



Hospice Quality Reporting Program (HQRP)

Quarterly Updates

October 2017

This document is intended to provide HQRP-related updates on events and guidance from the 3rd Quarter of 2017 (July – September).

This document contains:

- **Section 1** Frequently Asked Questions--Questions received by the Hospice Quality Help Desk during the 3rd Quarter with Answers
- **Section 2** Events from the 3rd Quarter, including links to resources
- **Section 3** Announcements for 4th Quarter'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Please Note: Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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.

Tip of the Quarter: To change or update your hospice's demographic data (i.e. address, telephone number, ownership status), contact your state's ASPEN coordinator. For more information, see Question 5 of this Q&A.

Section 1: Questions and Answers

Section A: Administrative Information

Question 1. A patient in my hospice changed their payor source (e.g. from commercial insurance to Medicaid). Do I need to resubmit or modify their HIS record to reflect their updated information?

Answer 1. If the patient changed only their payor source and there was no interruption to their care, your hospice does not need to take further steps with regard to that patient's HIS record(s).

For this patient, their HIS-Admission record for their initial admission should reflect their first payor source. Their HIS-Discharge record would be submitted when they no longer receive services from your hospice, or if there is an interruption in care related to one of the reasons for discharge listed in item A2115.

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Section A: Administrative Information (continued)

Question 2. If I find an error in data submitted on an HIS record, how can I submit a correction?

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. 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. A HIS record 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; errors can be corrected using the following processes within 36 months of the record's target date:

- 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.

For further 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](#).

Section J: Pain and associated Quality Measures

Question 3. My hospice completes pain assessments but our score for the Pain Assessment (NQF #1637) Quality Measure is lower than expected. How are the percentages for the Pain Assessment (NQF #1637) measure calculated?

Answer 3. The Pain Assessment (NQF #1637) Quality Measure reports the percentage of hospice patients who received a comprehensive pain assessment within 1 day of screening positive for pain.

The numerator of the NQF #1637 measure is calculated using item J0910 in the HIS. To meet the numerator criteria for NQF #1637, the comprehensive pain assessment must:

1. be completed within 1 day of the positive pain screening

AND

2. include assessment of at least 5 of the 7 characteristics in J0910C that describe the patient's pain: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.

For more information on the specifications for NQF #1637, hospice providers should review the QM User's Manual, available in the Downloads section of the [Current Measures webpage](#).

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Public Reporting

Question 4. In our agency's Preview Report for the period between January 1, 2016 to December 31, 2016, a footnote "e" appears in the Hospice Observe Percent fields. I believe my hospice did not commit the error indicated by this footnote. How can I resolve this?

Answer 4. Footnote "e" indicates that "results are based on a shorter time period than required." CMS is aware that several hospice providers may have incorrectly received the footnote "e" on their Hospice Provider Preview Report for the reporting period Quarter 1-2016 to Quarter 4-2016, distributed via CASPER on August 29, 2017. For hospices who received this footnote in error, your data will be shown correctly and without this footnote on Hospice Compare, upon the next Hospice Compare refresh. This footnote error will also be corrected in the next quarterly Hospice Provider Preview Report, due to be released on December 1, 2017. If you have further questions concerning this information, please contact the QTSO Help Desk at help@qtso.com or 1-877-201-4721.

Question 5. Our provider address displayed on Hospice Compare is incorrect. How do I correct this?

Answer 5. Your hospice's demographic data (i.e. address, telephone number, ownership status) may be updated or changed on Hospice Compare during quarterly refreshes. However, requests for updates or changes to demographic data require time to process in the national database, and may take approximately 6 months to appear on Hospice Compare. The Preview Reports that precede every quarterly Hospice Compare refresh reflect both the hospice demographic data and quality measure data that will be displayed on Hospice Compare. Even if your hospice's demographics do not change, it is important to regularly review your hospice's Preview Reports and Hospice Compare profile to verify that your demographic data, with every refresh, is correct. Preview Reports are available in your CASPER folder during the 30-day preview windows before the quarterly refresh. If you need to update your demographic data, or you notice your hospice's demographic data is incorrect in the Preview Report or on Hospice Compare, you must contact your state ASPEN Coordinator at once. Demographic data is updated and uploaded to the national database by your state ASPEN Coordinator, and not by CMS. A listing of ASPEN Coordinators' contact information by state can be found at <https://data.medicare.gov/Hospice-Data-Directory/Hospice-CASPER-ASPEN-Contacts/qx7x-wipa>. As updates or changes to demographic data take time to process in the national database before each quarterly refresh, contact your state's ASPEN Coordinator before the first business day of June (to be included in the November refresh), September (to be included in the February refresh), December (to be included in the May refresh) and March (to be included in the August refresh). If you encounter difficulty reaching your state's ASPEN Coordinator, or for assistance accessing hospice provider Preview Reports, please contact the QTSO Help Desk at 800-339-9313 or help@qtso.com. For further guidance on changing or updating your provider's demographic data, please refer to the CMS memo published August 24, 2017 at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Compare-Update-8-24-17.pdf>.

