Hospice Quality Reporting Program (HQRP) Quarterly Updates

October 2018

This document is intended to provide HQRP-related updates on events and guidance from the 3rd Quarter of 2018 (July - September).

This document contains:

- *Section 1 Events from the 3rd Quarter, including links to resources*
- *Section 2 Announcements for upcoming events in the 4th Quarter*
- *Section 3 Previous and Upcoming Public Reporting Dates – new section!*
- *Section 4 Frequently Asked Questions received by the Hospice Quality Help Desk during the 3rd Quarter of 2018*

Please Note: *Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.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: QIES Technical Support Office (QTSO) Web address updated

As of August 2018, the QTSO Web address has been updated to http://qtso.cms.gov/ (previously https://www.qtso.com/). The previous Web address will temporarily redirect to the new Web address. As this automatic redirect to the new Web address is time-limited, please update your QTSO website bookmarks as soon as possible. The email address for the QTSO Technical Help Desk, help@qtso.com, has not changed.

Please contact the QTSO Technical Help Desk at help@qtso.com for any questions about the update.

New "Quarterly Updates" document layout

To highlight important events and improve the accessibility of the Quarterly Updates document, CMS has made a few changes to the document layout:

- The document has been reordered so that important updates from the previous quarter are displayed first (Section 1), followed by upcoming events in the next quarter (Section 2), key public reporting dates (Section 3), and then Frequently Asked Questions received by the Hospice Quality Help Desk in the previous quarter (Section 4).

- Key dates related to public reporting have been consolidated to create a new section: Section 3: Previous and Upcoming Public Reporting Dates.

Section 1: What you may have missed last Quarter

QIES Technical Support Office (QTSO) Web address Updated

As of August 2018, the QIES Technical Support Office (QTSO) Web address has been updated to http://qtso.cms.gov/ (previously https://www.qtso.com/). The previous Web address will temporarily redirect to the new Web address. However, as this redirect will be time-limited, please update all QIES Technical Support Office Website bookmarks as soon as possible. The email address for the QTSO Technical Help Desk, help@qtso.com, has not changed.

For any questions about the QIES Technical Support Office website, please contact the QTSO Technical Help Desk at help@qtso.com.

The Hospice, Home Health, DME Open Door Forum (ODF) – August 2018

CMS hosted the Hospice, Home Health, DME Open Door Forum (ODF) on August 22, 2018. This ODF focused on the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements. More information on the ODF can be found here.

Special Open Door Forum (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART) – September 2018

CMS hosted a Special ODF (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART) on September 26, 2018. This SODF focused on the goals for, and provided a status update on, HEART. More information on this SODF can be found on the CMS HQRP HEART webpage.

Educational Trainings released last Quarter

Hospice Quality Reporting Program: "From Data to Measure" Webinar

On August 16, 2018, CMS hosted the "From Data to Measure" educational training. This training explains how Hospice Item Set (HIS) data is calculated into HIS-based quality measures, including discussion of quality measure specifications and discussion of how publicly reported scores are determined. The training also provides guidance on how providers should interpret their Quality Measure (QM) Reports (both the Hospice-level QM Report and the Patient stay-level QM Report) to understand their hospice's quality performance.

This webinar is intended for advanced HIS audiences. It is recommended that providers have a basic understanding of the HIS, a general working knowledge of the HIS-based QMs, and some familiarity with the QM reports to maximize their learning experience from this webinar; detailed knowledge of specific HIS measures, items, or QM Reports is not needed.

Training slides, a supplemental worksheet, and a presentation recording for the "From Data to Measure" training are available for download. Please refer to the Downloads section of the Hospice Quality Reporting Training – Training and Education Library webpage.

Introduction to the Hospice Quality Reporting Program (HQRP) Webinar

On August 30, 2018, CMS hosted the "Introduction to the Hospice Quality Reporting Program (HQRP) Webinar. The purpose of this webinar is to explain the basics of the HQRP, and to provide an overview of the two components of the HQRP: HIS and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. A primary focus of the webinar is also to help hospice providers learn what they need to do to receive their full Annual Payment Update (APU).

