

HOSPICE QUALITY REPORTING PROGRAM (HQRP) HOSPICE DATA SUBMISSION AND REPORTING PROVIDER TRAINING

PARTICIPANT QUESTIONS FROM WEBINAR ON APRIL 25, 2017

Current as of June 2017



PLEASE NOTE: Questions related to topics covered during this webinar that are not included in this document are being reviewed by CMS. This document will be updated at a later time to reflect those responses. Questions received from participants that do not relate specifically to the materials covered during the training have been forwarded to the Hospice Quality Reporting Program (HQRP) Help Desk at HospiceQualityQuestions@cms.hhs.gov for response.

Providers can email the Help Desk if they have general questions about HQRP including, but not limited to, which hospices are required to report, general questions about reporting requirements, questions about quality measures, and reporting deadlines.

[Click Here](#) for a list of acronyms.

#	Question Category	Question	Answer for Subject Matter Experts (SMEs)
1	Data Submission Requirements	In the answer to the Polling question, I understand we are to submit Hospice Item Set (HIS) HIS data within 30 days. What happened to the 14 day and 7 day submission requirements?	In the Fiscal Year (FY) 2016 rule, the Centers for Medicare & Medicaid Services (CMS) clarified that the completion deadlines, as stated in the HIS Manual on Pages 1–8, are CMS guidance only. Although it is at the discretion of the hospice to develop internal policies for completing HIS records, CMS continues to recommend that providers complete and attempt to submit HIS records early—prior to the submission deadline of 30 days—allowing ample time to address any technical issues encountered in the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system submission process, such as correcting fatal error messages.
2	Data Submission Requirements	What percentage of HIS-Discharge submission (April 1, 2017) is required to avoid APU reduction?	The threshold for HIS records in calendar year 2017 is 80 percent. This single threshold applies to all HIS records. There are no separate thresholds for admission and discharge records.
3	Data Submission Requirements	Regarding applying for survey exemptions due to size, what if the size fluctuates throughout the year, but the majority of the time our census is less than 50?	The size exemption applies to hospices that care for less than 50 patients over the course of a calendar year, not the census at any given time.

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4	Data Submission Requirements	Can you talk more about the differences between fatal errors and warning messages?	<p>Warning messages alert you to inconsistencies or issues that you should be aware of or may want to address, but the error was not severe enough to reject the record. Records with only warning messages are still accepted into the database. Examples include late submission warnings and inconsistent responses or dates.</p> <p>HIS records that receive fatal errors are not accepted into the ASAP system, so you will definitely want to monitor your Final Validation Reports (FVRs) for these errors so that you can fix them and get your HIS records accepted into the national database.</p> <p>Error messages and warnings are detailed in the HIS Data Submission Specifications available on the HIS Technical Information page on the CMS website as well as in Section 5 of the HIS Submission User's Guide, which is available on the QIES Technical Support Office (QTSO) website. We recommend you follow up with the QTSO Help Desk if you have questions about information contained in either of these documents. You can contact the QTSO Help Desk by phone at (877) 201-4721 or by email at Help@qtso.com.</p> <p>Source: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/July-2015-Q_A-Documents_FINAL.pdf.</p>

