**Centers for Medicare & Medicaid Services**
**Hospice Quality Reporting Program Webinar**
**March 27, 2018**

**Moderator**: Hello, everyone. Thank you for joining today's Hospice Quality Reporting Program Webinar. Experts from the Centers for Medicare & Medicaid Services will discuss this self-directed series of educational modules for the Hospice Quality Reporting Program, as well as the Hospice Consumer Assessment of Healthcare Providers and Systems. The slides from today's presentation will be posted on the Hospice Quality Reporting Program training webpage following today's webinar. Now, I will turn the call over to Cindy Massuda from the Centers for Clinical Standards and Quality at CMS. Please go ahead.

### Slide 1: Presenters

**Cindy Massuda**: Thank you very much, and welcome, everybody. I'm Cindy Massuda, and I'm the CMS Hospice Quality Reporting Program Coordinator. We are excited today to present this learning and training webinar on the Hospice Quality Reporting Program. We have worked very hard over the last few months, updating the Hospice Quality Reporting Program website to make it more user-friendly, to improve your user experience. The goal is to make it easier for you to navigate through the different webpages and find the information you seek. The Hospice Quality Reporting Program website is chock-full of information, so the training today will give you a good sense of how to use the website and see our new webpages. We have also worked very hard developing all the modules that we've added for training on the Hospice Quality Reporting website, along with the HIS manual and the hospice CAHPS update. These modules will be available, as we've just mentioned before, later this week, on the Hospice Quality Reporting Program website. And today's webinar is part of CMS' goal of providing hospice training and education throughout the year. So, we thank you very much for joining today's training session and are excited and eager to get started. And with that, I'll turn it over to our contractor, RTI. Thank you.

**Dorothy Wu**: Great. Thank you, Cindy. My name is Dorothy Wu, and I'll be leading this portion of the presentation. If we could advance to the next slide and the slide after that, please.

### Slide 2: Welcome & Agenda

**Dorothy Wu**: So, our speakers today are Cindy Massuda, myself, and Debra Dean-Whittaker. So, hello, all, and welcome to the Hospice Quality Reporting Program Webinar. As you may have heard, CMS is prioritizing hosting quarterly education outreach events for hospice providers to keep them apprised of HQRP requirements, updates, and announcements. These quarterly events will cover a range of topic areas, including events geared toward providers or staff who are new to the HQRP, as well as events that will address more complex issues related to HQRP data submission, quality-measure calculation, and public reporting. Our first quarterly event was hosted in September of 2017, and today's webinar marks our first event for the first quarter of 2018. The purpose of today's webinar is to provide a few updates about recently released educational modules pertinent to the HQRP and to provide some updates related to Hospice CAHPS. We will leave time at the end of the webinar for questions and answers, so you can speak with subject-matter experts about your HQRP questions. Next slide, please.

### Slide 3: Acronyms Used in This Presentation

**Dorothy Wu**: Before moving on to the content of this presentation, here on slide 3 we have a list of acronyms that will be used in this presentation. As a reminder, the slides that you are seeing now will be

soon made available on the Hospice Quality Reporting training and education library tab of the CMS HQRP website. Next slide, please.

### Slide 4: Recently Released On-Demand Training Series

**Dorothy Wu**: So, that being said, let's begin our presentation. So, recently, CMS produced and released two training series. Each training series focuses on a larger theme and contains several short modules that providers can view on demand to learn more about specific topics within the theme. These series are available for hospice providers to watch at their convenience. And each series has been divided up into 10- to 15-minute segments or modules. You can watch the modules in a given series all in one sitting, or you can view the modules independently or over the course of many days, as best fits your schedule. We will now introduce and discuss the two series of training modules produced by CMS. Next slide, please.

### Slide 5: What Are The Modules?

**Dorothy Wu**: So, what are the modules? The first series of modules focuses on helping providers learn how to navigate several websites relevant to the HQRP. CMS often receives questions from hospice providers about where to go to find specific information, as well as questions on how the various websites pertinent to the HQRP are organized. Series 1 will first introduce providers to the three websites relevant to the HQRP and then explore each of these websites in greater detail. The three websites relevant to the HQRP that are covered in this series are the CMS HQRP website, which is the official website of the HQRP, plus, two other separate websites that are pertinent to the HQRP. Those two websites are the Hospice CAHPS Survey website, the official website for the Hospice CAHPS survey, and the QTSO website, the official website for the QIES Technical Support Office. Series 1 then concludes by going over the various help desks available to providers. Even if you have been visiting and using these three websites relevant to the HQRP for some time, we recommend watching these modules to learn more about how each website is organized and what key pages on each website are particularly relevant to hospice providers. In particular, the module focusing on the CMS HQRP website may be of interest to you, as CMS has recently redesigned this website to improve its organization and make navigating the website more intuitive for users. This module also highlights some new features and organization of the newly redesigned CMS HQRP website. Series 1 consists of five modules in total, which range in duration from 10 to 20 minutes each. The second series focuses on HIS Coding. This series provides refined guidance, including refined clinical examples, tips, and coding guidance for select HIS items. The refined guidance presented in this series was developed based on frequently asked questions received on the Hospice Quality help desk. The refined guidance presented in this series is intended to supplement existing guidance in the HIS manual and trainings by providing additional context and guidance for scenarios frequently encountered by hospice providers. As this series is focused on refined guidance for the HIS items that receive the most questions on the help desk, this series will not cover coding guidance for all HIS items in all sections. Series 2 consists of eight modules in total, which range in duration from 8 to 15 minutes each. Next slide, please.

### Slide 6: Where Can I Find The Modules?

**Dorothy Wu**: Where can you find these modules? The modules are available to providers in two places. First, the modules for each series are available as videos on CMS' YouTube channel. A full list of direct links to each of the individual modules on YouTube will be available later in this presentation on slides 11 and 12. In addition to the videos on YouTube, CMS has also made the module, slides, and speaker notes available to providers in PDF format, which can be downloaded from the Hospice Quality Reporting Training and Education library tab of the CMS HQRP website. A direct link to this tab is

provided here on slide 6. The module slides may be useful to providers who wish to show only a subset of each module to their staff or print specific slides for their own reference. Next slide, please.