Training materials for the Introduction to the HQRP Webinar will soon be made available for download on the [Hospice Quality Reporting Training – Training and Education Library](#) webpage. Please monitor this webpage, as well as the [Spotlight & Announcements](#) webpage, for notification of when training materials are posted.

Web-Based Training Available on the HQRP Website

CMS will provide two self-paced, web-based training courses for hospice staff to learn about the HQRP. These two courses aim to provide a comprehensive overview of the HQRP and its components, ensure that providers are aware of their responsibilities to receive their full APU, and provide links to a variety of additional resources to assist providers in complying with program requirements.

The first course provides a broad overview of the various components of the HQRP and is intended for anyone who works for a hospice agency and is responsible in any way for complying with the HQRP. The course is titled "Introduction to the Hospice Quality Reporting Program (HQRP)" and includes five lessons.

The second course is intended for individuals within a hospice agency that are responsible for submitting files and monitoring compliance with the HQRP. The course is titled "HQRP Data Submission Requirements and Reports" and includes seven lessons.

These trainings are intended to complement one another and meet the needs of diverse learning styles. Training materials for the Web-Based Training will soon be made available for download on the [Hospice Quality Reporting Training – Training and Education Library](#) webpage. Please monitor this webpage, as well as the [Spotlight & Announcements](#) webpage, for notification of when training materials are posted.

Quick Reference Guide for the Hospice QRP for FY2020 Now Available

A Quick Reference Guide for the Hospice QRP for FY2020 is now available for download. This guide includes frequently asked questions, information on QRP Help Desks, and helpful links to additional resources for the Hospice QRP.

To download the Quick Reference Guide for the Hospice QRP for FY2020, please refer to the Downloads section of the [Reconsideration Requests](#) webpage.

Section 2: What's coming up in the 4th Quarter of 2018

Special Open Door Forum (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART) – December 2018

CMS will host a Special Open Door Forum (SODF) on the Hospice Evaluation and Assessment Reporting Tool (HEART) during the month of December, 2018. This SODF will focus further on developing a hospice assessment tool and seek your input. Information on the SODF will be posted on the HQRP Spotlight and Announcements webpage, as well as shared on the HQRP HEART webpage.

The Hospice Comprehensive Assessment Measure now on Provider Preview Reports for the November 2018 Hospice Compare Refresh

The NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission Measure (the "Hospice Comprehensive Assessment Measure") appeared for the first time in Provider Preview Reports that were released in September 2018. This is in preparation for the Hospice Comprehensive Assessment Measure to go live on Hospice Compare in the November 2018 refresh.

Please note that while the November 2018 Hospice Compare refresh will update Hospice Item Set (HIS)-based quality measures to reflect patient stays discharged in Q1 2017 – Q4 2017, the Hospice Comprehensive Assessment Measure was implemented in the HQRP on April 1, 2017. Therefore, patients that were admitted in Q1 2017 – Q4 2017, but before the implementation of the measure on April 1, 2017, are not included in the denominator of the Hospice Comprehensive Assessment Measure scores that will be publicly reported in the November 2018 refresh.

Hospice providers should check their Preview Reports, as well as Hospice Compare following the November 2018 refresh, to view their Hospice Comprehensive Assessment Measure scores. More information about the Hospice Comprehensive Assessment Measure (including measure specifications) can be found in the QM User's Manual, available for download on the Current Measures page.

Recognition of Physician Assistants as Designated Attending Physicians – this policy change does not impact the Hospice Quality Reporting Program (HQRP)

In the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements (82 FR 38633-38634), CMS finalized statutorily-required updates to the regulations to expand the definition of attending physician at § 418.3 to include physician assistants. CMS also finalized amendments to the regulations at § 418.304 to include the details regarding Medicare payment for designated hospice attending physician services provided by physician assistants. This new finalized policy will be effective January 1, 2019.

