

## ABOUT THIS DOCUMENT

This document provides answers to questions received:

- during the live Q&A sessions that were part of the Hospice Quality Reporting Program: CMS training webinars offered on April 11 and April 19, 2012
- on the Hospice Quality Reporting Program Help Desk

Questions have been grouped into three major categories: questions that are policy-related in nature, questions about the Structural/Quality Assessment and Performance Improvement (QAPI) Measure, and questions about the NQF #0209/Pain measure. This document will be updated periodically as new questions are received at the Hospice Quality Reporting Program Help Desk.

## POLICY-RELATED QUESTIONS

### **NPRM/next reporting period requirements/Paperwork Reduction Act (PRA) package**

1. What happens after the initial reporting in 2013? When are hospices next required to submit reports?

A: The next data submission will be in 2014. The 8/4/2011 final rule stated that hospices will submit data in the fiscal year (FY) prior to the payment determination.

2. After the initial reporting requirement on January 31<sup>st</sup> and April 1<sup>st</sup>, what are the following data gathering periods and reporting time frames? For example do hospice agencies continue to gather the data on a monthly or quarterly basis and do we continue to report the data each month or each quarter?

A: The 8/4/2011 final rule stated that all subsequent reporting cycles are based on the calendar year. Hospices should collect patient level data on an ongoing basis and organize/ analyze that data in whatever time segments work for their internal QAPI programs. CMS requires that the aggregated data that are submitted annually be collected over the prior calendar year; for example, data collected 1/1/2013 through 12/31/2013 would be submitted in 2014 and would impact APU FY 2015.

3. When will the PRA be released with the exact reporting requirements?

A: The PRA Package 60 Day Notice was published in the Federal Register on 6/4/2012 and the 30 Day Notice was published on 8/13/2012. As of 8/16/2012 the final OMB approval is still pending, but the Data Submission form and the two User Guides included in the posted zip file include the requirements as submitted to OMB.

## **Public reporting**

4. Will the data hospices submit be publicly reported?

A: Section 3004 of the Affordable Care Act (ACA) requires that the Secretary establish procedures for making hospice quality data available to the public, but does not establish a time frame. Data submitted in 2013 will not be publicly reported.

## **APU determination/Pay for Performance criteria**

5. What % result will lead to denial of payment if the hospice drops below that %?

6. Can you say if and when the actual performance scores might be used to modify reimbursement?

A (Q5–6): There is no required performance level for the FY 2014 market basket increase. The ACA Section 3004 sets up a Pay for Reporting program, not a Pay for Performance program. The FY 2014 market basket increase will be reduced by two percentage points for hospices that *fail to report* the two selected measures by the established reporting deadlines in 2013. The ACA Section 3004 does not require performance based reimbursement nor establish a timeline for the implementation of performance based reimbursement.

## **Who reports, when, and on what patients**

7. I am confused....do I report on January 31 or April 1, 2013? (see slides 28-29)

A: You will report the structural measure by January 31, 2013. You will report the NQF #0209 measure by April 1, 2013. Data collection for both is Oct 1–Dec 31, 2012.

8. If my agency has one provider number – with three additional practice site locations – will each location submit data?

A: That depends on whether the other three sites have the same CMS Certification Number (CCN). The reporting unit is the CCN. Hospices with one CCN and multiple locations with that same CCN must submit “rolled up” or combine quality data in one submission.

9. Is the CCN number the same as the Medicare provider number?

A: Yes, the CCN is the Medicare provider number.

10. We have both an inpatient and outpatient hospice. Will the data be reported together or separately?

A: If you have only one CCN for the two locations, the data will be reported together. If you have a CCN for each location, the data will be reported separately.

11. Do we report on ALL patients or only Medicare patients?

A: We received multiple questions about whether to collect and report data on only Medicare patients. You should collect and report data on all patients, all payers.

12. How does this apply to a pediatric hospice?

A: Responses to the structural measure question and the list of patient care-related indicators will include all patients. The NQF #0209 measure applies to patients 18 and over.