**Dorothy Wu**: Who should watch these modules? In general, these modules are relevant to staff at Medicare-certified hospices who have some responsibility for their hospice's HQRP requirements. That said, each series may be useful to different people in different ways. Series 1 would be helpful to both new and existing users. As previously mentioned, these modules would serve as a great introduction to the HQRP website's brand-new staff. And the modules would also be helpful to existing staff, as one of the modules focuses on the newly redesigned CMS HQRP website, and the others can serve as helpful refresher courses on the other websites and the help desks. As Series 2, the HIS Coding series, reviews a refined coding guidance for a subset of HIS items, this series is geared towards staff who are already familiar with basic HIS coding guidance. The refined guidance presented in Series 2 was developed based on the frequently asked questions received by the Hospice Quality help desk. If you are new to the HIS, we recommend you review the HIS manual and the HIS version 2 training from January 2017 before viewing these slides. Links to both of these introductory resources are provided here on slide 7. Next slide, please.

**Dorothy Wu**: What are the topics covered in the modules? A complete list of the modules available in each series is provided here. The Navigating the websites relevant to the HQRP series begins with an introductory module that provides an overview of the three websites pertinent to the HQRP, followed by in-depth modules on learning how to use the CMS HQRP website, the official website of the HQRP, as well as other relevant websites, which includes the hospice CAHPS Survey website and the QTSO website. This series concludes with an overview of the help desks available to providers to assist them with their HQRP-related questions. The HIS Coding series provides refined coding guidance for select items in the sections of the HIS which I listed here, including Sections A, I, and Z, section F: Preferences, section J: Pain and Respiratory Status, section N: Medications, and section O: Service Utilization. This series concludes with information on the submission and correction of HIS records. Next slide, please.

**Dorothy Wu**: Now we will preview selected content from each of the training series. First, we will play Module 1 from Series 1, which provides an overview of the three websites relevant to the HQRP. If we could please play Module 1 in Series 1.

**Video:** Welcome to the Centers for Medicare & Medicaid Services module, an Introduction to the 3 HQRP websites. This module will introduce learners to the three websites that hospice providers should be visiting on a regular basis to receive information and updates pertinent to the Hospice Quality Reporting Program, or HQRP. This is the first of five modules in a larger series focused on navigating the HQRP websites. Learners may choose to listen to the entire series or may choose to listen to one or two modules that are of interest to them, meaning the modules in this series can be watched independently or as a group. Included on slide 2 is a list of acronyms that will used in this module. Acronyms appear in alphabetical order. As part of the HQRP, we often get questions from hospice providers about where they should go to get the information they need for collecting and submitting HQRP data. Content for the HQRP is spread across several websites, so this module will help learners understand the websites and resources available to them and which websites to go to, depending on your question or need. Specifically, this module will provide learners with an overview of the three main websites of the HQRP and an understanding of what types of information are found on each. Before we begin, remember that

the HQRP consists of two reporting requirements -- the Hospice Item Set, or HIS for short, and the Consumer Assessment of Healthcare Providers and Systems, or Hospice CAHPS, as it's better known. Keeping this framework in mind may help you understand how the three HQRP websites are organized and which websites are relevant to which HQRP reporting requirement. There are three main websites hospice providers should be visiting regularly to stay up-to-date on HQRP requirements. Those three websites are the CMS HQRP website, the CAHPS Hospice Survey website, and the Quality Improvement and Evaluation System Technical Support Office website, which I'll refer to as the QTSO website from here on out. This module is the introductory module that will provide you with a high-level view of the three websites. Modules 2 through 4 in this series take a deeper dive into each of these three websites. Before we go any further, it's important to understand why you, as a Medicare certified hospice provider, should be visiting these websites. First and foremost, regular visits to these websites will keep you up-to-date on all HQRP requirements for both HIS and CAHPS. These websites are also where hospice providers can access various resources, including manuals and question-and-answer documents, as well as various forms and instructions. With all of this in mind, let's begin with an overview of the first of our three websites, the CMS HQRP website. For those unfamiliar with the CMS HQRP website and what it looks like, a screenshot of the homepage has been provided on slide 8. The CMS HQRP website is the official website of the HQRP. It contains resources for the HQRP overall, including resources for both HIS and CAHPS. Because this website is the broadest in focus, it's a good starting point for all HQRP questions. The website is divided up into various pages, which I'll refer to as tabs. Tabs are located on the left-hand sidebar of the website. Each tab has its own topical focus and includes topics like HIS, CAHPS, training, and public reporting. Slide 10 goes over some specific instances when you would visit the CMS HQRP website. First, you should go to the CMS HQRP website when you have policy or general questions about the HQRP overall. The CMS HQRP website is also your source of information for HIS data collection, including coding instructions for HIS items and how the HIS quality measures are calculated. You can also find helpful training and educational materials on the CMS HQRP website, including a training and education library, where you can access past training events to view on demand. The CMS HQRP website is also your home for questions about public reporting and hospice compare. Finally, the CMS HQRP website has a list of all help desks available to hospice providers to assist them with HQRP requirements. If you need any further assistance, you can e-mail the Hospice Quality help desk at the e-mail address on slide 10. Our second website is the CAHPS Hospice Survey website. Slide 12 shows a screenshot of the CAHPS Hospice Survey website. Although the CMS HQRP website contains some limited information on CAHPS, the CAHPS Hospice Survey website is where you may need to go to take a deeper dive into CAHPS Hospice Survey requirements and policies. The CAHPS Hospice Survey website contains resources and information specific to the CAHPS Hospice Survey and is intended for use by hospice providers and survey vendors. It's important to remember that the CAHPS Hospice Survey website is where you will find every form and all information regarding the CAHPS Hospice Survey. The CAHPS Hospice Survey website does not have any HIS information. As indicated on slide 14, hospice providers should visit the CAHPS Hospice Survey website for a range of issues, including survey requirements and deadlines, training materials, information on important forms and deadlines, and guidance on selecting or changing your CAHPS Hospice Survey vendor. Survey vendors should visit the CAHPS Hospice Survey website for all information related to the survey. This includes survey business requirements, the survey vendor authorization form and process, the survey implementation process and procedures, and technical information and contacts. If you've explored the CAHPS Hospice Survey website and need further assistance, there are two help desks available to you. There's the technical help desk, where you can contact the CAHPS Hospice Survey project team for questions about survey vendors or registering your hospice for participation in the CAHPS Hospice Survey. There's also the CAHPS CMS help desk, where you can contact CMS staff with questions about the CAHPS measures and when CAHPS data will be displayed on hospice compare. If you'd like to learn more about the layout and