This policy will not impact the HQRP or HIS submission. This means that this policy will not change how providers collect data for HIS items O5010 (Number of hospice visits in the final 3 days) or O5030 (Number of hospice visits in 3 to 6 days prior to death).
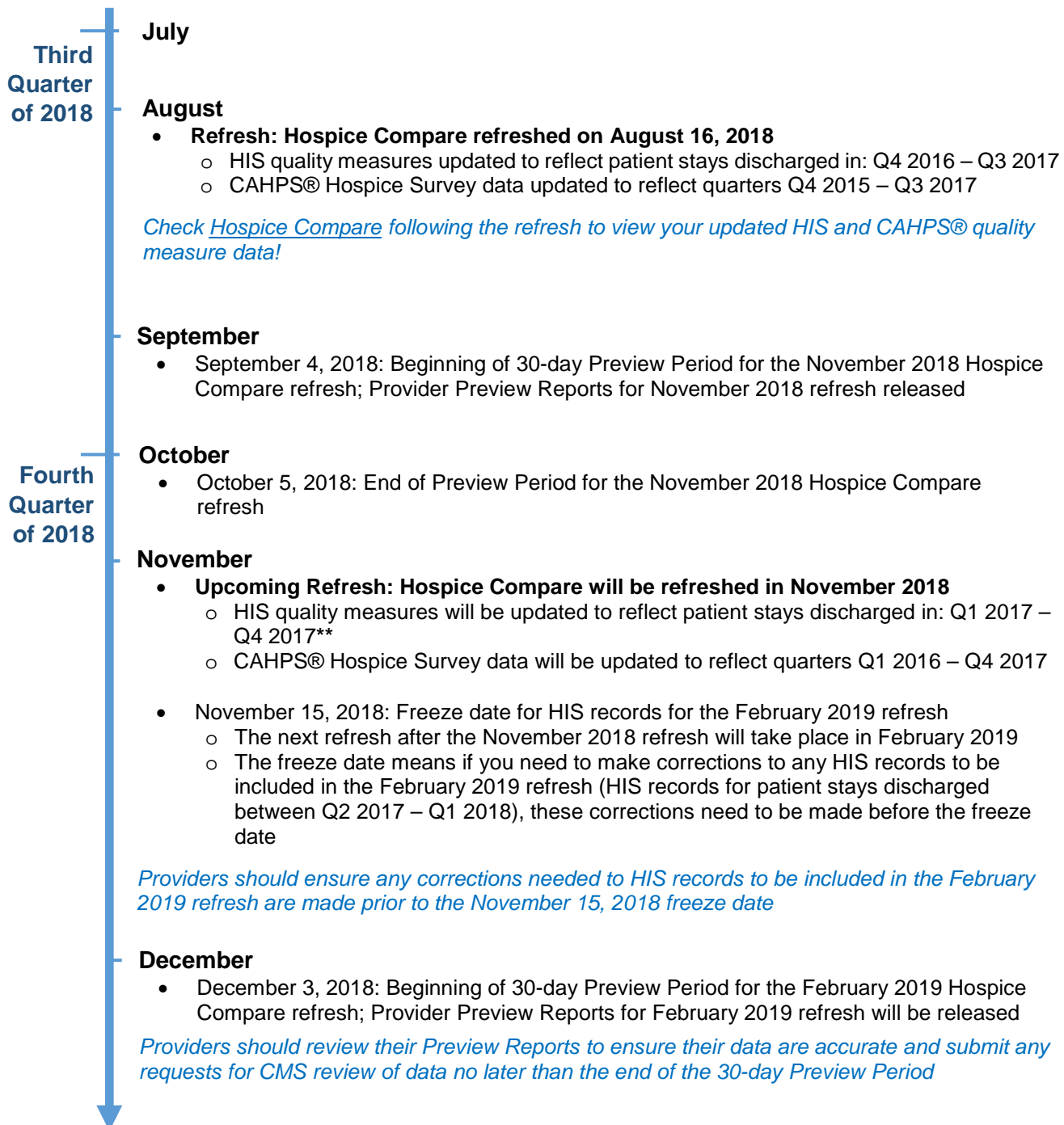
4.5 Month Data Correction Deadline for Public Reporting

CMS instituted a 4.5 month data correction deadline for public reporting in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements (82 FR 38638-38640). Beginning January 1, 2019, providers 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., admission date for the HIS-Admission and discharge date for the HIS-Discharge) in that quarter for the purposes of public reporting. After this 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. For more information about this policy, please refer to the 4.5 Month Data Correction Deadline for Public Reporting Fact Sheet in the Downloads section of the Public Reporting: Key Dates for Providers page.

