeframe). Generally, the methodology that CMS would use for calculating the 70 percent/80 percent/90 percent compliance thresholds would include HIS records (HIS-Admission and HIS-Discharge) submitted for patient admissions and discharges occurring during the reporting period in the denominator of the compliance threshold calculation. The numerator of the compliance threshold calculation would include any records from the denominator that were submitted within the 30-day submission deadline. The aforementioned methodology would be appropriately adjusted for cases where hospices were granted extensions/exemptions, as well as instances of modification/inactivation requests so that these instances did not “count against” providers in the proposed compliance threshold calculation. For more information, please refer to the Timeliness Compliance Threshold Fact Sheet in the Downloads section of [Hospice Item Set \(HIS\) webpage](#).

You can check your hospice’s preliminary compliance with this reporting cycle’s threshold by viewing the “Timeliness Compliance Threshold Report” in CASPER. This report displays your agency’s preliminary compliance rate with the timeliness compliance threshold for the current reporting period. The fact sheet referred to above provides more information on accessing the report in CASPER.

Please note that HIS is only one requirement for the HQRP; hospice providers must be compliant with HIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey to avoid the 2-percentage point reduction to your annual payment update. We recommend you view the training resources, especially the Reporting Hospice Quality Data: Tips for Compliance materials, on the [Hospice Quality Reporting Training: Training and Education Library](#) webpage for more information on compliance in general.

## **Section J: Pain and associated Quality Measures**

**Question 6. Our hospice receives a ‘Warning Edit -3077’ for a patient for whom pain is NOT an active problem, but receives PRN or scheduled opioids for other symptoms (e.g., shortness of breath). How should we address this?**

Answer 6. The HIS technical specifications V2.00.0 will issue a ‘Warning Edit -3077’ if:

1. hospice responds “yes” to Item N0500 and/or N0510 indicating that a PRN or scheduled opioid was initiated

AND

2. hospice does not respond “yes” to J0905 Pain Active Problem to indicate “yes, pain is an active problem for the patient.”

Providers should only respond “yes” to J0905 if the scheduled or PRN opioids were initiated to treat pain, thus indicating pain is an active problem for the patient, OR if there is other evidence that pain is an active problem for the patient. Responding “yes” to N0500 and/or N0510 alone is insufficient evidence to respond “yes” to J0905.

If your hospice receives ‘Warning Edit -3077’, you should review the patient’s clinical record to determine:

1. if opioids were initiated to treat pain or another symptom

AND

2. if there is other clinical record documentation (besides initiation of opioids) indicating that pain is an active problem for the patient.

If opioids were initiated to treat a symptom other than pain (e.g., shortness of breath) AND there is no other indication that pain is an active problem for the patient, respond “no” to J0905 and submit the HIS record with the ‘Warning Edit -3077’. In this scenario, do not change your response to J0905 simply to resolve the warning edit. Records containing warning edits can still be submitted and accepted by the QIES ASAP System.

Please also note that, at this time, item J0905 is not used in the calculation of a quality measure.

## **Section O: Service Utilization and Hospice Visits when Death is Imminent Measure Pair**

### **Question 7. How do I code visits for Section O if my patient was only on service for 2 days?**

Answer 7. Section O of the HIS-Discharge is completed for all patients discharged due to death, regardless of the length of stay.

Items O5000 and O5020 should be completed based on the days when the patient was enrolled in hospice, even if that is fewer days than specified in the item. Items O5010 and O5030 should be completed for all days indicated in each item. If the patient was not enrolled in hospice on some of the days indicated in the item, enter zeros in the cells of that column. A RN admission visit may be recorded as a visit under item O5010 or O5030, as long as it falls into the appropriate time window. Post-mortem visits are not counted in this item. Visits that begin prior to death may be counted, even if the patient dies during the visit.

Further instructions are provided in the HIS Manual V2.00, pages 2O-2 through 2O-7. The HIS Manual v2.00 is available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

### **Question 8. Do phone calls count as visits? Some families decline a visit but want phone support. Does a phone call count as a visit for HIS data collection?**

Answer 8. For the purposes of HIS data collection and according to HIS Manual v2.00 pages 2O-4 and 2O-7, phone calls are not considered a “visit” in items O5010 and O5030.

The HIS Manual v2.00 is available in the Downloads section of the [Hospice Item Set \(HIS\)](#) webpage.

## **Public Reporting**

### **Question 9. What is the “NQF #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission” on our CASPER QM Report?**

Answer 9. The NQF #3235 Hospice and Palliative Care Composite Measure – Comprehensive Assessment at Admission (referred to as The Hospice Comprehensive Assessment Measure) is the percentage of patient stays during which the patient received all care processes captured by quality measures NQF #1617, NQF #1634, NQF #1637, NQF #1638, NQF #1639, NQF #1647, and NQF #1641, as applicable. For more information about this quality measure, including measure specifications, please refer to the QM User’s Manual in the Downloads Section of the HQRP [Current Measures](#) webpage.

