



# Hospice Quality Reporting Program (HQRP) Quarterly Updates January 2018

*This document is intended to provide HQRP-related updates on events and guidance from the 4<sup>th</sup> Quarter of 2017 (October – December).*

*This document contains:*

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**Please Note:** Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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

**Tip of the Quarter:** To correct or update demographic data displayed on Hospice Compare, hospices must contact their Medicare Administrative Contractor (MAC) to change their demographic information stored in the ASPEN System. For more detailed instructions, see Section 2 of this document.

## Section 1: Questions and Answers

### Section A: Administrative Information

**Question 1. When should new hospice organizations that just received their CCN notification letters begin submitting HIS data?**

Answer 1. Hospice providers are required to begin reporting data on the date noted in the letterhead of their CCN notification letter. However, there are two considerations for providers to keep in mind with respect to HIS reporting: when providers must begin reporting HIS data, and when providers will be subject to the potential two percentage-point APU reduction for failure to comply with HQRP requirements.

Hospice providers are required to begin reporting data on the date noted in the letterhead of their CCN notification letter; however, if the CCN notification letter letterhead was dated on or after November 1, they would not be subject to any financial penalty for failure to comply with HQRP requirements for that reporting year. For example, if a hospice provider's CCN notification letter letterhead is dated on November 5, 2018, that provider should begin submitting HIS data for patient admissions occurring on and after November 5th, 2018. However, since the hospice CCN notification letter letterhead was dated after November 1, they would not be evaluated, or subject to any payment penalties, for the corresponding APU (for 2018, the corresponding APU is the FY 2020 APU).

CMS recommends hospices to retain their CCN notification letter, including evidence of the date in the letterhead, to ensure they are not unduly subject to APU penalties.

**Question 2. A patient in my hospice changed their payor source, from private insurance to Medicare benefit. Do I need to resubmit or modify their HIS record to reflect their updated information?**

Answer 2. 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) to reflect the change in payor source.

For this patient, the HIS-Admission record for their initial admission should reflect their first payor source. The 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.

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

**Question 3. Our hospice has a patient who is non-responsive. If we use the FLACC score for this patient, do we still need to respond to the comprehensive pain assessment question with at least five characteristics (e.g., location, duration, and frequency)?**

Answer 3. Yes. Regardless of which standardized tool used, the measure specifications for the comprehensive pain assessment measure require that patients who screened positive for pain be assessed for at least five out of seven characteristics of J0910C to receive credit for the Pain Assessment (NQF #1637) Quality Measure.

NQF #1637 reports the percentage of patients who screened positive for pain who received a comprehensive pain assessment within 1 day of the pain screening, where the pain assessment includes assessment of at least five out of seven characteristics that describe the patient's pain. The seven possible characteristics that can be assessed for are: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.

Note that simply completing a pain assessment is not sufficient to count towards this measure. A comprehensive pain assessment that does not occur within 1 day of the pain screening, or does not include at least 5 characteristics does not count toward the numerator which results in a hospice not getting credit for this measure.

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.

For nonverbal patients, page 2J-8 of the HIS Manual V2.00 contains additional guidance on completing pain assessments for nonverbal patients. CMS recommends reviewing this guidance on completing comprehensive assessments for nonverbal patients. Please refer to the HIS Manual V2.00 on the [Hospice Item Set \(HIS\)](#) webpage.

## **Public Reporting**

**Question 4. My hospice's profit status displayed on Hospice Compare is incorrect. How do I correct this?**

Answer 4. Your hospice's demographic data (i.e. ownership status, address, telephone number) is generated from information stored in the Automated Survey Processing Environment (ASPEN) system. To correct or update demographic data, hospices must contact their Medicare Administrative Contractor (MAC) for assistance. For more detailed instructions, please refer to the "[How to Update Demographic Data 12-21-17](#)" document. Please note that CMS updated the guidance on how to update demographic data in December 2017. CMS encourages hospice providers to review this document to ensure that you are aware of this new process.

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CMS recommends hospice providers to regularly review their Preview Reports and Hospice Compare profile to verify that their demographic data, with every refresh, is correct. Preview Reports reflect your hospice's demographic data and quality measure data that will be displayed on Hospice Compare in each upcoming quarterly refresh, and are available during the 30-day Preview Period windows in your Certification and Survey Provider Enhanced Reporting (CASPER) folder.

CMS has also produced two Tip Sheets to enhance hospice providers and Hospice Compare users experience finding and comparing hospices on Hospice Compare. The "[Hospice Compare: Tips for Hospice Providers](#)" Tip Sheet provides guidance to hospice providers to ensure that their data displayed on Hospice Compare is correct, and the "[Hospice Compare: Tips for Users](#)" Tip Sheet advises users on using the Hospice Compare search function to find hospice agencies.