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5	Data Submission Requirements	Is an agency allowed to begin submitting CAHPS data even if they are exempted by size? Is sending the information without need recommended?	<p>If a hospice is eligible for an exemption (for size or newness), it does have a few choices regarding Consumer Assessment of Healthcare Providers and Systems (CAHPS) participation. There are three options:</p> <ol style="list-style-type: none"> 1. Not participate in the CAHPS Hospice Survey. If a hospice is eligible for an exemption (for size or newness), it is not required to administer the CAHPS Hospice Survey, either officially or unofficially. A Participation Exemption for Size Form must be submitted in order to be considered for the exemption. The form is available to complete and submit online. The hospice can visit the CAHPS Hospice Survey website at www.HospiceCAHPSSurvey.org. 2. Officially participate in the CAHPS Hospice Survey. If a hospice is eligible for an exemption (for size or newness) and chooses to officially participate in CAHPS Hospice Survey data collection and reporting requirements, the protocols listed in the CAHPS Hospice Survey Quality Assurance Guidelines must be complied with, including submission of all data to the CAHPS Hospice Survey Data Warehouse. CMS will publicly report CAHPS Hospice Survey measure scores for hospices that submit data to the CAHPS Hospice Survey Data Warehouse. 3. Unofficially participate in the CAHPS Hospice Survey. It is permissible to administer the CAHPS Hospice Survey questions for quality improvement purposes, as the survey instrument is in the public domain. In this instance, references to CMS must not be included on any materials and the data collected cannot be submitted to the CAHPS Hospice Survey Data Warehouse.
6	Data Submission Requirements	I wish we could start up an email “support group” between us!	Not applicable.
7	Data Submission Requirements	We are a newer hospice and we had difficulty getting our CCN number tied into the database so we could submit HIS data. Is there an extension or exception we can apply for so that we're not penalized in FY18?	An Exemption and Extension Requests process is available to providers meeting the criteria. The policies for Extensions and Exemptions Requests are outlined on the CMS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Extensions-and-Exemption-Requests.html .

#	Question Category	Question	Answer for Subject Matter Experts (SMEs)
8	Data Submission Requirements	If an admission is completed later than 14 days or discharge completed later than 7 days what penalty occurs or is it a penalty?	This issue is addressed in Section 1.7 of the HIS Manual V2.00. As stated in the manual, completion deadlines are outlined as CMS guidance only. Compliance with completion deadlines is not considered in annual payment update (APU) determinations. Although it is at the discretion of the hospice to develop internal policies for completing HIS records, CMS continues to recommend that providers complete and attempt to submit HIS records early, prior to the submission deadline of 30 days, allowing ample time to address any technical issues encountered in the QIES ASAP submission process, such as correcting fatal error messages.
9	Data Submission Requirements	if submission is timely but admission completed later than 14 days is there any penalty	This issue is addressed in Section 1.7 of the HIS Manual V2.00. As stated in the HIS Manual V2.00, completion deadlines are outlined as CMS guidance only. Compliance with completion deadlines is not considered in APU determinations. Although it is at the discretion of the hospice to develop internal policies for completing HIS records, CMS continues to recommend that providers complete and attempt to submit HIS records early, prior to the submission deadline of 30 days, allowing ample time to address any technical issues encountered in the QIES ASAP submission process, such as correcting fatal error messages.
10	Data Submission Requirements	They just said that they only go against the percentage if they are later than 30 days, not the 14 /7 day recommendation.	Not applicable.
11	Data Submission Requirements	Our EMR system requires, the discharge and readmission of patient for payer source changes when it is MC related due to Benefit Periods. It requires us to complete a discharge HIS and another admission HIS. What would be the best protocol for this? Send these? Put these in a folder and not send: then when patient has a "true" Discharge HIS submit it? Hope this makes sense.	For a patient who has a change in payer source or other "administrative discharge," you would submit an HIS-Admission record when the patient is initially admitted to your hospice organization. Provided there is no interruption in care, when there is an administrative discharge, you do not need to take any further action (meaning, for HIS purposes, you would not need to complete an HIS-Discharge record when there is an administrative discharge with no interruption in care). For this patient, provided there is no interruption in care, you will submit an HIS-Discharge record once the patient is no longer receiving services from your hospice or there is an interruption in care related to one of the reasons for discharge listed in Item A2115.