As of February 14, 2018, The Hospice Comprehensive Assessment Measure has been added to providers’ Hospice-Level and Patient Stay-Level CASPER QM Reports. Providers’ data on this measure can be access through their CASPER QM Reports. For more information on CASPER QM Reports, please refer to the latest [CASPER QM Reports Fact Sheet](#).

The measure has not been added to the Provider Preview Reports or to Hospice Compare. CMS will announce a timeline for the addition of The Hospice Comprehensive Assessment Measure to the Provider Preview Reports and Hospice Compare when it is available.

For more information about key public reporting dates for providers, such as freeze dates and Preview Report release dates, please refer to the HQRP [Public Reporting: Key Dates for Providers](#) webpage.

## Section 2: What you may have missed from the 1<sup>st</sup> Quarter

### HQRP Data Collection for FY2020 Reporting Cycle – Important Reminder for Hospices

This quarter was the first quarter for data collection in the FY2020 reporting cycle (data collection period 1/1/18 – 12/31/18). To comply with the HQRP requirements, hospices must successfully submit timely HIS and CAHPS® data.

For the FY2020 reporting cycle and beyond, **please remember that the timeliness threshold requirement for HIS data is 90%**. This means that to be compliant with HIS requirements, hospices must submit at least 90% of their HIS records on time (where the submission deadline is the patient's admission or discharge date + 30 days). There are no size or newness exemptions for HIS reporting.

Due to the new calendar year reporting year, please also note that your hospice's Timeliness Compliance Threshold Report will "zero out." Any records with a target date (admission or discharge) from 2017 will no longer show up in the auto-generated report; only records with a target date from 2018 will be displayed. For technical questions, please contact the QIES Technical Support Office (QTSO) Help Desk at <[help@qtsos.com](mailto:help@qtsos.com)> or 1 (877) 201-4721 (M-F 7AM-7PM CT).

For more information on specific compliance requirements for the HIS and for CAHPS® in the FY2020 reporting year, please refer to the "HQRP Fiscal Year 2020 Requirements" Fact Sheet in the Downloads section of the [HQRP Requirements and Best Practices](#) webpage. For more information on the Timeliness Compliance Threshold, please refer to the Timeliness Compliance Threshold Fact Sheet in the Downloads section of [Hospice Item Set \(HIS\)](#) webpage.

### HQRP QM User's Manual V2.00 now available for Download

The HQRP QM User's Manual Version 2.00 is now available for download in PDF format. This version of the HQRP QM User's Manual also contains the measure specifications for the Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235).

To download the HQRP QM User's Manual V2.00, please refer to the Downloads section of the [Current Measures](#) webpage.

### New Educational Video Series on "Navigating the 3 Websites relevant to the HQRP" and "HIS Coding" now available to Hospice Providers

CMS recently produced and released two series of educational modules, which are now available for streaming or download by hospice providers. Both series are available as short, self-directed video segments. CMS also hosted a live webinar event on March 27, 2018, to launch the release of the two educational video series.

The first series focuses on helping providers navigate the websites pertinent to the HQRP, which includes the CMS HQRP website, the CAHPS® Survey website, and the QTSO website, as well as provides an overview of the available Help Desks to assist providers with their HQRP-related questions. CMS has recently updated the CMS HQRP website to improve flow and organization, and this first series will include tips on navigating the newly re-designed CMS HQRP website.

The second series focuses on HIS coding guidance and includes refined coding guidance produced by CMS based on the frequently asked questions on the Hospice Quality Help Desk, as well as examples for each section of the HIS.

Links to the "Navigating the 3 Websites relevant to the HQRP" and "HIS Coding" modules on YouTube, as well as module slides and speaker notes in PDF format, are available for streaming or download on the CMS [Hospice Quality Reporting Training: Training and Education Library](#) webpage.

## **Disaster Exemptions for Medicare-Certified Hospices affected by Hurricane Nate and the California Wildfires, and Exemption and Extension processes due to other natural disasters**

CMS has granted automatic exemptions under certain Medicare quality reporting and value-based purchasing programs to hospices located in areas affected by Hurricane Nate and in areas affected by the California Wildfires. Hospice providers will be granted exemptions without having to submit a request if they are located in one of the counties designated by the [Federal Emergency Management Agency \(FEMA\)](#) as major disaster counties and were unable to submit data for the affected quarter or quarters. The list of the major disaster counties affected by Hurricane Nate can be found in the memo [here](#) (posted February 8 2018). A list of the major disaster counties affected by the California Wildfires can be found in the memo [here](#) (posted February 8 2018).

The memos provide further information regarding the scope and duration of the automatic exemptions for these respective natural disasters. If FEMA expands the current disaster declaration to include additional counties, CMS will update the memo to expand the list of hospice providers eligible to receive an automatic exemption. All of the exemptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

CMS will continue to monitor the situation, and adjust exempted reporting periods and submission deadlines accordingly. For more information, please see the [CMS Hurricanes](#) webpage or the [CMS 2017 California Wildfires](#) webpage, as well as the [Hospice Extensions and Exemptions Requests](#) webpage, and check back frequently for updates.