13. Home patients only, correct? Not GIP?

A: Responses to the structural measure question and the list of patient care-related indicators will include all patients. NQF #0209 applies to all patients who are new to your hospice regardless of the setting or level of care when they are admitted. For the purpose of the measure, patients who are admitted directly into the inpatient setting should be regarded the same as patients who are in the home or other settings on admission (i.e., included in the measure if they meet the eligibility requirements). Patients who are transferred from another hospice to your hospice should also be considered for inclusion in the measure.

#### **How to submit data**

14. How do we submit the data to CMS for the two measures? Do you need to have a company that will transmit the data or can we go directly into a website and submit it?

A: CMS will make available a data submission website. The data entry site is not yet available for provider use. The site is scheduled to go live January 1, 2013. Availability of the site and the link to the site will be announced on Open Door Forums and on the CMS Hospice Quality Reporting Program website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>. Use of third-party vendors is not required in order to submit data.

15. Can the measure(s) be submitted via Excel spreadsheet?

A: The 8/4/2011 final rule states that a downloadable form will be available for hospices that cannot complete the web-based data entry. You can obtain assistance in using the web-based data entry form from the Technical Help Desk by email at [help@qtso.com](mailto:help@qtso.com) or by phone at 1-877-201-4721.

16. Can data be submitted through a vendor such as Deyta if we want to?

A: CMS will permit hospices to utilize vendors for individual hospice data submissions. However, CMS will not support batch submissions involving scripting or database imports from vendors. CMS does not endorse the use of a vendor versus direct submission by the hospice, nor does CMS endorse the use of any particular vendor.

17. Can we expect all of the clinical software companies to be able to retrieve the data for both denominator and numerator requirements by the reporting period? Or are agencies responsible for self-reporting?

A: CMS does not have knowledge of the tools or support that vendors may offer for hospices.

### **Reporting resources/Additional training**

18. Where can I find the User Guide?

A: There are two User Guides available for provider use:

1. **User Guide for Hospice Quality Reporting Data Collection** -- is available on the CMS HQRP website in the "Spotlight and Announcements" section of the webpage <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> under "Downloads" at the bottom of the page. This User Guide instructs hospice providers on data collection processes for the HQRP.
2. **User Guide for Hospice Quality Reporting Data Submission** -- is available on the CMS HQRP website in the "Data Submission" section of the webpage <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Submission.html> under "Downloads" at the bottom of the page. This User Guide instructs hospice providers on data submission processes and provides details about the data entry website for the HQRP.
  - **Please note: the data entry site is not yet available for provider use; the site is scheduled to go live January 1, 2013.**

19. Will I be able to access a recording of this webinar in the future? Where?

A: The recording of the webinar is posted and available on the CMS website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>.

20. Are there plans in place by CMS to provide additional training on these measures closer to the implementation dates?

A: CMS plans to offer training about the data entry/submission website sometime in the fall. The dates for these trainings will be announced on Open Door Forums, and on the CMS Hospice Quality Reporting Program website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>.

21. Will surveyors audit Hospice submission data for compliance with QAPI measures reported?

A: There currently are no surveyor guidelines relating directly to the new Hospice Quality Reporting Program. However, hospice surveyors review compliance with the Conditions of

Participation (CoPs), including QAPI requirements. QAPI is a comprehensive CoP that is integrated throughout the hospices, and CMS expects hospices to demonstrate compliance with QAPI requirements.

## **QUESTIONS ABOUT THE STRUCTURAL MEASURE**

22. Where can an official list of approved Patient Care Related Measures that are eligible to include in the Structural Measure be found?

23. To help us prepare for reporting, is there documentation that we may access that shows the full list of domains, subdomains, and topics listed for the Structural Measure?

A (Q22–23): There is no list of “official approved measures.” The User Guide for Data Collection lists all the domains of care and topic areas, from which hospices will check off the ones where their QAPI program includes at least one patient care-related quality measure.