Section 3: Previous and Upcoming Public Reporting Dates

> **New section!** To improve the accessibility of the Quarterly Update document, this new section consolidates all key dates related to public reporting in a user-friendly timeline. While public reporting updates will still also be shared in other sections, please refer to this section for key previous and upcoming dates related to public reporting.

The timeline below includes key public reporting dates for the previous and upcoming Quarter (Q). Providers should review the timeline to ensure they are familiar with important upcoming public reporting dates, and refer to the Public Reporting: Key Dates for Providers webpage for more information.

Third Quarter of 2018

July

August
- **Refresh: Hospice Compare refreshed on August 16, 2018**
  - HIS quality measures updated to reflect patient stays discharged in: Q4 2016 – Q3 2017
  - CAHPS® Hospice Survey data updated to reflect quarters Q4 2015 – Q3 2017

Check Hospice Compare following the refresh to view your updated HIS and CAHPS® quality measure data!

September
- September 4, 2018: Beginning of 30-day Preview Period for the November 2018 Hospice Compare refresh; Provider Preview Reports for November 2018 refresh released

Fourth Quarter of 2018

October
- October 5, 2018: End of Preview Period for the November 2018 Hospice Compare refresh

November
- **Upcoming Refresh: Hospice Compare will be refreshed in November 2018**
  - HIS quality measures will be updated to reflect patient stays discharged in: Q1 2017 – Q4 2017**
  - CAHPS® Hospice Survey data will be updated to reflect quarters Q1 2016 – Q4 2017

- November 15, 2018: Freeze date for HIS records for the February 2019 refresh
  - The next refresh after the November 2018 refresh will take place in February 2019
  - The freeze date means if you need to make corrections to any HIS records to be included in the February 2019 refresh (HIS records for patient stays discharged between Q2 2017 – Q1 2018), these corrections need to be made before the freeze date

Providers should ensure any corrections needed to HIS records to be included in the February 2019 refresh are made prior to the November 15, 2018 freeze date

December
- December 3, 2018: Beginning of 30-day Preview Period for the February 2019 Hospice Compare refresh; Provider Preview Reports for February 2019 refresh will be released

Providers should review their Preview Reports to ensure their data are accurate and submit any requests for CMS review of data no later than the end of the 30-day Preview Period

Section 4: Questions and Answers

General Hospice Item Set (HIS) Data Collection and Submission

Question 1. **What is considered initiation of treatment for shortness of breath?**

Answer 1.   Initiation of treatment is considered to have occurred when an order was received to initiate or continue a treatment, with the following exceptions: comfort kits, pre-printed admission orders, or for non-medication interventions. In the cases of comfort kits and/or pre-printed admission orders, initiation of treatment is considered to have occurred when the hospice has received an order AND there is documentation that the patient/caregiver was instructed to begin use of the medication or treatment for the relevant symptom. In the case of non-medication interventions (for example, fans, positioning, etc.), initiation of treatment is considered to have occurred on the date the hospice first discussed the intervention with the patient and/or caregiver.

For more information, please refer to Section J, Respiratory Status of the HIS Manual, available in the Downloads section of the Hospice Item Set (HIS) webpage.

Section J: Pain and associated Quality Measures

Question 2. **How do the HIS V2.00 items J0900C, J0905, and J0910 relate to one another?**

Answer 2.   When completing the HIS V2.00, response to item J0910 ("Was a comprehensive pain assessment done?") is based on your response to J0905 ("Is pain an active problem for this patient?"), **not** your response to J0900C (the patient's pain severity at time of pain screening). So, even if the patient is not in pain at time of screening (in response to J0900C), if it is indicated that pain is an active problem for the patient (in response to J0905), you should proceed with completing J09010A.