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12	General	Can we have more than two people have access to Hospice CASPER per agency?	In most cases, only two people per agency are granted access to the Hospice Certification and Survey Provider Enhanced Reports (CASPER) reporting application. CMS may grant additional access with a compelling reason. If you need to request additional access, please send an email containing your compelling reason to the QTSO Help Desk at Help@qtso.com .
13	General	Where can we access the recording of the webinar?	A recording of the April 2017 Hospice Data Submission and Reporting webinar is available via YouTube: https://www.youtube.com/watch?v=4CLtDp2ZdPU&feature=youtu.be .
14	General	What is the total number of hospices reporting to CMS?	There are currently more than 4,400 active hospice providers.
15	General	Please send link to error code list for HIS	Chapter 5 of the Hospice Submission User's Guide contains all the error messages you may encounter when submitting your HIS records. You can access the guide via the CMS QIES Systems for Providers Welcome page, or via the Hospice User Guides & Training page of the QTSO website at https://www.qtso.com/hospicetrain.html .
16	General	Thank you information was helpful	
17	Hospice Item Set	What should you do if you discover that you did not capture a visit on an HIS Discharge that you already submitted?	<p>Hospices should correct any errors necessary to ensure information in the QIES ASAP system accurately reflects the patient's hospice record. Information in the QIES ASAP system that is not accurate may affect the hospice's results for quality reporting.</p> <p>An HIS record may be corrected even if subsequent records have been accepted for the patient.</p> <p>In the example offered in the question, the hospice should modify the HIS Discharge record. More information regarding how to modify a record is available in Chapter 3 of the HIS Manual.</p>

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18	Hospice Patient Stay-Level Quality Measure Report	I have been reviewing the Hospice Patient Stay-Level Quality Measure Report and have found errors that we need to go back and correct. My question is if we submit a modification to correct an error on a file, will this correction show up on this report if we were to rerun it?	The measure calculations are performed monthly, generally on the 15th of the month, for all patients who had assessment activity since the last time the monthly calculations were performed. If a hospice reviews its Hospice-Level and/or Patient Stay-Level Quality Measure Reports and finds errors, then submits modification records to correct any data errors, those modification records will be included in the next monthly measure calculation that occurs after submission of the modification records. If the modifications affected the measure outcomes, this will be reflected in the Quality Measure Reports run after that recalculation (around the 15th of the month). If you have additional questions about the functionality of the CASPER reports, please contact the QTSO Help Desk at Help@qtso.com or by phone at (877) 201-4721 (Monday–Friday, 7 a.m.–7 p.m. CT).
19	Hospice Patient Stay-Level Quality Measure Report	Can the reports be downloaded in Excel format? Getting them in pdf means that any cross checking must be a manual process, not automated?	Yes, the reports in CASPER can be output in Microsoft Excel format. Once logged into CASPER, select the Options button from the toolbar. In the “OutputFormat” field, change your selection to “EXCEL,” then select the Save button.

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20	Hospice Patient Stay-Level Quality Measure Report	When I run the Patient Stay-Level Report the patient's name will appear twice; it will have the original Admission date with "NA" for the discharge date and then the second listing includes the Discharge date but will include a (c) for the admission date because it is saying the admission HIS is "missing." Is there a different way I should be handling these?	<p>You should not be seeing this for all patients on your report. If you are seeing all patients appearing twice on the report, please contact the QTSO Help Desk so that this can be further researched.</p> <p>If you are only seeing this for one or a few patients, it may be due to the patient having two resident internal IDs. This can occur when there are mismatched answers between the admission and the discharge HIS records for one or more key identifier items (e.g., State ID, Facility Internal ID, Social Security Number (SSN), Last Name, First Name, Date of Birth, or Gender). The resident match process is called at the time of HIS submission. If it cannot identify the assessment records as being for a patient that already exists in the database, an additional resident ID will be created in the system.</p> <p>The resident match process can be found in Appendix B of the Hospice Submission User's Guide available via the CMS QIES Systems for Providers Welcome page, or via the Hospice User Guides & Training page of the QTSO website at https://www.qts.com/hospicetrain.html.</p> <p>If you identify that there were indeed differing responses provided between the admission HIS and discharge HIS such that two resident internal IDs were created, you should submit an inactivation for the incorrect assessment, then submit the corrected assessment. The corrected assessment should match the previously submitted HIS record and use the same resident internal ID. The Patient Stay-Level Quality Measure Report will then show the patient only once.</p>