24. We were under the understanding that we need to report on 3 measures, but this presentation made it seem like we need to include ALL measures that are applicable to patient care. Can you please clarify this?

A: The structural measure consists of three questions. The first question asks you to indicate with a Y/N whether your QAPI program includes at least three patient care-related quality indicators (QI). The second question should be answered if you have at least one quality indicator in your QAPI program—so that means that even if you said “NO” to Q1 (because you have only one patient care-related QI), you would still answer Q2 to indicate which domain/topic that one QI measures. If you have three or more patient care-related QIs in your QAPI program, you would consider all of them in your response to Q2. The last question asks you about the data source(s) for your QIs.

25. Are we allowed to use patient and family satisfaction surveys as one of the indicators?

A: Yes. If you are using patient and family satisfaction surveys such as the Family Evaluation of Hospice Care (FEHC) or similar ones, or even specific components of such a survey as part of your QAPI program, you can reflect it in your responses to the Structural Measure questions.

26. We track several quality indicators in our QAPI program and monitor those regularly, but only problematic ones are actually used for QAPI performance improvement projects. Would we report on all the indicators we track or only those we have PIP's on?

A: You report on all patient care-related QIs that your hospice collects and tracks as part of your QAPI program. You may have performance improvement projects for all or some of these. You also may collect lots of data on all kinds of topics, but you would only include this IF you use the data to calculate a patient care-related QI. For example, if you are collecting data about your hospice’s operations—such as measures of length of stay, these would NOT be included because they are not patient care-related indicators as defined in the User Guide.

27. Should the structural measure be all-encompassing of the hospice's entire patient population for the reporting period? Or would it be appropriate for the structural measure to be pulled from a sample of chart audits? For example, if AIM measures are audited for 10 charts per month, but the hospice has an ADC of 140 patients, would it be inappropriate to classify findings from this small audit as a "structural measure"?

A: Your QIs do not have to reflect data gathered on every single hospice patient during the data collection period. AIM and PEACE measures would be appropriate to report for the Structural Measure. You are using a standardized methodology for gathering the data and calculating the QI as it was described by the AIM or PEACE project.

28. Will CMS use any of the data we used when we entered info during the Voluntary Reporting? Can I use totally different data for the reporting in January 2013?

A: The voluntary reporting period is completely separate from the required reporting that begins in 2013. CMS will not use any of the data from the Voluntary Reporting period for the upcoming reporting period in 2013. For the reporting that begins in January 2013, you should consider the quality indicators included in your QAPI program from October 1 to December 31, 2012. These may or may not be the same as you reported during the voluntary reporting period.

29. Would monitoring something infection-control related (e.g. changing oxygen tubing weekly) be an acceptable patient care related measure?

A: We received several questions about whether specific QIs would be considered patient care-related or not. Hospices will need to read the User Guide when it becomes available. It will contain the entire checklist and examples of QIs for each patient care-related domain.

30. FEHC data – we are looking at all info in FEHC Summary (summarizing the data) – do we report all of these as quality indicators?

A: You would report the indicators that you are tracking as QIs in your QAPI program. This could be all or some of the indicators in the FEHC. How you respond depends on whether you track the QIs individually.

## **QUESTIONS ABOUT THE NQF #0209/PAIN MEASURE**

31. Our hospice's practice is that any patient who reports pain at admission is seen again the next day. If they report being comfortable at this 24 hour visit, does this meet the requirement for the follow-up or do we need to visit this person for a third time to meet the expectations of the measure?

32. When a patient who, during the initial assessment reported they were uncomfortable because of pain, reported comfort later during the same assessment visit (i.e. within 1-2

hours after an intervention), is it correct that this incident would be reported as YES the patient was made comfortable within 48 hours? However, what if this same patient reported they were again uncomfortable because of pain approx. 24 hours after the initial assessment. How would this be reported? Or would it even be included in the reporting?