content of the CAHPS Hospice Survey website, view module 3 in this series. The third and final website is the QTSO.com website. Slide 17 shows a screenshot of the QTSO.com website homepage. QTSO stands for QIES Technical Support Office. As its name implies, the QTSO website provides technical assistance for various systems, tools, and applications. As it relates to the HQRP, the QTSO website covers two main topics -- HIS data systems and tools and the Certification and Survey Provider Enhanced Reports Application, or CASPER. The QTSO.com website will cover the two HIS-related systems and tools, which includes the Hospice Abstraction Reporting Tool, or HART, and the QIES Assessment Submission and Processing, or QIES ASAP system. HART and QIES ASAP are used for HIS data capture and HIS data submission, respectively. The QTSO.com website is also your home for technical assistance with CASPER. There are two broad classes of CASPER reports available to providers. The first are the HIS-specific reports, which include the HIS Provider Reports, QM, or Quality Measure reports, Final Validation Reports, and Timeliness Compliance Threshold Reports. The second class of CASPER reports relate to public reporting, including the Preview Reports. The QTSO.com website is where you should go for technical assistance, accessing the HIS, and CAHPS Preview Reports. As shown on slide 19, you should visit the QTSO website for information, user guides, and training modules for the systems, tools, and applications we just mentioned, which include HART, QIES ASAP, and CASPER. The QTSO.com website will also have information that will be helpful to you if you run into any issues using the aforementioned systems, such as warning or fatal-error messages that you might encounter in QIES ASAP. Remember, the QTSO website is specific to these systems and tools. It does not contain general HQRP policy information, nor does it contain information on HIS or CAHPS data collection and measures. This information is available on the CMS HQRP website. If you need further assistance, the QTSO.com help desk is available to assist you via phone or e-mail. You can also view module 4 of this series for additional information on navigating the QTSO.com website. Slide 20 contains a decision-tree graphic to help you decide which website to go to depending on your question. As you can see, most roads lead to the CMS HQRP website. So, that's always a good starting point if you're unsure where to go. You may want to print this slide and have it available for easy reference within your hospice organization. This concludes the module Introduction to the three HQRP websites. After reviewing this introductory module, you should have a broad understanding of the three HQRP websites, what each website's purpose is, and which website you should refer to when you have any questions. This module is the first of five modules in the series Navigating the HQRP Websites. We encourage you to view additional modules in this series for more information on the various CMS HQRP websites. Thank you for viewing this presentation. The information presented was correct as of the date it was recorded. This presentation is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

**Moderator:** Thank you so much. We will wait for our next video to load. And just so attendees know, if you could please unmute your computer speakers to hear the videos, that will allow you to hear the volume coming through.

**Slide 10: Hospice Item Set (HIS): General Information**
**Video**: Great. Thanks, everyone. So, we're going to switch gears a little bit now and walk through the first module from our second series. So, as Dorothy mentioned earlier, CMS has produced two series of modules that providers can watch kind of on demand to learn more about some specific topic areas. So, the video that was just played through the webinar introduced you to the first series, which focuses on navigating websites pertinent to the HQRP. And now we're going to walk you through some of the content that is covered in the second series. And this second series really focuses on providing some refined guidance to the HIS. So, although there were no new HIS items or no updated version of the manuals for 2018, CMS has developed some refined guidance for specific items, and that's what's

covered in Series 2. So, right now we will walk you through some content from the first module from Series 2, which provides some general information pertinent to the HIS. And just as a note, this series overall is intended for what we would call kind of intermediate or advanced users of the HIS, since this is presenting refined guidance. So, kind of updates to existing guidance that's out there in the HIS manual and then prior trainings that CMS has conducted. This will kind of jump right in to some item-specific topics. So, if you are kind of a new or beginner user to the HIS, we would recommend that you review the HIS manual and some of those folder trainings before diving into this Series 2. Next slide, please.

So, here are just some acronyms that hopefully look familiar to you that we'll be using throughout the presentation today. Next slide.

So, hopefully, after viewing and hearing the content that's here in Module 1 from Series 2, learners will be able to list the Hospice Item Set measures, identify who can complete and submit the HIS record, define completion and submission deadlines, describe the difference between HIS completion deadline and quality measure credit, and identify resources for Quality Measure calculations. And just as a reminder, the Hospice Quality Reporting Program consists of both HIS and CAHPS. And although the HQRP consists of both requirements, this series, so Series 2 in its entirety, is really just going to focus on the HIS. Next slide.

So, as a review, there are two HIS records that hospice providers must complete on each patient admission to their hospice organization. And those are the HIS admission record and the HIS discharge record. The HIS admission record collects data from Sections A, F, J, N, and Z, while the HIS discharge record is a little smaller and consists of items from Sections A, O, and Z only. Next slide.

So, as you may recall, all Medicare-certified hospice providers are required to collect and submit HIS data to CMS as part of the HQRP requirements. CMS then uses the submitted data to calculate hospice facility-level performance on quality measures. And some of this quality-measure data is then publicly reported on the Hospice Compare website. Specifically, HIS data is used to calculate nine different quality measures. And you can see those nine measures listed here on slide 5. So, eight of the nine measures are endorsed by the National Quality Forum, or NQF. And the ninth measure, which is the Hospice Visits When Death is Imminent Measure Pair, which is not currently endorsed by NQF. Next slide.

All Medicare-certified hospices are required to submit HIS data. An HIS submission and HIS discharge record is required for all patients, regardless of payer, age, where the patient receives their hospice services, and length of stay. The HIS can be completed by any hospice staff member. When completing HIS items, it should be based on what has been documented in the patient's clinical record. So, for example, if a patient tells the nurse that he or she is having severe pain, it must be documented in the patient's record for it to be coded as such on the HIS. This is particularly important when the HIS is being abstracted by a hospice staff member who did not have that particular discussion about pain with the patient. Next slide.

So, now that we have a general understanding of what the HIS is and who can complete it, let's talk about the timeline for completing and submitting HIS records. The completion deadline is the latest possible date on which a provider is encouraged to complete an HIS record. Completion deadlines are recommended and are not considered in the annual payment update determination, otherwise known as the APU determination. The recommended completion for an HIS admission is the admission date plus 14 calendar days, and the recommended completion for an HIS discharge record is the discharge date plus 7 days. CMS continues to recommend that providers complete and attempt to submit HIS

records early, prior to the submission deadline of 30 days to allow ample time to address any technical issues encountered in the QIES ASAP submission process, such as correcting fatal-error messages. Next slide.

