National Hospice and Palliative Care Organization

HOSPICE QUALITY REPORTING PROGRAM (HQRP) FAQ INDEX

NHPCO

Leading Person-Centered Care

The National Hospice and Palliative Care Organization (NHPCO) understands the need for resources that assists hospice providers with quickly accessing answers regarding Hospice Quality Reporting Program (HQRP) requirements. The Index was created a user-friendly tool used to search the compilation of quarterly posted HQRP frequently asked questions and answers from CMS.

Click on the "bookmark" tab on the left-hand side of the PDF document for links to specific topics.

HQRP FAQ Indexing (2014-2019)

A Compilation of CMS Hospice Quality Reporting Program (HQRP) Quarterly

Topic	Question	Answer	Date
Admission	When should HIS-Admission records be submitted?	The submission deadline for all HIS records is 30 calendar days following the target date (i.e., the patient's admission or discharge date); this means that, specific to HIS-Admission records, hospices should submit HIS-Admission records within 30 calendar days of the patient's admission date. To ensure records are submitted and accepted, providers should view their Final Validation Report (FVR) in the Certification and Survey Provider Enhanced Reporting (CASPER) system.	July-18
Admission	When is a patient considered 'admitted' for the purposes of HIS reporting?	According to the HIS Manual, HIS records are required when three criteria are met: 1) there is a NOE (or other agreement for care) 2) the patient did not expire (or was discharged) prior to the effective date and 3) was a hospice visit made in the setting where hospice services are being performed.	January-17
Admission	What care processes are included in NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission?	NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission includes all seven care processes captured by the following HIS quality measures, as applicable: • Treatment Preferences (NQF #1641) • Beliefs/Values Addressed (if desired by patient) (NQF #1647) • Pain Screening (NQF #1634) • Pain Assessment (NQF #1637)* • Dyspnea Screening (NQF #1639) • Dyspnea Treatment (NQF #1638)* • Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF #1617)* Note that HIS quality measures indicated with * are conditional measures, which means these care processes are included in measure calculation as applicable to the patient. This is explained further in Question 5 ("How does the NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission account for the HIS quality measures that do not apply to my patient?"). More information about the Hospice Comprehensive Assessment Measure (including measure specifications) can be found in the QM User's Manual, available for download on the Current Measures page.	November-18

Topic	Question	Answer	Date
Annual payment update (APU)	What if we answer "no" to a gateway question to indicate that the clinical record contained no documentation that a care process took place, will this affect our annual payment update (APU)?	The HQRP is currently a "pay-for-reporting" program, meaning that performance on quality metrics is not a factor in determining a hospice's APU at this time. This means that for the FY 2016 APU determination, criteria will be based on whether or not the hospice submits HIS records to CMS, not on the HIS data itself. The HIS is intended to capture whether or not care processes took place – if the clinical record contains no evidence that a care process took place, providers should answer "no" to gateway questions in the HIS, and then follow skip patterns as indicated in the HIS. Since APU determination is based on the act of submitting HIS data (not the "performance", or HIS data itself), hospices will not be penalized in their APU for answering "no" to gateway questions on the HIS.	April-14
Automatic Abstraction	Can any portions of the HIS tool be electronically populated or auto-filled/auto-populated, such as demographics or any other items that could be mapped to the hospice clinical record?	If the entries to the HIS match the content of the clinical record and meet the requirements of the HIS as stipulated in the HIS Manual, then vendor software may complete the abstraction automatically based on information in the clinical record. The HIS Manual is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HIS-Manual.pdf. The hospice is required to ensure the accuracy of all items on the HIS record no matter how they are entered or auto-populated in the HIS record. The record to be submitted must also meet the technical data submission specifications. This includes formatting each HIS record in XML per the data specifications and zipping one or more HIS XML records into a zipped file which then is submitted to CMS. CMS allows for various entities to submit; the provider, the corporation or a 3rd party such as a vendor. The technical data specifications are located at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html.	April-14
CMS Error	In a CMS notification we received we were instructed to send our letter to the following email address, however we are getting a rejection when attempting to send this letter: HospiceQRPReconsiderations@cms.gov.	The correct email address is HospiceQRPReconsiderations@cms.hhs.gov. As a result of this error, CMS will accept Reconsiderations Requests through 7/24/15.	July-15
Coding	I have several records where the F3000 question was initially addressed on the day prior to hospice admission. I am not able to record these conversations in HIS without resulting in a fatal error. Should I record this as no conversation?	Unlike items F2000-F2200, at the present time, providers cannot consider pre-admission discussions about spirituality or existential concerns when completing Item F3000 'Spiritual/Existential Concerns.' In the example provided, the correct code to select for F3000 is "0, No". The HIS skip pattern would then direct providers to skip over F3000B. There are legitimate clinical situations, such as the one in your example, in which care processes will not be captured because of HIS guidance. Although consideration of pre-admission discussions is currently not permitted for item F3000, CMS will take this situation into consideration for upcoming data submission specification updates.	January-15