33. If we check the patient for response to pain at 24-30 hours can we use this even though it is earlier than 48-72 hours after the initial question was asked?
34. If our nursing assessments have a question built in "are you uncomfortable because of pain" and the patient answers "no" not uncomfortable at 24 hours post admission, can we interpret this to mean that the patient's pain was brought to a comfortable level within 48 hours?
35. It's been said that we should ask the second question no sooner than 48 hours after admission and no later than 72 hours after admission. In other words, the question had to be asked within the 48 to 72 hour window. Can the question be asked after 24 hours or sooner if it is obvious that the patient's pain is now under control?

A (Q31–35): The look-back period for the NQF #0209 measure is 48 hours after the initial pain assessment. Sometime between 48 and 72 hours after the initial assessment, the patient should be contacted and asked "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"

Hospices should be performing ongoing assessment as part of pain management practice, and the timing of the assessment(s) should be individualized for each patient based on patient need. Pain assessment done at 24 hours, or anytime within the first 48 hours of start of hospice care, may include use of standardized rating intensity scales, qualitative scales, or scales that assess multiple aspects of pain and will provide results that can be tracked over time as a means of assessing the efficacy of whatever pain management strategies are employed.

The NQF #0209 measure is not intended to dictate or be incorporated into pain management. Pain management practice and the measure should be thought of as separate. Asking the NQF #0209 follow-up question should not be part of ongoing pain assessment. Nor should the follow-up measure question be asked prior to 48 hours after the initial pain assessment.

36. If at the initial assessment the patient is uncomfortable because of pain and answers yes to the question, is it allowable to use a numerical pain scale outcome for the answer to "was your pain comfortable within 48 hours"? For example if the pain rating is lower than the initial assessment then that would be a yes pain was brought to a comfortable level at 48 hours?
37. If a patient denies current pain during initial assessment but states they do have pain at night which keeps them awake, is their answer yes or no?

A (Q36–37): Clinician judgment based on ratings from a pain intensity scale or any other pain assessment tool cannot be substituted for the patient’s response to the NQF #0209 measure initial question or follow-up question. One of the key features of the measure is that it is based on the patient’s goals and preferences for pain management because it reflects the patient’s perception of his/her own degree of comfort. Only the patient’s actual yes/no responses to the initial and the follow-up questions can be used for the measure.

38. The first question should be asked before any pain control measures are implemented. Does that include pain medications that the patient may already be on prior to the start of hospice care?

A: The initial NQF #0209 measure question should be asked before the initial pain assessment is done or any pain interventions are implemented **by the hospice**. Medications or other pain management modalities already in use by a patient at the time of the initial assessment are not relevant to the measure.

39. We have nurses do the intake/admission, followed by the case manager nurse doing the comprehensive assessment the next day. When does the 48 hours begin?

40. Sometimes we initiate pain management at admission. When we evaluate them for hospice we do an evaluation including pain. If they are in pain and we treat it they may be comfortable at initial assessment visit. If we wait to ask the question at the initial assessment we will not record the effectiveness of our pain initiatives.

A (Q39–40): The 48-hour look-back window for the NQF #0209 measure begins when the initial measure question (Are you uncomfortable because of pain?) is asked. The question should be asked prior to the initial pain assessment and the start of pain management. Typically the initial pain assessment is done during the initial nursing assessment. However, hospices that utilize an admission model that allows a delay between admission to hospice and the initial assessment must initiate the Comfortable Dying measure if pain assessment/management occurs prior to the initial nursing assessment.

41. Can you ask the follow up question for NQF #0209 before the 48 hour time? Does it need to be asked between the 48-72 hour time frame?

42. The latest point at which the second question should be asked is 72 hours after the first question. What is the earliest point at which the second question can be asked? Must the second question be asked between 48 and 72 hours after the first question, or could the second question be asked at an earlier point? For example, could you ask the patient "Has your pain been brought to a comfortable level?" – and if they say "yes," could you then stop gathering data on that patient?

43. Our hospice does an initial assessment during which the RN asks the initial measure question. Generally, we do the comprehensive assessment the next day. Can we ask the follow-up question then (usually 24 hours) or do we have to wait the full 48 hours?