However, while the response to J0905 drives whether item J0910 should be completed, item J0905 is not involved the calculation of the NQF#1637 Pain Assessment measure. Whether a patient stay is included in the NQF#1637 measure denominator is driven by response to J0900C, not J0905.

For patients to be included in the NQF#1637 measure denominator, they must have reported mild, moderate, or severe pain at time of screening, in response to J0900C. For your hospice to then meet numerator criteria for NQF#1637, a comprehensive pain assessment that includes 5 out of 7 assessment characteristics must be completed for that patient within one day of the date of the pain screening, as indicated by J0910.

There are two important things to note. Firstly, the HIS does not dictate clinical practice. Your hospice should still complete care processes deemed clinically appropriate for the patient even if HIS skip patterns may direct you to skip responses to an item. Second, if the HIS directs you to skip J0910, the comprehensive pain assessment item, this will not "count against you" in the calculation of NQF#1637.

Item J0905 is therefore not currently used in the calculation of the HIS pain quality measures. CMS continues to analyze HIS V2.00.0 data to inform updates to the measure specifications; any changes to the measure specifications will always be communicated to the public.

For more information on how to complete items in the HIS V2.00, please refer to the HIS User's Manual, available for download on the Hospice Item Set (HIS) webpage.

For more information on the NQF#1637 Pain Assessment measure, or any of the other HIS measures, please refer to the QM User's Manual, available for download on the Current Measures webpage. The QM User's Manual provides each HIS QM's measure specifications, which includes numerator, denominator, and exclusion criteria.

Question 3. **If my patient is non-verbal, how does my hospice complete the comprehensive pain assessment?**

Answer 3. For patients that are unresponsive/non-verbal, a comprehensive pain assessment can still be completed by the clinician by interviewing the patient or caregiver regarding characteristics of recent pain episodes, including pain location, character, duration, frequency, what has relieved/worsened, and effect on function or quality of life.

In interviewing the patient or caregiver, the comprehensive pain assessment may be conducted through clinician observation as well as patient or caregiver report. For nonverbal patients, general documentation that the patient is "unable/unwilling to self-report" would generally be insufficient evidence to check off elements in J0910C (characteristics of the comprehensive pain assessment completed, such as location, duration, etc.). However, if documentation shows specific elements the clinician attempted to gather from the caregiver (e.g., "asked caregiver about pain duration; caregiver stated they were unsure") this is sufficient evidence to check of elements in J0910C (in this case, duration).

As stated in Section J, Pain of the HIS Manual, it is possible to include elements of the pain assessment listed in J0910C for nonverbal patients, and caregiver report about any of the above characteristics is acceptable documentation, as is documentation about nonverbal indicators of pain. Nonverbal indicators of pain include nonverbal sounds such as crying, whining, and groaning; facial expressions, such as grimacing and clenching jaws; and protective body movements or postures such as bracing, guarding, rubbing, or clutching a body part. For further information and examples on conducting pain assessments for nonverbal patients, please refer to Section J, Pain of the HIS Manual available for download on the Hospice Item Set (HIS) webpage.

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

Question 4. **What care processes are included in NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission?**

Answer 4. NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission includes all seven care processes captured by the following HIS quality measures, as applicable:

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

Note that HIS quality measures indicated with * are conditional measures, which means these care processes are included in measure calculation as applicable to the patient. This is explained further in Question 5 ("How does the NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission account for the HIS quality measures that do not apply to my patient?").

More information about the Hospice Comprehensive Assessment Measure (including measure specifications) can be found in the QM User's Manual, available for download on the Current Measures page.

Question 5.   **How does the NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission account for the HIS quality measures that do not apply to my patient?**

Answer 5.   As stated in Question 4 ("What care processes are included in NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission?"), the Hospice Comprehensive Assessment Measure includes seven care processes, captured by the HIS quality measures NQF #1641, NQF #1647, NQF #1634, NQF #1637, NQF #1639, NQF #1638, NQF #1617, as applicable.