Topic	Question	Answer	Date
Correcting Errors	How far back should an agency go to correct an error? Can a correction be made 31-60-90 days after submitting the HIS-Admission or HIS-discharge records?	Hospice providers are urged to make corrections and/or submit inactivations or modifications as quickly as possible after errors are identified so the national data repository will be as current and accurate as possible for quality reporting purposes. Since the HIS is currently an abstraction tool, when clinical corrections are made to the HIS, clinical documentation and the plan of care should support that correction. The hospice should establish a policy and procedure to review the HIS validation reports upon receipt and correct HIS submissions as soon as possible.	July-15
Correcting Errors	If I find an error in data submitted on an HIS record, how can I submit a correction?	Hospices should correct all errors in their HIS data to ensure that the information in the QIES ASAP system accurately reflects the patient's clinical record. Inaccurate information in the QIES ASAP system may occur for a variety of reasons, such as item response selection errors, data entry errors, transcription errors, or software product errors, and can affect a hospice's quality reporting results. A HIS record may be corrected even if subsequent records have been accepted for the patient.The following two processes exist for correcting HIS records that have already been submitted and accepted into the QIES ASAP system; errors can be corrected using the following processes within 36 months of the record's target date:• Modification Request (A0050=2)• Inactivation Request (A0050=3)The modification request will archive the inaccurate record in the QIES ASAP system, and replace it with the new, corrected record. The inactivation request will also archive the inaccurate HIS record, but will not replace it with the new record.For further details on completing modification and inactivation requests, see HIS Manual v2.00 pages 3-5 through 3-7, available in the Downloads section of the Hospice Item Set (HIS) webpage.	October-17
Correcting Errors	If I found an error in data submitted in an HIS record, how do I correct this and how long do I have to make corrections?	As noted in Section 3.6 of the HIS Manual v2.00, hospices must correct all errors in their HIS data to ensure that the information in the QIES ASAP system accurately reflects the patient's clinical record. Inaccurate information in the QIES ASAP system may occur for a variety of reasons, such as item response selection errors, data entry errors, transcription errors, or software product errors, and can affect a hospice's quality reporting results. An HIS record may be corrected even if subsequent records have been accepted for the patient.The following two processes exist for correcting HIS records that have already been submitted and accepted into the QIES ASAP system; errors can be corrected using the following processes within 36 months of the record's target date:•Modification Request (A0050=2)•Inactivation Request (A0050=3)The modification request will archive the inaccurate record in the QIES ASAP system, and replace it with the new, corrected record. The inactivation request will also archive the inaccurate HIS record, but will not replace it with the new record.For further details on completing modification and inactivation requests, see Section 3.6 of the HIS Manual v2.00, available in the Downloads section of the Hospice Item Set (HIS) webpage.	July-18

Topic	Question	Answer	Date
Correcting Errors	Our hospice has identified errors in previously submitted HIS records. How can we correct these HIS records, and what is the deadline for making corrections to previously submitted HIS records?	Hospices should correct all errors in their HIS data to ensure that the information in the QIES ASAP system accurately reflects the patient's clinical record. It is important that providers correct all errors in HIS records, to ensure quality measure scores displayed on Hospice Compare are accurate. Hospice Compare is the user-friendly web tool that provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice.Inaccurate information in the QIES ASAP system may occur for a variety of reasons, such as item response selection errors, data entry errors, transcription errors, or software product errors, and can affect a hospice's quality reporting results. HIS records may be corrected even if subsequent records have been accepted for the patient.The following two processes exist for correcting HIS records that have already been submitted and accepted into the QIES ASAP system:●Modification Request (A0050=2)●Inactivation Request (A0050=3)The modification request will archive the inaccurate record in the QIES ASAP system, and replace it with the new, corrected record. The inactivation request will also archive the inaccurate HIS record, but will not replace it with the new record.Modification requests and inactivation requests can be made up to 36 months from the record's target date.For details on completing modification and inactivation requests, see HIS Manual v2.00 pages 3-5 through 3-7, available in the Downloads section of the Hospice Item Set (HIS) webpage.	April-18
Correcting Errors	If we modify/inactivate the record after the submission date (defined as no later than 30 calendar days after the admission or discharge date) will this make our submission "late?" Will it affect our APU?	The date a record is submitted and accepted into the QIES ASAP system is the submission date. Correcting an error after submission to the QIES ASAP system does not change the date on which the original record was submitted, so correcting an error after 30 days will not make a submission "late" (provided the original record was submitted/accepted to the QIES ASAP system prior to the submission deadline). Compliance with HQRP reporting requirements is associated with the original date on which the HIS record was submitted and accepted to the QIES ASAP system.	April-14
Correcting Errors	I need to make corrections to HIS records. How do I do that and does it affect my data that is being publicly reported?	As noted in Section 3.6 in the HIS Manual, hospices should correct any errors necessary to ensure that the information in the QIES ASAP system accurately reflects the patient's hospice record. Inaccurate information in the QIES ASAP system may affect hospice quality reporting results. A HIS record may be corrected even if subsequent records have been accepted for the patient.An error identified in a QIES ASAP system HIS record must be corrected. Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item response selection errors, or other errors.The following two processes exist for correcting HIS records that have been accepted into the QIES ASAP system:• Modification Request• Inactivation RequestModifications and inactivations can be made for 36 months from the target date.Any corrections that need to be made to the underlying measure calculations after the generation of the Hospice Provider Preview Report will be reflected in the next quarterly release of the Hospice Provider Preview Report and Compare refresh.	July-17