44. If we admit a patient at 10pm on a Friday night, is it okay to do the 48 hour pain assessment during the day on Sunday (instead of at 10pm Sunday) or is it better to wait until Monday, after you actually pass the 48 hour mark?

A (Q41–44): The look-back period for the NQF #0209 measure is 48 hours after the initial pain assessment. Sometime between 48 and 72 hours after the initial assessment, the patient should be contacted and asked the measure follow-up question. The patient can and should be contacted as needed during the 48 hours after the initial measure question is asked for the purpose of ongoing pain assessment as part of pain management. However, the NQF #0209 measure follow-up question cannot be asked prior to 48 hours after the initial pain assessment.

45. It was stated in the presentation that the follow-up question must be asked between 48 and 72 hours. However, the presentation slide states that the question must be asked "within 72 hours." Please clarify the official guidelines for the timeframe on the follow-up.

46. The slide implies there is a 72 hour window but is it technically only the 24 hours between the 48 and 72 hour marks? Can the question to assess comfort be made sooner than 48 hours? If the nurse is in the home at 24 hours can she ask the question at that time, or must she wait until after 48 hours?

47. Please clarify that the 72 hours is only for the timeframe that you can use to ask the patient if they were comfortable at 48 hours and not at 72 hours.

48. Are the time frames for follow-up literally 48 hours and 72 hours from the time of the initial assessment or can it be defined as 2 days and 3 days? Ex: Initial assessment occurred at 3 pm on 4/11/12 with answer of YES to pain; is time frame for f/u anytime on 4/13 or at 3 pm on 4/13/12? Same for 72hr time frame. Can contact with patient occur anytime on 4/14/12?

A (Q45–48): The look-back window for the NQF #0209 measure is 48 hours from the time that the initial measure question is asked. The follow-up question should not be asked prior to 48 hours after the initial question is asked. Hospices should make every effort to contact the patient sometime **between** 48 and 72 hours after the initial pain assessment to ask the measure follow-up question. At times it may not be possible to contact the patient within 72hours (e.g., the patient is sleeping and the family caregiver asks that the hospice call back later). Therefore, the end point for asking the follow-up question can be defined as 3 days. Given this time frame, hospices should ask patients the follow-up question by midnight of the third day. So, in the scenario presented in Q48, above, the timeframe for follow-up would begin at 3 pm on 4/13/12 (or 48 hours from the time the initial comfort question was asked) and would end at 11:59 pm on 4/14/12 (or midnight of the third day). .

49. NHPCO's Comfortable Dying protocol states follow up should be done "72 hours AFTER the first 48 hours of admission." Is this correct or is it "72 hours after initial pain assessment" as was stated in the presentation?

50. Why was the measure changed from the original NHPCO question to what it is now for CMS reporting?

A (Q49–50): When the NQF #0209 measure was developed over a decade ago, admission to hospice services and the initial assessment occurred on the same day. The hospice COPs that went into effect in 2008 allow up to a 48-hour time lag between admission to hospice services and completion of the initial nursing assessment. This means that, in some cases, the admission to hospice services might not be done by clinical staff who could assess pain and initiate pain management interventions.

The NQF #0209 measure is an indication of the hospice's performance related to effectiveness and timeliness of initial pain management. Consequently, the initial measure question (Are you uncomfortable because of pain?) needs to be asked by hospice clinical staff who can also perform a comprehensive pain assessment and initiate pain management interventions. Because admission to hospice services and initial pain assessment may occur as much as 48 hours apart, NHPCO modified the wording of the measure protocol to accommodate the potential time lag between admission to hospice and the initial pain assessment. This modification in wording is reflected in both the information for measure maintenance submitted to NQF in April 2011 and the measure protocol on the NHPCO website.

51. If a patient self-reports improvement in pain in 24 hours and then becomes unresponsive at that 48 hour report period, can you use the 24 hour self-report?

52. If you determine from the patient at 24 hours patient is comfortable, but dies at 48 hours, can you still report this as a "yes," pain was under control?

