Chapter and/or Section in V1.01 of HQRP User's Manual	Page # V1.01 of HQRP User's Manual	Revision	Explanation
Title Page	N/A	Version number and date of release	Updated to reflect most recent version of the **HQRP User's** Manual V1.01and date of release.
Table of Contents	Page 2	Page numbers updated; Definition section expanded for Appendix 1.	Updated to reflect current page numbers for V1.01 of the Manual. Appendix 1 - Definition section separated into two sections- Hospice and Palliative Care Composite Process Measure: HIS Comprehensive Assessment at Admission (NQF #3235), and Hospice Care Index (HCI)
Chapter 1, Background	Page 4	Restated to clarify the last three days for the HVLDL measure: "during the last three days of life *before death*"	Updated to clarify that this measure is only for discharge due to death.
Chapter 2, Section 1, Measure Description	Page 6	Restated language in reference to Section 2	Updated for clarity
Chapter 2, Section 3, Measure Calculation	Pages 7-9	Reformatted	Updated for clarity
Chapter 3, Section 2 Data Sources	Page 17	Clarified the Target population definition to include discharged "due to death". Added: Note that once the hospice benefit starts, Original Medicare covers everything related to the terminal illness.	Updated to clarify which discharges are included in this measure and included information re: benefit

		Original Medicare covers these services even for those in a Medicare Advantage Plan or other Medicare health plan.	coverage.
Chapter 3, Section 3 Measure Calculation	Page 17	Added a footnote to revenue codes: *Refer to Medicare Claims Processing Manual Chapter 11- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf.	Reference
Chapter 3, Section 3 Measure Calculation	Page 18	Added language to #3. - calculate the numerator "iv. Post-mortem visits (signified by the "PM" modifier" are not counted towards the numerator"	Updated to clarify that postmortem visits are not included in this measure
Chapter 4, Section 2 Data Sources	Page 19	Adjusted **Target Population** definition to say Medicare Part A enrolled beneficiaries "utilizing hospice services (with claim thru dates ending)" during the measure time window. Added: Note that once the hospice benefit starts, Original Medicare covers everything related to the terminal illness. Original Medicare covers these services even for those in a Medicare Advantage Plan or other Medicare health plan	Updated to clarify that 'claim thru dates" are used for which discharges and included information re: benefit coverage.
Chapter 4, Section 2 Data Sources	Page 20	Adjusted Measure Reporting Period definition to replace language that the reporting period is based on *the beneficiary's date of discharge from hospice* with *"based upon the (with claim thru dates ending") during the measure time window."*	Updated for clarification.
Chapter 4, Section 6 HCI Indicator Specifications	Pages 21-23	HCI Indicator Specifications- Measure 2. Gaps in Skilled Nursing Visits: replaced the term hospice "*elections*" with hospice "*stays*"	Updated to eliminate any confusion with the hospice "date of election."
Chapter 4, Section 6 HCI Indicator Specifications	Pages 25-26	HCI Indicator Specifications- Measures 5 and 6 numerator description. Enhanced the definition to state: b. Consecutive and overlapping inpatient claims are combined to determine the full length of a single inpatient	Updated to clarify the inpatient claims included in the numerator.

		hospital stay (looking at the earliest from date and latest through date from a series of combined inpatient claims for a beneficiary).	
Chapter 4, Section 6 HCI Indicator Specifications	Page 28	For Indicator #10, Visits Near Death- Added language to #3. - calculate the numerator "iii. Post-mortem visits (signified by the "PM" modifier" are not counted towards the numerator"	Updated to clarify that postmortem visits are not included in this measure
Chapter 5: Measure Logical Specifications	Pages 35-36	Table 5-2. Hospice Visits in the Last Days of Life (claims-based) Measure Description- added clarifying language: *Note that the numerator *does NOT* include G0300 - LPN visits).	Updated to specify which nursing visits are included in the HVLDL measure
Chapter 5: Measure Logical Specifications	Pages 36-37	Table 5-3. HCI Indicator Specifications- Replaced the term hospice "*elections*" with hospice "*stays*"	Updated to eliminate any confusion with the hospice "date of election."
Chapter 5: Measure Logical Specifications	Pages 39-40	HCI Indicator Specifications- Measures 5 and 6 numerator description. Enhanced the definition to state: b. Consecutive and overlapping inpatient claims are combined to determine the full length of a single inpatient hospital stay (looking at the earliest from date and latest through date from a series of combined inpatient claims for a beneficiary).	Updated to clarify the inpatient claims included in the numerator.
Appendix 1: Definitions	Pages 43-45	Reordered definitions alphabetically; revised Rounding rule definition; added a definition for a "Refresh"	Updated for clarification.
Throughout Manual		References to *target period*, *given year*, and *fiscal year* updated to read "reporting period."	Updated to reflect current reporting year dates
Throughout Manual		Provider Data Catalogue changed to "Provider Data Catalog"	Updated to align with other CMS references and more common spelling.