So, we just talked about the completion timing, and let's review now the submission timing record for HIS records. So, the submission deadline is defined as the latest possible date on which the HIS record should be submitted and accepted by the QIES ASAP system. Unlike the recommended completion deadlines, the submission deadline does affect compliance with HIS requirements and your APU determination. Providers must submit a minimum percentage of their records on time to be compliant. Submission deadlines for all HIS records is the target date, which is the patient's admission or discharge date, plus 30 calendar days, meaning the submission deadline for the HIS submission record is the admission date plus 30 calendar days, and the submission deadline for the HIS discharge record is no later than a discharge date plus 30 days. To ensure records are submitted and accepted, providers should view their final validation report in CASPER. Next slide.

So, earlier, I mentioned that you have a recommended 14 days to complete HIS records. But I want to talk now about the difference between the recommended completion timing and what earns credit for each quality measure. And this is a question that we often get on the hospice quality help desk when providers write in asking kind of, "What is the time frame that I need to complete a certain care process within?" So, for example, pain screening or pain assessment, in order to receive credit for that particular quality measure. So, some HIS data allows for collection during the entire time frame under consideration, which is up to 14 days. But like I mentioned earlier, the care process may need to have been completed sooner in order for you to get credit for that quality measure. So, let's look now at some examples. Next slide.

So, the distinction between completing HIS items and quality measure credit, as I mentioned, is something that comes up often on our help desk. And we've listed some of the specific questions that we get most often, here on slide 10. First, let's look at an example for pain. Item J-0900 asks if the patients was screened for pain. So, according to the completion deadlines for the HIS, pain screening can be abstracted anytime between the admission date plus 14 days. And when you complete that HIS item J-0900, you would enter the date of the first pain screening. However, to meet the quality measure or get credit for that pain-screening measure, the pain screening must have occurred within 2 days of admission to hospice. Another example relates to shortness of breath. So, item J-2030 asks if the patient was screened for shortness of breath. So, again, to complete item J-2030, you can do that anytime between when the patient is admitted and 14 days later in order to keep in tune with that recommended completion time frame. However, again, there's a difference between that completion time frame and when you would receive credit for the associated quality measure. So, to receive credit for that shortness-of-breath-screening quality measure, the first screen must occur within 2 days of admission. Treatment preferences is much of the same. So, treatment preferences appear in Section S in the HIS, and you can complete these items in Section S anytime between the admission and 14 days. But to get credit for the associated quality measure, the patient or caregiver should be asked about preferences no more than 7 days prior to admission or within 5 days of the admission date. So, as you can see from the examples here on slide 10, although recommended completion timing is the same across all HIS submission records -- it's that 14 days -- the timing for quality-measure credit varies from measure to measure. So, in subsequent modules in this series, we walk through what the QM timing is for each of the individual HIS quality measures. So, if you're interested in learning more about the time that certain care processes have to be completed within to make sure that your hospice is getting credit for the measures, then you can review the remaining modules in this second series. And, again, knowing

the distinction between completion timing and quality-measure credit is really important for your hospice's performance on these quality measures, as well as for the delivery of high-quality care for your patients. The remaining modules in this series, again, will discuss the individual requirements for each quality measure. Next slide.

This slide contains resources that may be helpful to hospice providers. So, while Series 2 overall is intended for users who are familiar with HIS coding and submission guidelines, information regarding the Hospice Quality Reporting Program can be found by clicking the hyperlinks available on this resource slide. This resource slide also contains hyperlinks to specifics on the HIS quality measures, the QM User's Manual and the HIS Manual version 2.0. Next slide.

Slide 12 contains some additional resources, specifically the contact information for the Hospice Quality help desk. The Hospice Quality help desk is available to hospice providers and can answer questions about any HIS coding or HIS quality measure calculation areas that you may be unsure about. So, please e-mail the Hospice Quality help desk if you have questions about any of these HIS issues. Next slide.

So, as we've mentioned earlier during this presentation, the content that you just saw specific to the HIS was part of the second series that CMS just released, entitled "Hospice Item Set" or "HIS Coding." As we mentioned earlier, there are eight individual modules in this series, and I just presented the content in the first module, which provided some general introductory information about the HIS, as well as introduced you to the difference between completion timing and quality-measure timing in order to receive credit for the various quality measures. So, as you can see, modules 2 through 7 in this series will give you the refined HIS coding guidance for specific items that I mentioned earlier. So, Module 2 will give you some updated guidance for select items in Section A, I, and Z of the HIS. And modules 3 through 7 then present refined guidance for the other sections in the HIS, including Section F: Preferences, Section J: Pain and Respiratory Status, as well as Section N: Medications, and Section 0: Service Utilization. Finally, module 8 in this series will present some information on how you can submit and correct any HIS records. And that concludes this portion of the presentation. So, with that, I think we will turn it back over to Dorothy.

### Slide 11 & 12: Links to Training Modules
**Dorothy Wu**: Thank you, Alexis. So, here on slide 11, we have a complete list of the modules in the first series on navigating the websites relevant to the HQRP, with direct links to each of the modules on YouTube embedded in the module titles. Next slide, please.

And here on slide 12, we have a complete list of the modules in the second series on HIS coding, with direct links to each of the modules on YouTube also embedded in their titles. A reminder that the slides are also available in PDF format on the Hospice Quality Reporting Training and Education library tab on the CMS HQRP website. A direct link to this tab was also provided on slide 6 of this presentation. We encourage hospice providers to review the content from each of the series, either by watching the YouTube videos on the links provided here or downloading the slides and speaker notes. We also encourage you to share them with your staffs to learn more about the topics listed. Now I'll turn it over to Debra Dean-Whittaker, who will provide an update on hospice CAHPS. Thank you.

### Slide 13: Hospice CAHPS Updates
**Debra Dean-Whitaker**: And now for something completely different -- if you'll go to the next slide, please.