## **Section 2: What you may have missed from the 4<sup>th</sup> Quarter**

### **Updated Guidance on How to Update Demographic Data in ASPEN and on Hospice Compare**

On December 21, 2017, CMS published updated guidance on how providers can update their demographic data on Hospice Compare. It is critical for providers to note that the demographic data displayed on the Provider Preview Reports and on Hospice Compare is generated from information stored in the Automated Survey Processing Environment (ASPEN) System. To therefore update demographic data on Hospice Compare, providers must contact their Medicare Administrative Contractor (MAC) and specifically request to update to the demographic data at its source, in the ASPEN system.

For more details on the updated guidance, please refer to the "How to Update Demographic Data 12-21-17 PDF" on the [Hospice Quality Public Reporting: Background and Announcements](#) webpage.

CMS has also produced two Tip Sheets to enhance hospice providers and Hospice Compare users experience finding and comparing hospices on Hospice Compare. The "[Hospice Compare: Tips for Hospice Providers](#)" Tip Sheet provides guidance to hospice providers to ensure that their data displayed on Hospice Compare is correct, and the "[Hospice Compare: Tips for Users](#)" Tip Sheet advises users on using the Hospice Compare search function to find hospice agencies.

### **List of Hospice Providers that successfully met HQRP APU FY2018 Reporting Requirements posted**

In early October 2017, CMS published the list of hospice providers who successfully met HQRP reporting requirements for APU FY2018, as stated in the FY2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements [Final Rule](#). The list accounted for all reconsideration requests that were submitted, and is final.

To view the list, please refer to the [HQRP Requirements and Best Practices](#) webpage.

### **Disaster Exemptions for Medicare-Certified Hospices affected by the Northern California Wildfires and Processes for Exemption and Extension due to other natural disasters**

CMS has granted automatic exemptions to hospices located in areas affected by the devastating impact of the Northern California Wildfires since October 8, 2017. A list of the Californian counties designated by the Federal Emergency Management Agency (FEMA) as major disaster counties is available on the [FEMA website](#). CMS issued a memo to affected hospices providing further information regarding the scope and duration of the automatic exemptions/exceptions, which is available [here](#).

CMS will continue to monitor the situation, and adjust exempted reporting periods and submission deadlines accordingly. For more information, please see the [CMS 2017 California Wildfires](#) webpage and 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.

### **Hospice Compare Refresh - December 2017**

Hospice Compare was refreshed on December 12, 2017 (note, this refresh was originally scheduled for November 21, 2017). Hospice providers should check Hospice Compare to view their updated HIS quality measure data.

While the Hospice Compare refresh was delayed this quarter, other key public reporting dates this quarter (i.e., HIS Freeze Date, HIS Provider Preview Report release date) were not affected. CMS recommends providers review the [Public Reporting Key Dates for Providers](#) and be familiar with these dates.

### **Important Public Reporting Dates in the 4th Quarter**

For the 4<sup>th</sup> Quarter, key Public Reporting Dates were as follows:

- November 15, 2017: HIS Preview Report Freeze Date (Quarter 2 2016 – Quarter 1 2017)
- December 1, 2017: HIS Provider Preview Reports available in CASPER folder
- December 1, 2017 – December 30, 2017: 30-day HIS Provider Preview Period

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

## **Section 3: What's coming up in the 1<sup>st</sup> Quarter of 2018**

### **Important Public Reporting Dates for the 1st Quarter of 2018**

For the 1<sup>st</sup> Quarter of 2018, key Public Reporting dates are as follows:

- February 15, 2018: HIS Preview Report Freeze Date for Preview Reports to be released in March and the corresponding May Hospice Compare Refresh (Quarter 3 2016 – Quarter 2 2017)
- March 1, 2018: HIS and CAHPS® Provider Preview Reports available in CASPER folder
- March 1, 2018 – March 30, 2018: 30-day HIS and CAHPS® Provider Preview Period

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

### **HQRP Data Collection for the FY2020 Reporting Year begins January 1, 2018**

This is the first quarter for data collection for the FY2020 reporting year (data collection period 1/1/18 – 12/31/18). For HIS data, remember that the timeliness threshold requirement for the FY2020 reporting year and beyond 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). There are no size or newness exemptions for HIS reporting. 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.

Hospice CAHPS® data collection period for the FY2020 reporting year began 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 [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org) or 1-844-472-4621.

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

## **Upcoming Training on HIS Coding and Navigating the 3 HQRP Websites**

CMS is producing two series of educational modules that are tentatively scheduled to be released in March 2018. The first series will focus on helping providers navigate the websites for the HQRP, which includes the CMS HQRP website, the CAHPS® survey website, and the QTSO website. CMS has recently updated the CMS HQRP website to improve flow and organization, and this first series will include navigating the newly re-designed CMS HQRP website.

The second series will focus on HIS coding guidance, and include 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.

Both these series will be released as short, self-directed video segments. CMS will also host a live webinar event to launch the release of the video segment series, featuring select modules and providing a Q&A session. Check the [Training: Announcements & Registration](#) webpage for updates on the release of these educational modules, and to register for the webinar when the event date is announced.