A (Q51–52): Patients who die, are discharged alive, are nonresponsive, or are unable to self-report for any reason on follow-up should be documented as "unable to self-report." Information from pain assessments that occurred prior to 48 hours after the initial pain assessment cannot be substituted for the patient's response to the follow-up question.

53. How do you answer if the patient reports the pain was controlled at say 24 hours, but then they are again uncomfortable at 48 hours?

A: Sometime between 48 and 72 hours after the initial pain assessment, the patient should be contacted and asked the follow-up question. The patient's yes or no response to the question at the time the follow-up question is asked is what should be documented for the measure. Information from pain assessments that occurred prior to 48 hours after the initial pain assessment is not relevant to the measure.

54. If the patient answers yes to the follow-up question but it is after the 48-72 hour window, should we enter it as a yes or a no?

A: Responses to the NQF #0209 measure follow-up question obtained after the 48–72-hour window are acceptable (e.g., the 72 hour endpoint for asking the follow-up question can be defined as 3 days;-see answer to Q45-48 above for details). However, the probability for inaccurate patient recall increases with the amount of time beyond 72 hours. Therefore, every effort should be made to contact the patient between 48 and 72 hours after the initial pain assessment.

55. Does it have to be a nurse asking the follow up pain question?

A: Any staff member may contact the patient to ask the NQF #0209 measure follow-up question. Staff members who are responsible for measure follow -p must be able to assess patient’s ability to self-report. Staff must also be able to assess the patient’s understanding of the question and be prepared to appropriately and accurately re-frame the follow-up question if necessary.

56. Can the contact at 72 hours to ask the patient if they are now comfortable be made over the telephone?

A: The contact to ask the NQF #0209 measure follow-up question (Was your pain brought to a comfortable level within 48 hours of the start of hospice care?) may be made by telephone. However, it is important be ascertain that the patient is able to understand the question and provide a reliable response by phone.

57. On the call back at 48-72 hours, what if the patient does not want to talk to you or you can't reach them? Do you still keep calling them back?

A: It is important to have data as complete as possible in order to have an accurate assessment of your hospice’s performance on the NQF #0209 measure. If you are not able to reach a patient or the patient is not available when you call (e.g., the patient is asleep) you should continue to attempt to contact the patient.

58. If you know from the record that the patient is non-responsive, is it OK to not call and just record the patient was unable to answer?

A: If the documentation in the patient record unquestionably indicates that the patient is nonresponsive, then it is permissible to not contact the patient to ask the NQF #0209 measure follow-up question and to record that the patient was unable to self-report at follow-up. If there is any ambiguity whether a patient who responded to the initial question is still able to self-report, follow-up should be done to ascertain the patient’s status.

59. If the patient admission paperwork was completed on 12/31/12 (i.e., the patient was admitted) but the initial assessment isn't completed until 1/2/13 would that patient not

count as an admission within the quarter? Does an agency need to track this number separately? Will hospices be penalized if the number of admissions for a quarter and the totals for the other reportable data elements do not match?

A: For the first year of reporting, the admission date should be used to determine if a patient should be included in data submission for the NQF #0209 measure for the 4<sup>th</sup> quarter of 2012. In order to allow providers the full window to ask the follow-up comfort question by the end of the data collection period (11:59 PM on December 31, 2012), a patient must be *admitted* no later than 11:59 PM on December 26, 2012 to be included in NQF #0209 Measure Reporting for this reporting period. This means that patients admitted on 12/27, 12/28, 12/29, 12/30 and/or 12/31 2012 will *not* be included in NQF #0209 measure reporting for this year.

In answer to the final part of the question, hospices will not be penalized if number of admissions and the other data elements do not add up. As stated in the response to Q5-6, there is no required performance level for the FY 2014 market basket increase. The ACA Section 3004 sets up a Pay for Reporting program, not a Pay for Performance program. The FY 2014 market basket increase will be reduced by two percentage points for hospices that *fail to report* the two selected measures by the established reporting deadlines in 2013.