Topic	Question	Answer	Date
Correcting Errors	Should a new HIS record be submitted if a correction is made in the Attending or Medical Director on record for the patient?	Currently, there is no item on the HIS that reports the Attending or Medical Director. Provided there was no interruption in care such as a discharge and/or new admission, no new HIS record completion would be required or expected when there is a correction made in the Attending or Medical Director on Record for the patient.	January-15
Correcting Errors	When a modification and/or inactivation with resubmission is made to previously submitted HIS records, should the Z0500B date also be updated/modified? Also if a record is rejected and not accepted by the QIES ASAP system, should the Z0500B completion date be updated/modified with the correction/resubmission date?	Z0500B is part of the Hospice Item Set (HIS) standardized set of items intended to capture patient-level data on each hospice patient admission. If the original record has already been submitted and accepted by the QIES ASAP system, and an error is identified in the record (e.g. in demographic fields), use an inactivation or modification request to correct the error(s). In this instance, Z0500B should not be changed on a modification or inactivation record. Z0500B should reflect the original completion date even if the record is later inactivated or modified. The only time that Z0500B would be changed on a modification record would be if the completion date itself was incorrect on the original record (e.g., 08/01/2014 was entered, but it should have been 08/02/2014).If a record has not yet been submitted and accepted to the QIES ASAP system, providers should amend Z0500B to reflect the date on which the record was completed, after the correction was made and the record was verified again. Providers should amend Z0500B to reflect the date of the correction even if this is after the 14 day completion deadline. It is anticipated that updated instructions on Item Z0500B will be made available in future versions of the HIS manual. More information on submitting modification and inactivation requests to correct an error in HIS records that have already been submitted and accepted by the QIES ASAP system can be found in chapter 3 of the HIS Manual.	January-15
Date of Change	What is the effective date of the change in pain severity guidance that is included in V1.02 of the HIS Manual?	The change in how moderate and severe pain is defined is included in V1.02 of the HIS Manual, meaning this change will be effective 6/28/15. This change in severity guidance does not impact the data submission specifications, thus, this change in guidance for J0900C is not reflected in either version of the data submission specifications (either V1.01 or V1.02). The change in severity guidance did not require a change to the data submission specifications based on the following logic: J0900C response options include no "crosswalking" on the actual HIS data item. J0900C response options on the actual item read as follows: The patient's pain severity was: 0. None, 1.Mild, 2.Moderate, 3.Severe, or 9.Pain not rated. Thus, since the actual item does not include any crosswalking to severity scores, guidance in V1.02 of the HIS Manual was changed without requiring a change to data submission specifications. Providers should be able to comply with guidance in V1.02 without any vendor changes. Moreover, prior to the change in guidance for J0900C, "crosswalking" of mild/moderate/severe to a 10-point numeric rating that is provided in the HIS Manual has always been provided as suggested guidance. Since the implementation of the HIS on 7/1/14, the Quality Help Desk has instructed providers that their selection of mild/moderate/severe does not have to align with 1-10 point crosswalking provided in the Manual. Thus, if providers use a different cutoff for mild/moderate/severe based on the particular 10-point numeric scale used at their hospice, providers can select mild/moderate/severe based on other 10-point numeric scale equivalents.	July-15

