



4.5 Month Data Correction Deadline for Public Reporting Fact Sheet

Overview

The CMS Hospice Item Set (HIS) Provider Preview Reports are valuable tools to assist providers in previewing their quality measure scores before the data are publicly displayed on Care Compare, the successor to the Hospice Compare website. To ensure that Care Compare is an accurate and consistent representation of hospice quality, CMS implemented public reporting data review and correction timeframes for data submitted using the HIS in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule (82 FR 38638-38640). According to this rule, hospices 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., the patient’s admission or discharge date) in that quarter for the purposes of public reporting. Specifically, each data correction deadline will occur on the 15th of the CY month that is approximately 4.5 months after the end of each CY quarter, providing that day is not a weekend or holiday, in which case the deadline would advance to the next business day. Table 1 summarizes these deadlines. Once the data correction deadline has passed, HIS data from that CY quarter will be permanent for the purposes of public reporting. Updates made after the correction deadline will not appear in any Care Compare refresh.

Table 1. Data Correction Deadlines for Each Quarter of HIS Records

Quarter during which patients are admitted or discharged	Data Correction Deadline for Records
Quarter 1 (Jan -March)	15-Aug
Quarter 2 (April-June)	15-Nov
Quarter 3 (July-September)	15-Feb of subsequent CY
Quarter 4 (October-December)	15-May of subsequent CY

Frequently Asked Questions

Question: Does this policy apply to patient-stays or records?

Answer: This policy applies to records, not patient-stays. This means that a patient’s HIS-Admission and HIS-Discharge records may have different data correction deadlines. Therefore, we encourage providers to review their HIS records early and often to help identify any errors in submitted data; providers should not wait until the patient has been discharged to review admission data because at that point, it may be too late to correct any errors in the admission record.

Question: Is this policy based on the record target date or the submission date?

Answer: The data correction deadline is based on which Calendar Year (CY) quarter the record target date (the admission or discharge date) falls under, not the submission date. This means that all records

with target dates within a particular CY quarter must be corrected by the data correction deadline for that CY quarter, even if the record is submitted after the end of the CY quarter.

Question: How does the 4.5 month data correction deadline for public reporting differ from HIS submission, modification, and inactivation policies?

Answer: The 4.5 month data correction deadline for public reporting is separate and apart from the established 30-day data submission deadline. Providers will continue to have 30 days from the record target date to submit HIS data. More information about the data submission deadline can be found on the Hospice Quality Reporting web page on the CMS Hospice Quality Reporting Program (HQRP) website.

Modification and inactivation requests will continue to be permitted for up to 24 months from the record target date. However, HIS data that are modified after the 4.5 month data correction deadline for public reporting will not appear on Care Compare. More information about modification and inactivation requests can be found in the HIS Manual (Section 3.6) available in the Downloads section of the HIS web page on the CMS HQRP website.

Question: How does the 4.5 month data correction deadline work within the public reporting timeline (i.e., Care Compare refresh schedule, preview reports, and preview periods)?

Answer: Care Compare refreshes occur quarterly, generally in February, May, August, and November of each year. Providers have an opportunity to preview their data in Provider Preview Reports before the Care Compare refresh. These reports are released ~2.5 months ahead of the corresponding Care Compare refresh. This policy prescribes the date by which providers must modify HIS records for these modifications to be reflected on Care Compare.

Question: Will I have an opportunity to review my data before this 4.5 month data correction deadline?

Answer: Providers are encouraged to review their data prior to the data correction deadline for public reporting using the HQRP Reports found in the Certification and Survey Provider Enhanced Reports (CASPER). The Hospice-Level Quality Measure Report, the Hospice Patient-Stay-Level Quality Measure Report (QM Reports), and the Review and Correct Report are all on-demand reports and thus enable hospice providers to view, compare their performance, and make corrections prior to the data correction deadline. For more information we encourage readers to access the CMS HQRP website and review the following useful trainings:

- To learn how to use the CASPER QM Reports visit the downloads section of the [Requirements and Best Practices webpage](#) to access the CASPER QM Fact Sheet
- For trainings about Review and Correct Reports, Preview Reports, and Data to Measure, visit the downloads section of the [HQRP Training and Education Library](#) and access these trainings:
 - [6.11.19] HQRP Review and Correct_ Report Overview Webinar
 - [8.16.18]_From Data to Measure
 - [5.30.18] HQRP Data Submission and Requirements Webinar