**Slide 14: CAHPS Hospice Survey Website**

**Debra Dean-Whitaker**: My name is Debra Dean-Whittaker, and I'm going to talk to you about the CAHPS Hospice Survey. You may already be familiar with this. I hope you are. The survey is conducted among the primary informal caregivers of patients who died under hospice care. Hospice providers identify the primary informal caregiver for us. That person is usually a family member of the person who died. The caregiver is not contacted for the survey until at least two months after the patient's death. What I would like to show you today is the survey website. If we may have the next slide, please.

This shows the homepage of the CAHPS Hospice Survey website, and it gives you the URL, which is www.hospicecahpssurvey.org. Please note the "h" in CAHPS and the double "s." This website focuses on survey administration issues that are, to be honest, of generally greatest interest to the vendors. It is a technical website, but we welcome providers to read any portion of this site, and we do indeed have some parts of this site that are dedicated to information specifically for providers, and I will highlight them today. We hope the site will be useful to providers as well as vendors. We would certainly be glad to have your comments. You see in the middle of this homepage an area called "current news." This changes into something you may want to monitor on a regular basis. We have reminders here. We have deadlines here. All of it may not be of value to you, but it might be a good idea to just kind of check it out. And above it are quick links. These are convenient links to topics of interest. Let's go to the next slide, please.

Now, we are still on the homepage, but I will call your attention to the menu down the left side. The fourth option from the top is "Information for Hospices." It is highlighted by the red oval, and when you move your cursor over it, the option will turn red. This is where you can find information that is specifically devoted to hospice providers. And just as a quick note, at the bottom of this menu, you will find our contact links, but I'll give them to you later. Okay, what happens if you select "Information for hospice providers"? Next slide, please.

**Slide 15 & 16: Information for Hospices**

**Debra Dean-Whitaker**: When you select this tab or this menu item, you will go to the general-information tab on the information for hospices page. You will see forms of particular interest to providers, especially the exemption for size form. Those of you who qualify for an exemption for size, please don't forget to go here. Download the form, fill it out, submit it. We also have other forms that are necessary if you are participating in the Hospice CAHPS Survey. We also have the Quality Assurance Guidelines manual. This manual is a technical manual, but it does include information relevant to providers. For example, it lists provider responsibilities. It talks about eligibility. It talks about sampling and other issues of interest. The manual can be downloaded and saved if you would like. You can also print it. However, I did measure it today. It is 2 inches thick with all of the appendices. It is a large PDF file. You can also read it online if you prefer. It is searchable. We also have links to the frequently asked questions and to podcasts. Let me show you a screenshot of this page, if you will go to the next slide, please.

**Slide 17 & 18: Frequently Asked Questions**

**Debra Dean-Whitaker**: Okay. This slide shows you what you see when you select the information-for-hospices option. You are looking at the general-information tab, and you will see in the center of the page the information about the forms that providers need. If you scroll down, you will get to links for the manual. The red oval at the top shows there's an additional menu specifically for this page, and the oval highlights frequently asked questions. Next slide, please.

Here are some of our frequently asked questions. This is a place to go if you have questions. And you can see we have questions such as, "Does my hospice need to participate? Does my hospice need to have a contract with a survey vendor?" et cetera. Now, these aren't the only questions we will answer. If you have further questions, or you need more information, please do not hesitate to contact us. I'll give you our contact info later in this presentation. And, as I said, it's at the bottom of the left-hand menu. We would like to hear from you, and if you have suggestions for additional FAQs, we'd like to know that, as well. So, these are a place you can start, if you have questions, but please don't stop there if your question is not answered or not answered fully. Next slide, please.

### Slide 19 &20: Podcasts for Hospices

**Debra Dean-Whitaker**: Now, we are back at the general-information tab, but this time we have highlighted the podcast option. Now, we have podcasts that are specifically intended for providers. If you wish to get to them, you want to press the button for podcasts, and then they will come up. I will say that although they are intended for providers, you don't have to be a provider to view them or to use them. Next slide, please.

When you push the button, you will get a list of the podcasts that are available. This is that list. You can see that we start with an overview of requirements, the participation exemptions, et cetera. You can watch each podcast online, or you can download a transcript. You can watch it as many times as you want. It's free. The podcasts are videos. They are very large files. I was able to download one, but it took a long time. So, my recommendation is to view the podcasts online. I would also like to call in particular your attention to the third podcast from the bottom. That is the one called "Changing Survey Vendors," third from the bottom. If you are even thinking about changing survey vendors, I strongly recommend you look at this podcast. We have found that some hospices fall out of compliance when they change vendors. Therefore, check this out early, before you decide to start the process, and I would also urge you to contact us before you start this process. Our newest podcast is at the end of the list, and that is public reporting of CAHPS Hospice Survey Scores. This is a summary and description of what you see on Hospice Compare under the hospice CAHPS scores. If you have any further questions on any topic, please contact us, especially if you're changing vendors, but under any circumstances. And if you have any suggestions for podcast topics, please let us know. We will be continuing to update these and also to add to them. One more slide, please, if you'll go the next.

### Slide 21: Resources

**Debra Dean-Whitaker**: Here we have some resources. You've seen that first set of resources before -- the Hospice Quality Reporting Program. CAHPS is a part of the Hospice Quality Reporting Program, but it is separate, of course, from HIS. The specific CAHPS information is in the second set of bullets there. We have the websites again and e-mail and a phone number to the hospice technical-assistance team. They're very anxious to talk to you, be glad to answer questions. Nothing is too small, and, believe me, nothing is "too stupid." Nothing is stupid. We'd like to hear from you. Please do. Please don't hesitate to call us. Now I'm finished with CAHPS, and I will turn it over, I believe, to Haley Burnside for the Q&A.

### Slide 22: Question and Answer

**Moderator**: All right, great. Thank you so much. We are now going to start the Q&A portion of the webinar. You can ask your question via chat or phone. To ask a question via phone, please dial 1-866-452-7887 and press *1 to be loaded into the queue. We will standby for our first question.

**Moderator**: Our first question comes from Nicole Strauss.

**Nicole Strauss**: Hello, everyone. I just had a question about I know where we can get our information about our submission and acceptance on the QIES website, or at least from our CASPER reports and our final validation reports, but those submitted and acceptance rates are only as good as the information we submit to the QIES system. Is that all we're being judged for, for that 90 percent FY19 APU? Or is CMS really -- they get notification of all of our admission and discharges. So, do you have to get that data from the QIES website and then compare it to your hospice's total admits and discharges and make sure that you didn't miss any? Did that question make sense?