Section 2: What you may have missed from the 3rd Quarter

Hospice Fiscal Year 2018 Final Rule (CMS-1675) posted

On August 1, 2017, CMS issued the final rule ([CMS-1675-F](#)) for Fiscal Year (FY) 2018 that updates the HQRP requirements to continue ensuring high quality and accessible care, without added burden. The rule finalized the eight measures from the Consumer Assessment of Healthcare Providers and Services® (CAHPS®) already being submitted by hospices; finalized changing the extension/exemption request deadline for quality reporting purposes from 30 calendar days to 90 calendar days after an extraordinary circumstance occurs; reviewed plans to publicly display quality measure data via Hospice Compare; outlined policies and procedures associated with public reporting quality measures; and discussed the public comments received on two claims-based measures under consideration and the Hospice Evaluation & Assessment Reporting Tool (HEART), a patient assessment tool.

The rule also announced the payment rates for the FY2018, which began October 1, 2017.

CMS releases Hospice Compare website to improve consumer experiences

As part of CMS' continuing commitment to greater transparency, on August 16, 2017, CMS released the new Hospice Compare website to inform consumers of the quality of care each hospice facility provides to its patients. Hospice Compare reflects current industry best practices for consumer-facing websites, and will be optimized for mobile use.

Visit and explore Hospice Compare at: <https://www.medicare.gov/hospicecompare/>.

Incorrect footnote “e” on Hospice Provider Preview Reports

CMS is aware that several hospice providers may have incorrectly received the footnote “e” in the Hospice Observe Percent field of their Preview Reports for reporting period Quarter 1 2016 – Quarter 4 2016, distributed via CASPER on August 29, 2017. If your hospice received this footnote in error, your data will be displayed correctly and without this footnote on Hospice Compare, upon the next Hospice Compare refresh, as well as in the next quarterly Hospice Provider Preview Report due to be released on December 1, 2017.

For more information, please contact the QTSO Help Desk at help@qtso.com or 1-877-201-4721.

Hurricanes Harvey, Irma, and Maria - Disaster Exemptions for Medicare-Certified Hospices affected by severe storms and flooding

CMS has granted automatic exemptions/exceptions to hospices located in areas affected by Hurricanes Harvey, Irma, and Maria due to the devastating impact of the storms. CMS has issued memos to affected hospices for [Hurricanes Harvey](#), [Irma](#), and [Maria](#), which provide further information regarding the scope and duration of the automatic exemptions/exceptions.

CMS will continue to monitor the situations, and will adjust exempted reporting periods and submission deadlines accordingly. For more information, please see the [CMS Hurricane webpage](#) and [Hospice Extensions and Exemption Requests webpage](#), and check back frequently for updates.

Important Public Reporting Dates for 3rd, 4th Quarter and beyond

For the 3rd Quarter, key Public Reporting Dates were as follows:

- August 15, 2017: HIS Preview Report Freeze Date (Quarter 1 2016 – Quarter 4 2016)
- August 29, 2017: HIS Provider Preview Reports available in CASPER folder
- August 29, 2017 – September 28, 2017: 30-day HIS Provider Preview Period

For the 4th Quarter and several quarters following, CMS has posted key Public Reporting dates for providers on the [Hospice Quality Public Reporting webpage](#).

Materials available for “Hospice Quality Reporting Data: Tips for Compliance” Training

On September 20, 2017, CMS conducted the “Hospice Quality Reporting Data: Tips for Compliance” training call for hospice providers, to review HQRP requirements for HIS and CAHPS® data submission, reasons for noncompliance and strategies to address them, timelines for data submission and compliance determinations, and helpful resources for providers.

To view materials from this call, please refer to the [Hospice Quality Reporting Training webpage](#). Available materials include presentation slides, a live audio recording, a transcript, and helpful resources.

Errata available for HIS Manual V2.00.0 to support the New Medicare Cards Initiative

Due to the New Medicare Cards initiative, previously known as the Social Security Number Replacement Initiative (SSNRI), pages 2A-8 and 2A-9 of the HIS Manual V2.00.0 have been updated for affected item A0600B, Medicare number. Replacement pages with updated coding guidance are available in the Downloads section of the [Hospice Item Set \(HIS\) webpage](#).