Three of the seven HIS quality measures are conditional measures:
- Pain Assessment (NQF #1637)
- Dyspnea Treatment (NQF #1638)
- Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF #1617)

Conditional measures are measures for which inclusion in the denominator is "dependent" or "conditional" on a response to a previous item. For example, for a patient to be included in the denominator of the dyspnea treatment measure (NQF #1638), the patent must have screened positive for dyspnea (NQF #1639). This is because the hospice would not initiate treatment for shortness of breath unless the patient was actually short of breath.

In the Hospice Comprehensive Assessment Measure, if a patient is not included in a conditional measure as the preceding care process indicates that the following care process is not needed, the hospice will by default 'receive credit' for that conditional measure in the calculation of the Hospice Comprehensive Assessment Measure, even without having conducted that care process. For example, if a hospice conducts a pain screening and the patient screens negative for pain (NQF #1634), the hospice will 'receive credit' for **both** the Pain Screening (NQF #1634) and Pain Assessment (NQF #1637) components of the Hospice Comprehensive Assessment Measure calculation, regardless of whether the hospice proceeds with conducting a pain assessment for that patient. Note that the HIS does not dictate clinical practice and your hospice must still complete care processes that you deem clinically appropriate; this methodology ensures that not completing the pain assessment if a patient screens negative for pain will not 'count against you' in the calculation of the Hospice Comprehensive Assessment Measure.

This methodology for accounting for conditional measures only applies to the calculation of the Hospice Comprehensive Assessment Measure, and not the calculation of the individual component measures. For details on which patients were eligible for each of the HIS QMs, hospices should refer to their CASPER QM Patient stay-level QM Report. For guidance on how to interpret CASPER QM Reports, please refer to the "Hospice Quality Reporting Program: From Data to Measure" training on the Hospice Quality Reporting Training – Training and Education Library webpage.

More information about the Hospice Comprehensive Assessment Measure (including measure specifications) can be found in the QM User's Manual, available for download on the Current Measures page.

CASPER QM Reports

Question 6. **Explain Type 1, 2, and 3 stay exclusions in the context of CASPER Quality Measure (QM) Reports.**

Answer 6. Type 1 stays are patient stays that have both an HIS-Admission and HIS-Discharge record submitted and accepted in the QIES Assessment Submission and Processing (ASAP) system.

Type 2 stays are either active stays **OR** patient stays for which an HIS-Admission record has been submitted and accepted to QIES ASAP but the HIS-Discharge record is missing.

Type 3 stays are patient stays for which an HIS-Discharge record has been submitted and accepted to QIES ASAP but the HIS-Admission record is missing.

CASPER Hospice-level QM Reports provides information on your hospice's overall performance for each of the HIS QMs. As only Type 1 stays are included in quality measure calculations, the Hospice-level QM Report includes only Type 1 stays.

CASPER Patient stay-level QM Report provides information for each of your hospice's patient stays, including whether each patient was eligible for QM calculation and, if so, whether your hospice received credit on that QM for that patient's care. The Patient stay-level QM Report includes all types of patient stays: Type 1, 2, and 3 stays, and will indicate which type each patient stay is.

- Type 2 stays are indicated with an "N/A" in the Discharge Date column
  - If this stay is an active stay, no further steps are needed (this will not 'count against' your hospice's QM scores). Upon patient discharge, CMS recommends that you complete and submit this patient's HIS-Discharge record as soon as possible.
  - If this patient has been discharged, this means that there HIS-Discharge record is missing. Please locate and submit their HIS-Discharge record as soon as possible; missing records could negatively affect your hospice's QM scores.
- Type 3 stays are indicated with a letter "c" in the Admission Date column
  - This patient's HIS-Admission record is missing. Please locate and submit their HIS-Admission record as soon as possible; missing records could negatively affect your hospice's QM scores.
- Type 1 stays have dates in both the Admission and Discharge Date columns, with no "N/A" or letter "c".
  - No records are missing, and no further action is needed.

For further guidance on how to interpret CASPER QM Reports, please refer to the "Hospice Quality Reporting Program: From Data to Measure" training materials available for download from the [Hospice Quality Reporting Training – Training and Education Library](#) webpage.