**Cindy Massuda**: This is Cindy Massuda. Can you please send your question to our help desk, the quality help desk, so we can answer that question?

**Nicole Strauss**: Sure.

**Cindy Massuda**: Thank you very much.

**Nicole Strauss**: You're welcome.

**Moderator**: Okay, we will now transition to some questions that are coming through the chat box. Our first question is, "If a patient is admitted in the home setting and has PRN pain medication that is over the counter, such as Tylenol, and reports that they have not had pain issues for about six months, how do you code this on the HIS question for, 'Is pain an active problem?' Is there a time frame for use of medications to consider it is an active problem?"

**Alexis Kirk**: So, that's a great question about pain-active problem. And this is one of the items. In general, the pain items are items that we get questions a lot about on the help desk. So, I'll just start out by reviewing the general guidance that we have in the HIS manual for this topic. So, in general, the determination of whether or not pain is an active problem should be made by the assessing clinician based on patient-specific findings. And in determining whether or not pain is an active problem for the patient, clinicians may need to consider factors beyond pain severity at the time of the clinical encounter, such as historical reports of pain, which would include things like whether the patient may have been in pain yesterday or the day prior, reports of recent symptoms, current treatment for pain, which would include whether or not the patient is on a current pharmacologic or nonpharmacologic pain regimen. And it is possible that the clinician may determine pain to be an active problem for that patient even if pain is not present during the clinical encounter. So, even if at the time that you're visiting the patient and conducting that pain screening, they may say, "I'm not in any pain right now, but my pain was really bad yesterday, so I took a dose of my meds." That would be evidence of pain as an active problem. So, the last tip from the HIS manual guidance is just that in general clinical documentation that the patient is currently using a pain regimen is evidence that pain is an active problem. So, I can break this down a little bit and talk about it in the context of this provider's specific question. So, the provider had asked about a patient who is using over-the-counter Tylenol, had not had any pain issues for about the last six months, and wanted to know was there a specific time frame for determining whether pain is active or not. So, the short answer is that no, there is no specific kind of predetermined timeframe for completing this HIS item and making that determination about whether pain is an active problem. The questioner wasn't very clear about how often that over-the-counter Tylenol was being used and what it was being used for. So, if the patient had recently taken that Tylenol for pain, we would consider that an indication of pain as an active problem. But, ultimately, here that determination, as stated in the HIS manual, should be made by the assessing clinician using their judgment.

**Moderator**: Thank you very much. Moving on to our next question. When would we use HART?

**Alexis Kirk**: Yep. So, HART, H-A-R-T, refers to the Hospice Abstraction Reporting Tool. And that is a piece of software that is available to hospice providers free of charge. It is maintained by CMS. And HART can be used in record conversion. So, really, when we think about HIS, there are three things that we're thinking about. We're thinking about collecting the data for the HIS at the bedside by kind of completing those care processes. So, doing things like screening for pain, assessing for pain, asking about preferences. That's kind of step 1. The second step in HART is getting that data out of your clinical record, whether it be an electronic medical record or paper-based records. You need to get the data out of the record and into the proper electronic-file format because all HIS data does have to be submitted to CMS electronically. And this record-conversion step, which is step 2, is really where HART comes in. So, in order to get HIS data into that proper electronic-file format to be able to submit it to CMS, hospice providers can use a vendor-designed software. Or all hospice providers, even those who may have an EMR, can use HART. So, HART is available and ready to use for any hospice provider out there. So, once you get your HIS data into that proper electronic-file format, then you're ready to submit it to CMS. And it's at that point that you move into kind of the third step, which is submitting that electronic data to CMS using QIES ASAP.

**Moderator**: Okay. Thank you. Our next question, "What does it mean if an HIS question is not endorsed?"

**Tracy Zheng**: Hi. This is Tracy Zheng from RTI. I'm happy to take this question. I think this questioner was referring to the slide where the speaker presents the HQRP currently implemented nine, HIS-based quality measures, including one measured pair, which is hospice visit when death is imminent. So, except for this measured pair, all other eight quality measures are endorsed by the National Quality Forum, and the measured pair, hospice visits when death is imminent, has not yet been submitted to the National Quality Forum for endorsements. CMS is working with its contractor, on a plan and a timeline for the submission for endorsement, and any update will be announced via the usual communication channel, including the website, as well as LISTSERV.

**Moderator**: Thank you. And I believe our next question is for Debra Dean-Whittaker on CAHPS. "How can we increase our survey returns? How do we get the caregiver to complete the survey?"

**Debra Dean-Whitaker**: Well, this is a very interesting question. The problem is that we don't want you to do too much promotion of this, but you can do some. So, I would say, please, you are free as a provider to tell the caregiver about the survey, to say that they may receive this survey, and that you would appreciate their completing it, that it will be helpful to you. Do not, do not, do not do the car-dealer thing, where "We're going to have the survey. Give us a 10." Don't do it. We'll find out! And that is not a good idea. But you can tell them, but don't push it too hard I think is the only thing I can say.

**Moderator**: Thank you. Our next question -- "The primary caregiver was referred to as the primary informal caregiver. Does that mean, as example, if our patient was in a group home, and their only caregiver was a custodian of the facility, since their caregiver is not informal, we would exclude the caregiver from the CAHPS listing to our vendor?

**Debra Dean-Whitaker**: Yes, although the reason is a little different. We don't want to include people whose relationship with the patient is purely a legal relationship. By primary informal caregiver, we are

trying to include family members and in some cases friends. We have found in most instances, close friends are not the primary informal caregiver, but we don't want to shut them out. So, that's why we say that. But if you have a legal guardian or it's just an employee of the facility, they should not be included in your list.

**Moderator**: Thank you. Our next question, "Is the HIS admission information required to be updated during the 14-day timeline if the information changes from the initial assessment?"

**Alexis Kirk**: And the answer to that is pretty simple. The answer is no, it's not required to be updated. Thank you.

**Moderator**: Our next question is, "When answering if pain is an active problem, we often use an opioid for shortness of air and then have to answer the question of, 'Is the patient on a scheduled or a PRN opioid?' This then causes a conflict if we say no to 'Is the pain an active problem?' What is the solution to this, if any?"