New Resources available to aid Providers with HQRP Compliance and Hospice Compare

CMS posted updated and new materials to aid providers with HIS and CAHPS® requirements, as well as with Hospice Compare. The following materials on HQRP compliance are available for download in the Downloads section of the [HQRP Requirements and Best Practices webpage](#):

- **Getting Started with HQRP:** Provides detailed information on the requirements of HIS and CAHPS®, designed especially for new providers and staff.
- **HQRP Program Activities Checklist:** Quick reference checklist of HIS and CAHPS® reporting activities and activity deadlines.
- **HQRP Fiscal Year 2019 Fact Sheet:** Outlines HIS and CAHPS® requirements specific to the FY2019 reporting year (data collection period 1/1/17 – 12/31/17).

The following fact sheet for Hospice Compare is available for download in the Downloads section of the [Hospice Quality Public Reporting webpage](#):

- **Hospice Compare Fact Sheet:** Provides information on how Hospice Compare can serve as a resource to providers in understanding their current quality ratings, and suggests approaches for providers to communicate with patients and family members how the site can inform their decision-making process.

Hospice CAHPS® Podcasts for Hospices

The Hospice CAHPS® Survey website provides podcasts for hospice providers. Podcast topics include an overview of the CAHPS® program, exemptions from participation in CAHPS®, selecting and authorizing a survey vendor, and more. To view the podcasts, please refer to the [Hospice CAHPS® survey website](#). Select “Information for Hospices” from the left-hand menu, and then click the button labelled “Podcasts for Hospices” at the top-center of the webpage.

Section 3: What's coming up in the 4th Quarter

Important Public Reporting Dates for the 4th Quarter

For the 4th Quarter, key Public Reporting dates are as follows:

- November 15, 2017: HIS Preview Report Freeze Date for Preview Reports to be released in December and February Hospice Compare Refresh (Quarter 2 2016 – Quarter 1 2017)
- December 1, 2017: HIS and CAHPS Provider Preview Reports available in CASPER folder
- December 1, 2017 – December 30, 2017: 30-day HIS and CAHPS Provider Preview Period

For more details, please refer to the [Hospice Quality Public Reporting webpage](#).

CAHPS[®] Size Exemption Request Deadline December 31, 2017

Hospices with fewer than 50 survey-eligible decedents in the prior calendar year are eligible for the size exemption from CAHPS[®] data submission requirements. The deadline to submit the size exemption request for the FY2019 reporting year (data collection period 1/1/17 – 12/31/17) is December 31, 2017. For more information or to submit the form, please refer to the [Hospice CAHPS[®] survey website](#). Late submissions cannot be accepted.

A reminder that the exemption is not automatic; eligible hospices must submit the size exemption request every year, and the CAHPS[®] size exemption does not include HIS data (no such exemption exists for HIS data submission requirements).

Ensure your hospice is on track with HIS and CAHPS[®] reporting requirements for the FY2019 Reporting Year

This is the final quarter for data collection for the FY2019 reporting year (data collection period 1/1/17 – 12/31/17). To be determined HQRP compliant and avoid the 2 percentage-point Annual Payment Update (APU) reduction for the FY2019 reporting year, hospices must be compliant with both HIS and CAHPS[®] requirements.

For HIS, providers should check their Timeliness Compliance Threshold Report to ensure that their hospice is on track to meet the timeliness threshold requirement of 80% for FY2019. This means that for the FY2019 reporting year, providers must have submitted at least 80% of their HIS records on time (within 30 days of the patient's admission or discharge date) to be determined compliant with HIS requirements. 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](#).

For CAHPS[®], the deadline for vendors to submit the fourth and final quarter of CAHPS[®] data is the second Wednesday of November.

For additional tips on ensuring compliance, please refer to the [HQRP Requirements and Best Practices webpage](#).

Next Hospice CAHPS[®] Data Collection Period begins January 1, 2018

The next Hospice CAHPS[®] data collection period for the FY2020 reporting year will begin on January 1, 2018, and will continue through December 31, 2018. This data collection period impacts hospice payments for FY2020. Providers who have not been participating in CAHPS[®] and do not qualify for an exemption should begin immediate preparations to participate in the survey.

For assistance, please email or call the CAHPS[®] survey technical assistance team at hospicecahpsurvey@HCQIS.org or 1-844-472-4621.