60. If a patient is unable to report at the initial assessment, do you still include them in the 72 hour assessment? It is possible that a patient unable to report on admission may be able to report 3 days later?

A: Patients who are unable to self-report when the initial pain assessment is performed are not included in the NQF #0209 measure, regardless of their status later in their hospice stay.

61. Where would you consider entering information collected about symptom management for the non-verbal patients, especially the folks with dementia?

62. Can the patient report via the happy/unhappy face scale on the standard pain scale their level of pain if they can't verbalize pain or lack of pain?

63. What if the patient is non-verbal, non-responsive – can an observational rating scale used by the nurse doing the assessment be used as the patient's response?

A (Q61–63): A patient must be able to self-report in order to be included in the NQF #0209 measure. For those patients with cognitive impairment, the nurse doing the assessment must use her clinical judgment to evaluate the patient's ability to self-report for the measure. The patient must be able to understand the initial question ("Are you uncomfortable because of pain?") and be able to give a reliable yes/no response. A patient may be nonverbal but still able to communicate (e.g., a patient with ALS who uses a speech-generating device), and may have the cognitive ability to understand and respond to the question. However, no pain scale rating of any type may be substituted for the patient's yes/no response.

64. How do we handle a patient who reports pain yet has made choice to remain uncomfortable (e.g., does not want intervention because of medication side effects)?
65. How would we report if a patient says they are "uncomfortable due to pain" but are satisfied with current treatment and does not want a change?
66. When implementing the pain measure, would you expect to exclude those patients with the type of pain that can't reasonably be brought under control within 48 hours?
67. Some patients report that they are uncomfortable due to pain at start of hospice care, but due to a condition unrelated to the patient's life-limiting diagnosis; for example, a decades old back injury. Will these patients included in the measure for CMS reporting purposes?

A (Q64–67): All patients who respond “yes” to the initial NQF #0209 measure question (Are you uncomfortable because of pain?) are included in the measure. Patients are not excluded from the measure because of treatment choices or the etiology of their pain.

68. What if the patient experiences no pain on admission, are they removed from the measure?

A: Patients who respond “no” to the initial NQF #0209 measure question (Are you uncomfortable because of pain?) are not included in the measure. Each “no” response should still be recorded and the total of “no” responses calculated, but these patients are not included in the denominator for the measure. It is not necessary to ask the follow-up question for patients who responded “no” to the initial measure question.

69. If on initial assessment, a patient reports comfort but at 48 hours has developed a new or different pain how do we answer the question or where do we include this?

A: Patients who respond “no” to the initial measure question and who subsequently develop pain should have their pain addressed, but are not included in the measure.

70. If an individual is able to self-report pain on admission, but 72 hours later is unable to self-report is that patient included in the numerator?

71. At the end of the 48 hour timeframe does the term "unable to self-report" include live discharges and deaths?

A (Q70–71): Patients who are able to respond to the initial NQF #0209 measure question but are unable to self-report at follow-up are still counted in the denominator. Only those patients who respond “yes” to the follow-up question are included in the numerator. Patients who responded to the initial question but who are discharged (either alive or due to death) are counted as unable to self-report on follow-up.

72. If a patient is able to respond on admission but is not able to within 48 hours, will this individual be included in the denominator?

73. Why does a patient who is able to report pain on admission but either dies or is unable to report within 72 hours remain in the denominator? Is there a chance CMS will reconsider including these patients in the denominator?

A (Q72–73): All patients who report being uncomfortable because of pain on admission remain in the denominator for the NQF #0209 measure, including those who are unable to self-report at follow-up. This specification is designed to minimize patients “lost to follow-up” by incentivizing hospices to make every effort to follow up with patients. The number of patients who are unable to self-report at follow-up should be tracked carefully by hospices. This number is a reportable data element and provides important context in interpreting NQF 0209 measure scores for performance improvement.

74. Do you include a transfer patient to your agency that can answer the pain questions?

75. Do we include new admissions and readmissions in the measure?

76. Do you include pain assessments performed for patients on admission to IPU who were previously admitted to home hospice (change in level of care)?