**Dorothy Wu**: Yep. So, this is another question that we have gotten recently on the help desk, and it's actually part of the refined guidance that we had released in Series 2. So, if you're interested in reading more about this or would like to see some information in writing or some presentation materials, you can check out module 4 of 8 in that series, and it is covered there. But the answer to this question -- so, what the hospice provider was referring to is essentially when you note that a patient is on an opioid but then you say no to the pain active problem item, you get a warning edit that will fire in the QIES ASAP system when you try and attempt to submit that record to QIES ASAP. And the specific warning edit that fires is 3077. So, essentially, this warning edit is intended to help you review whether your answer to J0905 was correct. So, if the patient was taking that opioid for pain, then you should respond "yes" to J0905. However, as the questioner pointed out, if that patient was on an opioid for another symptom, like shortness of breath, and the only kind of indication for that opioid was for shortness of breath, and there was no further evidence that pain was an active problem, you can essentially ignore this warning edit. At that point, you've kind of done your due diligence by just verifying that the opioid was for shortness of breath only and that pain is not an active problem for the patient, as indicated by anything else in the clinical record. So, in those cases, when you do see warning edit 3077, you can ignore it. And because it is a warning edit -- so, there are two types of error messages that you will see in the QIES ASAP system. There are warning edits, which this is one of those, and there are also fatal errors. And the difference is that with a warning edit, the record can still be submitted and accepted by the QIES ASAP system, even with that warning message there. And that's in contrast to fatal errors, or fatal edits, where until you resolve that problem, your HIS record cannot be accepted by the QIES ASAP system. So, just to recap, if the patient was on an opioid only for shortness of breath, and you answered no to pain-active problem and get that warning message and instances where the opioid was only for shortness of breath, and there was no other evidence of pain, you can ignore that warning message, 3077.

**Moderator**: Thank you. Our next question comes from an attendee who is new to the QAPI position, and they recently reviewed records from Q3 of 2016 to Q2 of 2017 that had previously been submitted by the prior QAPI director, and they mentioned while reviewing these records, there were records that they believe should have counted towards the numerator and denominator. If the records were admitted and accepted, should they add them to HART?

**Tracy Zheng**: Hi. Again, this is Tracy Zheng from RTI International. So, for this question, we will be very happy to address on the Hospice Quality help desk. We invite you to submit this question with more details on the help desk so we can answer you. We can help you address this question.

**Moderator**: Thank you. Our next question -- "If a patient doesn't have pain or pain on admission or within the next two days but has pain eight days later, how should we answer that question and how does that affect the Hospice Quality Reporting Program?"

**Alexis Kirk**: So, that's a great question. So, this item should be completed based on the first dated pain screening that appears in the record. So, if you complete the first pain screening on the day of admission, and that is documented in the clinical record, and you then kind of abstract HIS data at that point, then that's what would appear in the HIS record. So, if the patient develops pain at some later date, that does not need to be included in the HIS record. Again, it is based on the first dated screening, and, again, as mentioned earlier, if anything changes you do not need to update HIS records.

**Debra Dean-Whitaker**: We also have some CAHPS questions. One is, "How do we monitor compliance regarding survey administration process from our hospice CAHPS vendor?" For example, when they're sending out the first and second waves? This is not a requirement. It's just a suggestion. But what I would do is I would seed the sample. I would give them the name and address of a couple of people who work for your hospice who agree to do this and then see if you get the questionnaire and how many times do you get it? If you're doing a mail survey, that's what I would do. And don't answer the survey. Just throw it out. That way you won't have any answers submitted with your data. It's called "seeding" the sample, and I would suggest trying that. It would help you know when and whether they sent out a second wave. Secondly, it says, "CAHPS survey technical difficulties for upload -- will a hospice be penalized?" The answer is yes. And actually some of the stuff I said in the middle of my presentation -- that's why it's important. First of all, I talked about the forms you need to fill out. One of them gets you access to the survey data warehouse. Why do you want access to that? Because if you had access to that, you can check up on what your vendor is doing. Are they submitting your data? When did they start? Have they failed? Have they tried again? You can see all of this if you have access to the warehouse. So, you want to get that access. Survey data is submitted four times a year -- in February, May, August, and November. Dates for this -- there will be reminders in that current-news section on the homepage. You'll see reminders. So, you know that they're supposed to submit the data by the second Wednesday in May. So, you start watching. About a week ahead, start watching. Are they submitting? Are they submitting? If they aren't, call them up. "Have you submitted my data? I don't see it here. Why not? You submitted, but it failed. What are you doing about it?" Because if it fails, you are the ones paying the price. That's it. No, I'm sorry. You had another question. "Is the CAHPS required to be offered in the language of the recipient's choice?" No, not of the recipient's choice. We do have multiple different languages. We certainly have English and Spanish and Russian, and there are all kinds of them. They're listed on the webpage. You can find the surveys on the webpage, and they do talk about the entire list of translations we have. But it's not just their choice. So, in other words, if they come up with one that we don't already offer, then you're not required to offer it.

**Moderator**: Okay. Our next question -- "Are there bowel-regimen exemptions for QMs for actively dying patients and the nurse doesn't chart that the PT chart doesn't -- that the patient is NPO?"

**Tracy Zheng**: Hi. We're happy to take this question. So, under the HIS item about whether a bowel-regimen were initiated or continued, there is the response option that's response one. That is "no. But there is documentation of why a bowel regimen was not initiated or continued". So, in this case, if the

patient is actively dying or based on the clinician's judgment, there's any reason that doesn't warrant the initiation or the continuation of bowel regimen, the clinician could choose this option, and for the measure this option would also allow hospice to get credit for this bowel-regimen quality measure. Thank you.

**Moderator**: Okay, our next question is, "So, when submitting HIS admission records, we can use data beyond the initial nursing assessment to complete the HIS quality measures, as long as the records are submitted within 14 days of admission."