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21	Hospice Patient Stay-Level Quality Measure Report	pain screening was 94.1% but national percentile was 29. Why is that bad?	<p>The percentile is largely dependent on the distribution of the QM score. Please note that for several HIS quality measures (QMs), a large proportion of hospices score 100 percent. Thus, it is possible for your hospice to have a seemingly high score but a relatively low percentile ranking. CMS' analysis of QM scores suggest that the distribution of HIS QM scores are skewed; the mean (average) scores are affected by a small number of hospices with low scores and are always lower than the median scores. Therefore, it is expected that some hospices with scores higher than the mean to have a percentile rank below 50. For example, if you have 5 providers in the Nation with scores of 50, 90, 100, 100, 100. The national average is 88 and the national median is 100 (50th percentile). The provider with a score of 90 would be above the average but below the median.</p> <p>The Hospice Quality Reporting Program: HIS-Based Quality Measures Annual Testing Executive Summary shows the national distribution of the QM scores and can be found on the Hospice Quality Reporting Program (HQRP) website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html. Please refer to the HIS-Based Quality Measures Annual Testing Executive Summary found in the "Download" section of this page.</p>
22	Other Hospice Reports	What if my threshold report seems off? For instance, if there is a discrepancy in the % percent submitted on time and I feel that it should be higher. What do I do?	<p>If you feel there is a discrepancy with the percentage of HIS Records Submitted on Time in your Hospice Timeliness Compliance Threshold report, you can verify your numbers by running the HIS Records With Error Number XXXXX Report for errors -3034a and -3034b for the same period to determine the list of HIS records submitted late. The number of records that encountered one of these errors should equal the difference between the number of HIS Records Submitted and the number of HIS Records Submitted on Time in your threshold report. For example, if your threshold report indicates you submitted 100 HIS records total, and submitted 75 HIS records on time, then you should see 25 HIS records that received error -3034a or -3034b during the same period on the HIS Records With Error Number XXXXX Report. If you find a discrepancy between the reports, or you have further questions, contact the QTSO Help Desk at Help@qtso.com or (877) 201-4721.</p>

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23	Other Hospice Reports	How often would you recommend we plan to run all of these new reports?	It is really for the hospice to decide how often it wants to run these reports. However, monthly may be a good routine. Running the reports monthly would help you stay on top of your QM results so that you can identify any issues you may have with care quality, or perhaps item set completion or your vendor software. Running the Hospice Timeliness Compliance Threshold report monthly would also help you determine if you are having issues maintaining compliance with the 30-day submission requirement, and give you enough time to correct issues before it is too late to do anything about it.

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24	Other Hospice Reports	In reference to the HIS Records With Error Number XXXXX Report, can you give some examples of other types of errors that the report might be used for?	<p>The HIS Records With Error Number XXXXX Report can be used to look up the HIS records that received any submission error to help you investigate potential issues. You should be reviewing your FVR following every submission to catch fatal and warning errors that may need to be addressed. However, running the HIS Records with Error Number XXXXX Report can provide a distinct list of records that encountered the errors you requested to be included in the report. The following are the top six errors that have been encountered since January 1, 2016, and the reason why this report may help you:</p> <ul style="list-style-type: none"> • 915: Patient Information Mismatch (Warning). This is most commonly received due to a death date being added to the patient record. For patients who are not deceased, this error may allow you to identify those records where you unintentionally sent incorrect patient demographic data that may need to be corrected. • 903: Required Item Missing or Invalid (Fatal). Based on the HIS Data Specifications in effect on the target date of this record, this item is required. This error may help you identify an issue with your vendor software. • 907: Duplicate Record. The submitted record is a duplicate of a previously accepted record (Fatal). This error may help you identify an issue with your submission processes. For example, you may have a situation where you have an HIS record in a ZIP file. Prior to submitting the file, you make the decision to modify the HIS record, such that it also ends up in a second ZIP file. If it never gets removed from the first ZIP file and it gets submitted, then you will receive this error when the second ZIP file is submitted. If the original record has been accepted by the ASAP system, you must submit a modification record instead. • 909: Inconsistent Record Sequence. Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one (Warning). This error may help you identify an issue with submission processes. • 3034a: Record Submitted Late. If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days (Warning). • 3034b: Record Submitted Late. If A0250 is equal to 09 (Discharge), then Submission Date minus A0270 (Discharge Date) should be less than or equal to 30 days (Warning).