Hospices located in other areas affected by natural or man-made disasters, as designated by FEMA, may also be eligible to request an extension or exemption. Please refer to the [Hospice Extensions and Exemptions Requests](#) webpage for information on eligibility and submitting a request.

If a hospice receives a notice of HQRP non-compliance they believe is in error due to disaster or other reason, the hospice should submit a reconsideration request. Please refer to the [Reconsideration Requests](#) webpage for more information and details on submitting a reconsideration request.

## **CMS launches Public Reporting of CAHPS® Hospice Survey Results**

CMS announces the initial publication of results from the CAHPS® Hospice Survey on [Hospice Compare](#). Hospice Compare is the user-friendly web tool that provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice. CAHPS® Survey results are now published for all Medicare-certified hospices that had at least 30 completed surveys during the eight quarters from Quarter 2, 2015 (April 1, 2015) through Quarter 1, 2017 (March 31, 2017).

Hospice Compare allows users to select up to three hospices at a time to compare the clinical quality of care provided and patient experiences with these hospices. In addition to the CAHPS® Survey results, the Hospice Compare site also provides a variety of other data about the quality of hospice care, including the HIS.

CMS works diligently to make healthcare quality information more transparent and understandable for consumers and is committed to helping individuals make informed healthcare decisions for themselves and their families based on objective measures of quality.

## **Hospice Compare Refresh – February 2018**

Hospice Compare was refreshed on February 21, 2018, based on the patient stays discharged in Q2 2016 – Q1 2017. Hospice providers should check [Hospice Compare](#) to view their updated HIS quality measure data.

CMS has been working on the Hospice Compare search function through enhancements that began with the February 20, 2018 Hospice Compare Refresh. The zip code file aligns with where hospice services occur for each provider based on a combination of claims, hospice reported, and geographic data. CMS intends to continue enhancements to the Hospice Compare search function in the May 2018 refresh.

CMS also recommends providers review the [Public Reporting: Key Dates for Providers](#) webpage to familiarize themselves with important public reporting dates.

## Section 3: What's coming up in the 2<sup>nd</sup> Quarter of 2018

### Important Public Reporting Dates for the 2<sup>nd</sup> Quarter of 2018

For the 2<sup>nd</sup> Quarter of 2018, key Public Reporting dates are as follows:

- May 15, 2018: HIS Preview Report Freeze Date for Preview Reports to be released in June and the corresponding August Hospice Compare Refresh (Quarter 4 2016 – Quarter 3 2017)
- June 1, 2018: HIS and CAHPS® Provider Preview Reports available in CASPER folder
- June 1 – June 30, 2018: 30-day HIS and CAHPS® Provider Preview Period

For more details, please refer to the [Public Reporting: Key Dates for Providers](#) webpage.

### Hospice Compare Refresh – May 2018

HIS data on Hospice Compare will be refreshed in May 2018, based on the patient stays discharged in Q3 2016 – Q2 2017. The May refresh will also include an update of the CAHPS® Hospice Survey data for the period Q3 2015 – Q2 2017; additionally, CAHPS® data has been added under ‘View More Details’ to display the proportions of respondents at each facility that chose the most favorable measure responses, as well as the proportions that chose the least favorable responses, and the proportions in the middle range. Hospice providers should check [Hospice Compare](#) to view their updated HIS quality measures and CAHPS® Hospice Survey data.

CMS intends to continue enhancements of the Hospice Compare search function in the upcoming May 2018 refresh.

CMS also recommends providers review the [Public Reporting: Key Dates for Providers](#) webpage to familiarize themselves with important public reporting dates along with the Spotlight page.

### The Hospice FY 2019 Proposed Rule

The Proposed rule, CMS-1692-P FY 2019 Hospice Update, went on display for public inspection on April 27, 2018 and will be published on May 8, 2018. The comment due date is **June 26, 2018**.

### Upcoming Educational Trainings

Early to mid-summer of 2018, CMS plans to produce and release two educational trainings for hospice providers. The first educational training will focus on how to navigate the CASPER Reporting system, and will include a live demonstration of how to navigate CASPER. The second educational training will focus on “From Data to Measure” and will provide instruction on how CMS uses HIS data to calculate HIS-based quality measures, including a discussion of the quality measure specifications and how publicly reported scores are determined.

Registration for these trainings is yet to go live; please monitor the [Hospice Quality Reporting Training: Announcements and Registration](#) webpage for announcements about registering for each of these trainings.

### CAHPS® Hospice Survey Podcasts

The CAHPS® Hospice Survey website offers podcasts especially for providers that address topics related to the CAHPS® Hospice Survey. Topics included range from the participation exemption for size, to changing survey vendors, to a discussion of public reporting (newest podcast). The podcasts can be watched online, and the transcripts are available for download, at the link [here](#).