**Alexis Kirk**: Yeah, so, we can take that question, and there are a couple of things I wanted to hit on there. So, to address the first part of the provider's question, yes, you can complete the HIS based on things that were completed outside of that initial assessment period. So, if you complete something during the comprehensive assessment, say on day 4 or 5, you can use that information to complete HIS items. The other question that I wanted to address from the provider's original question was just about the 14-day time frame. So, that 14-day time frame is the recommended-completion time frame, which is different from the submission time frame. So, it is recommended by CMS that providers complete their HIS records within the first 14 days of care. So, really, when you're thinking about completing HIS items, you know you can consider things up to that 14-day mark. That is recommended. So, it is not required, and it's not used as part of your APU determination or compliance determination. What is used for the compliance determinations is the 30-day submission deadlines. So, we recommend that you complete all of the HIS items prior to day 14. And then you are required in order to avoid that 2-percentage-point reduction in your APU, you are required to submit a minimum percentage of records by that 30-day time frame. And the reason why there's that 2-week gap between the completion deadline and the submission deadline is because CMS really recommends that you go ahead and complete records and you attempt to submit them early. So, CMS does not recommend that you wait until day 28, 29, or 30 to try and submit your HIS records, and here's why. So, oftentimes, as we just discussed with some of those warning messages, when you attempt to submit a record to the QIES ASAP system, it may be rejected. And that happens when there are fatal-error messages. And if you're attempting to submit a record on day 28 or 29 or 30, you may not be able to resolve that fatal-error message in enough time to get your data submitted within that 30-day submission deadline.

**Moderator**: Our next question -- "In understanding that you can submit when an opioid is used for SOB as opposed to pain, how does this affect the survey score on pain management in SOB?"

**Alexis Kirk**: So, this provider is asking about how opioids are used in the calculation of the pain-quality measures and the shortness-of-breath quality measures. So, I'll just review that set of quality measures first. So, the HIS measures that relate to pain are only about pain screening and a comprehensive pain assessment. So, for the purposes of the HIS, there are no quality measures specific to treatment. So, any treatments that you list, either in Section N, in the opioid section, or in the shortness of breath items have nothing to do with how we calculate your performance on the pain screening and the pain-assessment quality measure. So, if you do indicate that you initiated treatment for shortness of breath in item J2040, then we kind of use that information to calculate the shortness-of-breath treatment measure. And for that, you have to initiate treatment within one day of screening positive for shortness of breath to receive credit for that measure. And, again, I'll just point out that the opioids that you may list in Section N, again, they are independent from both the pain measures and the shortness-of-breath measures. Those opioids have nothing to do with the calculation of the pain or shortness-of-breath measures. That data is used to calculate NQF 1617, which has to do with whether a patient was given a bowel regimen if they were on a scheduled opioid.

**Moderator**: Okay, great. Do we have any phone-line questions at this time?

**Debra Dean-Whitaker**: Let me do a couple CAHPS questions, if I may. One of them is, "Should patients with a nonfamilial caregiver be coded as 'no publicity' in the list submitted to the vendor?" The answer is no. The no-publicity patients are patients who come in and request that no information be provided about them. But, of course, then your immediate question is, "Okay, if you don't do no publicity, what do you do?" The answer is, "I'm going to have to ask technical people what the right answer is." If you could send this in as a question, I will get the answer for you, but do not use "no publicity" because that is supposed to be a very narrow group of people, and you should have very few of these and maybe none at all. We also have a question here. "On the survey, many writing responses complain about the nursing-home facility. It comes up as a negative response for our hospice. How does this affect the hospice?" Well, if the write-in responses are complaining about the hospice, the write-in responses would have no impact on your reported scores on hospice compare, and it would have no impact on your APU because your APU is reporting, and you're reporting. So, I would say the fact that there are write-in responses objecting to the nursing home's performance will not affect you. On the other hand, if the caregiver is conflating you and the nursing home and is responding to the closed-end questions on that survey, by conflating the two of you, it will potentially affect your scores, but there's nothing we can do about it, other than say, which we do in the survey, "We'd like you to respond to the hospice, what the hospice did." But sometimes people don't do that, and, frankly, we cannot control that.

**Moderator**: Okay, I think we have time for one more question, and this last question is, "If no caregiver or family is present during admission for a nonresponsive patient, how do we get credit for assessment, even if we cannot get five items, such as character or location, or how this affected quality of life?"

**Alexis Kirk**: So, that's a great question, and it's a question that we get often on the help desk about how you can complete comprehensive pain assessments for nonverbal patients, especially when there's not a family or kind of caregiver present. So, we do address that specifically in the HIS manual. So, if you look at the item-specific tips for item J0910, the comprehensive-assessment item, we have some guidance about how you may be able to complete a comprehensive-pain assessment for nonverbal patients. And really kind of the strategy that the clinician would use here would be to look for nonverbal indicators of pain. And it is possible to kind of use staff assessment to collect information about a patient's pain for most of the things that are included in the checklist on J0910C. So, for example, for location, things such as noticing that the patient grimaced and shouted when the clinician touched their right leg. That could be a way that you assess location of pain for a nonverbal patient. When thinking about things like duration and frequency, you can see how often and for how long patients exhibit nonverbal indicators of pain. So, for example, "patient cradled right arm throughout the entire visit" would be an indication of duration, whereas a patient exhibiting nonverbal cues of pain most of the time or only at night or intermittently could be an indication of frequency. As far as what relieves or worsens pain, in effect, on function or quality of life, those are things that we often get questions about, especially for nonverbal patients. So, for what relieves and worsens pain, you can look for nonverbal cues of pain in different positioning. So, for example, "Patient exhibits fewer nonverbal signs of pain when sitting up versus lying down." That would be an indication of something that relieves or worsens the pain. As far as effect on function or quality of life, you can look at change in patient activity. So, for example, if the clinician noticed that the patient was no longer able to sit up in bed without moaning or was no longer able to be turned or positioned without moaning, that would be an indication of an impact on function or quality of life. So, I think probably the only one of those seven things that you really cannot get from a nonverbal patient would be character of pain. So, whether the pain is stabbing

or throbbing, that you cannot assess for a nonverbal patient most likely. So, that should still allow you to be able to assess 5 of the 7 things required for the measure.

**Moderator**: Great. Thank you so much. I will now turn it back over to CMS to close the call.

**Cindy Massuda**: Hi. Thank you very much for today's webinar. I hope you found it informative and very useful, and we will be having additional webinars and please look on our HQRP website for the announcements for upcoming webinars. And we will be posting these educate-training modules later this week to our HQRP website, and we'll send a LISTSERV message about that. So, thank you very much, and we look forward to continuing our training and education with you. And, as always, if you have any questions, please ask us through our help desk. We are very happy to answer any questions you have and look forward to your questions and appreciate all your input as you're working through the Hospice Quality Reporting Program. Thank you very much.

**Moderator**: Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.