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25	Other Hospice Reports	How should hospice providers use the information regarding the Comparison Group National Percentile on the Hospice-Level Quality Measure Report?	The Comparison Group National Percentile is provided for your information to let you know where you stand when compared to all other hospices in the Nation. For example, if your report shows that your Comparison Group National Percentile for a measure is 90, you know that 90 percent of all hospices performed the same as or worse than your hospice on this measure for the same period.
26	Other Hospice Reports	I tried to look at one of my Final Validation Reports from several months back to investigate an issue and it was no longer there. Can you explain why? And can I do anything to see it again?	The FVR is automatically deleted from the Validation Report folder after 60 days. CMS highly recommends that hospice providers print or save a copy of the report prior to the system deletion. Should the system-generated report be deleted before it is saved or printed, providers can request the Hospice FVR for a desired submission ID or date range in the CASPER Reporting application.
27	Other Hospice Reports	Is there a timeliness report that can show the hospice their percentages monthly or quarterly instead of every fiscal year?	<p>There is not a separate Hospice Timeliness Compliance Threshold report that provides compliance percentages by month or quarter. However, you are encouraged to review this report often throughout the year to monitor your compliance rate, so issues can be identified early and corrected for future submissions.</p> <p>You may also find the HIS Record Errors by Field by Provider Report useful in monitoring compliance. You can run this report for any timeframe you desire, such as a month or quarter, and review the count and percent of records submitted and accepted during the specified timeframe which encountered warning error -3034a (admission HIS submitted late) or -30304b (discharge HIS submitted late). This will also give you an idea of your compliance with timely submissions.</p>

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28	Other Hospice Reports	We get FAC ID errors. What are these?	<p>If you are referring to fatal error -3020a (invalid FAC_ID), this occurs when the FAC_ID (facility ID) submitted in the HIS submission file is not associated with a valid provider in the QIES ASAP system for the State identified in the STATE_CD item. Your FAC_ID is assigned at the time of registration. To correct this, assure that the FAC_ID and STATE_CD in your submission file are correct.</p> <p>If you are referring to warning error -3021 (incorrect CCN), this occurs when the CMS Certification Number (CCN) in the HIS record differs from the CCN that is in the QIES ASAP database for the provider. To correct this, contact your Regional Office if you are unsure of your correct CCN. If you are certain of your correct CCN, verify that the HIS record contains the correct CCN. Contact the QTSO Help Desk by phone at (877) 201-4721 or by email at Help@qtso.com if you need additional assistance.</p>
29	Other Hospice Reports	We only ever get the -915 error warning message and our submissions are always accepted. Is there any penalty for this increase in -915 messages?	There is no penalty associated with the -915 warning error message.
30	Other Hospice Reports	We also get the -915 error message on most of our submissions. Why is that?	<p>The -915 warning error message is triggered when the submitted value for a key item does not match the value stored in the QIES database for the same item. If the record was accepted, the patient information will be updated in the database to the new information. The items that could trigger this message are the last name, first name, middle initial, birth date, death date, SSN, Medicare number, Medicaid number, gender, race/ethnicity, and facility ID. If the record was accepted, the patient information will be updated in the database to the new information.</p> <p>The FVR will indicate which hospice item(s) triggered the warning message, including the old value that existed in the database and the new value stored in the database. Review the old and new values to verify if the new value is correct; if it is not correct, make the appropriate modifications and resubmit.</p>