A (Q74–76): All patients who are new to your hospice or readmitted to your hospice after an interruption in service provision should be considered for inclusion in the NQF #0209 measure. This means that the measure applies to all patients new to your hospice regardless of the setting or level of care when they are admitted. For the purpose of the measure, patients who are admitted directly into the inpatient setting should be regarded the same as patients who are in the home or other settings on admission (i.e., included in the measure if they meet the eligibility requirements). Patients who are transferred from another hospice to your hospice should also be considered for inclusion in the measure.

77. What is the reasoning behind the age limitation (only including patients  $\geq 18$  years of age)?

A: Patients less than 18 years of age were not included in the psychometric testing of the NQF #0209 measure required for NQF endorsement, and therefore these patients cannot be included in the measure implementation and reporting.

78. Would you please clarify the difference between # of patients determined as not eligible vs. # of patients with no data? Would they not be the same?

79. What about ones that we do not have data for on follow-up? Do we deduct this number from the denominator?

A (Q78–79): Patients who do not meet the eligibility requirements for inclusion in the NQF #0209 measure are considered not eligible and are not included in the measure. However, the number of ineligible patients should be tracked and reported. Patients with no data are those for whom either initial or follow-up measure data collection was not done (i.e., the

hospice neglected to generate and/or document data for eligibility for the measure, the initial measure question, or the follow-up measure question).

The number of patients with no data should ideally be zero. A hospice that discovers patients for whom there are no data for the measure needs to determine the cause(s) and take corrective action.

Patients for whom there are no data for the follow-up question remain in the denominator.

Note: Patients who are unable to self-report at follow-up for the measure, or who died or were discharged prior to follow-up, do **not** fall in the “no data” category because the status of these patients at follow-up is known.

80. In the handouts, the "Problem Score" is described as being "without the noise of pain that is difficult to control." Since patients who are still in pain will be included in responding "no" on follow-up, how are they not part of the problem score?

A: All patients who respond “no” to the NQF #0209 measure follow-up question are included in the numerator for the Problem Score. Patients may respond “no” on follow-up for a variety of reasons, one of which is that the etiology of their pain may make pain control in 48 hours difficult to achieve. The Problem Score is intended to provide an adjunct to evaluating a hospice’s performance on the measure and a means for focusing performance improvement efforts based on those patients who did not achieve comfort in the first 48 hours of care. The reasons for all “no” responses should be identified and investigated as part of performance improvement for the measure.

REMINDER: The Problem Score is intended as an additional tool for tracking performance improvement and is not part of the NQF #0209 measure.

81. I am confused regarding the numerator detail for NQF #0209 in that it does not seem it would accurately reflect the % of hospice patients who had pain upon initial nursing assessment that then showed improvement within the 48 hrs. Since the numerator is calculating BOTH the “yes” answers to comfort and the “no” Answers...Wouldn't we only want to include the patients that answered “yes” the pain had improved, otherwise the Numerator and denominator seem to reflect the same #/% by the way they are described.

A: The numerator for the NQF #0209 measure score includes only those patients who responded “yes” to the measure follow-up question. Those patients who responded “no” on follow-up are not included in the measure score.

82. What if we have only one or two patients during the quarter for this year – how will that small number affect the outcome?

A: The smaller the number of patients represented in the denominator and/or numerator, the greater the influence of each patient on the measure score. Hospices that have small numbers of patients in the denominator and/or numerator should combine data from multiple quarters

when calculating the NQF #0209 measure score for performance improvement purposes. Evaluation of outcome scores is not part of the quality reporting process affecting the FY 2014 APU.

83. What is the recommended percentage goal for the startup organization? How is this calculated?

A: Benchmark scores for NQF #0209 have not been established; therefore, there are no recommended goals for the measure score.

84. Are you required to be an NHPCO Member to get the material for download?

A: Hospices do not need to be members of NHPCO to access NQF #0209 measure materials provided on the NHPCO website.