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31	Other Hospice Reports	We frequently get the -915 Patient Information mismatch warning when submitting HIS data. Which information would be triggering this warning? Is there anything we can do about it?	<p>The -915 warning error message is triggered when the submitted value for a key item does not match the value stored in the QIES database for the same item. If the record was accepted, the patient information will be updated in the database to the new information. The items that could trigger this message are the last name, first name, middle initial, birth date, death date, SSN, Medicare number, Medicaid number, gender, race/ethnicity, and facility ID. If the record was accepted, the patient information will be updated in the database to the new information.</p> <p>The FVR will indicate which hospice item(s) triggered the warning message, including the old value that existed in the database and the new value stored in the database. Review the old and new values to verify if the new value is correct; if it is not correct, make the appropriate modifications and resubmit.</p>
32	Other Hospice Reports	For many records I receive the -915 message for the Facility ID. Should I be concerned about this warning?	You will receive error -915 for the Facility ID if your hospice is not the last provider to submit a record for the patient. As an example, if you are seeing a patient who is in a nursing home, the nursing home is also required to submit assessments for the patient. If the nursing home was the last provider to submit an assessment for the patient prior to you submitting your HIS record, you will receive error -915 based on the different Facility ID.
33	Other Hospice Reports	What is the website to get onto CASPER to check our reports?	You can access the CASPER Reporting application through a link on the QIES to Success website at https://web.qiesnet.org/qiestosuccess/ or through a link on the Welcome to CMS QIES Systems for Providers page to which you were granted access upon registration.
34	Other Hospice Reports	915 mentions also that its pt mismatch ? doesnt match the vaules in QIES ASAP? Can we compare what QIES ASAP Data base has so we can see what doesnt match. I have reviewed our info but don't know how to compare for errors. Will these warnings count against us.	<p>The -915 warning error message is triggered when the submitted value for a key item does not match the value stored in the QIES database for the same item. If the record was accepted, the patient information will be updated in the database to the new information. The items that could trigger this message are the last name, first name, middle initial, birth date, death date, SSN, Medicare number, Medicaid number, gender, race/ethnicity, and facility ID. If the record was accepted, the patient information will be updated in the database to the new information.</p> <p>The FVR will indicate which hospice item(s) triggered the warning message, including the old value that existed in the database and the new value stored in the database. Review the old and new values to verify if the new value is correct; if it is not correct, make the appropriate modifications and resubmit.</p>

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35	Public Reporting	Which questions or domains from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey will be included in the publicly reported data?	<p>There will be a total of six multi-item measures:</p> <ul style="list-style-type: none"> • Hospice Team Communication • Getting Timely Care • Treating Family Member with Respect • Getting Emotional and Religious Support • Getting Help for Symptoms • Getting Hospice Care Training <p>In addition, there are two other measures, also called “global ratings”:</p> <ul style="list-style-type: none"> • Rating of Hospice • Willingness to Recommend
36	Public Reporting	Will the results of the new composite measures be included in the public reporting?	The composite measure will be added to public reporting in the future. CMS will provide details via the HQRP website in the future.
37	Public Reporting	What is the number of surveys that must be completed in order for data to be reported on the website?	CMS is determining the number of surveys based on balancing the need for reliable data with the preference for as many hospices as possible to be included, even if the sample size is small.
38	Public Reporting	In looking at the Quality Measure reports, there can be quite a variation in the individual measures and in the Hospice Observed Percent versus the Comparison Percentile Ranking. Which number will be used in public reporting?	The Hospice Observed Percent and the Comparison Group National Average are the values that will be used for each measure in public reporting.
39	Public Reporting	Our Hospice has a lot of specialty programs that we want the public to know about. Will these be listed and available on the Hospice Compare website?	CMS is currently working with its contractors on the design of Hospice Compare website. CMS will consider the feasibility of including this type of information on the Hospice Compare website.
40	Public Reporting	What will be the reporting period for the initial public reporting for hospices?	The inaugural release of Hospice Compare in summer 2017 will include performance data on the seven quality measures for Quarter 4 2015 to Quarter 3 2016.

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41	Public Reporting	Do you know the time frame that the initial public reporting will be based on, for example 4th Qtr 2014 to 3rd Qtr 2015?	The inaugural release of Hospice Compare in summer 2017 will include performance data on the seven quality measures for Quarter 4 2015 to Quarter 3 2016.