Topic	Question	Answer	Date
Deadlines	What is the difference between the 14-day HIS deadline and the quality measure credit deadline?	The 14-day HIS deadline is the recommended completion timing across items in the HIS-admission record, while the quality measure credit deadline varies measure to measure. The following examples may further clarify the distinction between the 14-day HIS deadline and the quality measure credit deadline:For example, item J0900 asks if the patient was screened for pain. If so, the date of the first pain screening is reported. Pain screening can be abstracted within 14 days of the patient's admission to hospice; however, to receive credit for this quality measure, the patient's first pain screening must occur within 2 days of the patient's admission to hospice.In another example, item J2030 asks if the patient was screened for shortness of breath. If so, the date of the first dyspnea screening is reported. Similarly to item J0900, the date of the first dyspnea screening can be within 14 days of the patient's admission to hospice; however, to receive credit for this quality measure, the patient's first dyspnea screening must occur within 2 days of their admission to hospice.Treatment preferences can also be abstracted anytime within 14 days of the patients' admission to hospice; however, to receive credit for this quality measure, the patient/caregiver should be asked about treatment preferences no more than 7 days prior to the admission or within 5 days of the admission date.As shown in these examples, the recommended 14-day completion deadline is the same across all HIS-admission records, but the quality measure credit deadline varies measure to measure. This distinction is important to keep in mind, to understand your hospice's performance as well as in delivering high quality care to your patients.	April-18

Topic	Question	Answer	Date
Decline Visits	Sometimes our patients don't want frequent visits from staff. Will our hospice be penalized because of that in the calculation of the Hospice Visits when Death is Imminent Measure pair?	We recognize that some patients and families may choose to decline certain visits; thus, scores of 100 percent are not the expectation for this measure pair. If no visit was provided from a given discipline on a given day, mark a "0" (zero) in the appropriate cell of O5010 or O5030. Measure 2 of this measure pair addresses whether the patient received at least two visits in the final 7 days of life from a medical social worker, chaplain or spiritual counselor, Licensed Practical Nurse, or aide. Please note that the two visits could both be from the same discipline, or could be from two different disciplines. It is not necessary to receive visits from each of the listed disciplines in order to meet the conditions of the numerator for this measure. Rather, multiple disciplines are grouped together in order to provide flexibility in the visits provided, based on patient and family needs and preferences. Data is collected separately for each date in order to provide enough detail to calculate each of the Visits When Death is Imminent Measures: Measure 1 is calculated using 3 days, while Measure 2 is calculated using 7 days. In addition, this level of detail allows for improved testing of the reliability and validity of this measure pair. Although the two visit items cover different timeframes, both ask about the same types of visits from the same disciplines (Registered Nurse, Physician [or Nurse Practitioner or Physician Assistant], Medical Social Worker, Chaplain or Spiritual Counselor, Licensed Practical Nurse, and Aide). You can view the draft specifications for the Hospice Visits when Death is Imminent Measure Pair on the CMS HQRP website here:https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html. Measure 1 of the pair assesses the percentage of patients who received at least one visit from a Registered Nurse, Physician, Nurse Practitioner, or Physician Assistant in the last 3 days of life. Measure 2 includes visits from Medical Social Workers, Chaplains or Spiritual Counselors, Licensed Practical Nurses, or Hospice Aides. The reason that the two measures use different sets of disciplines is that each measure is intended to capture a different aspect of care. Measure 1 addresses case management and clinical care during the active dying phase, while Measure 2 includes a range of other disciplines to give providers flexibility to provide individualized care to each patient, that is in line with the patient and family's preferences and goals of care. The time frame is longer for Measure 2 in order to capture both the active dying phase and the transition period before.	July-17
Discharge	If a patient is discharged prior to the end of the initial or comprehensive assessment periods, how should we respond to items on the HIS?	If the patient is admitted to the hospice organization, the hospice must submit a HIS-Admission and HIS-Discharge record, regardless of the length of stay. If a patient is discharged before a HIS-related care process takes place, answer "no" to the gateway question (part A of each care process item, e.g., F2000A) and then follow skip patterns as indicated on the HIS. For example, if the patient was discharged before a discussion about CPR occurred, answer "0, No" to F2000A. Skip patterns in then HIS then direct providers to skip over F2000B and continue to Item F2100. Do not leave items blank unless directed to do so by skip patterns on the HIS.	July-14

Topic	Question	Answer	Date
Discharge	How do I code visits for Section O if my patient was only on service for 2 days?	Section O of the HIS-Discharge is completed for all patients discharged due to death, regardless of the length of stay.Items O5000 and O5020 should be completed based on the days when the patient was enrolled in hospice, even if that is fewer days than specified in the item. Items O5010 and O5030 should be completed for all days indicated in each item. If the patient was not enrolled in hospice on some of the days indicated in the item, enter zeros in the cells of that column. A RN admission visit may be recorded as a visit under item O5010 or O5030, as long as it falls into the appropriate time window. Post-mortem visits are not counted in this item. Visits that begin prior to death may be counted, even if the patient dies during the visit.Further instructions are provided in the HIS Manual V2.00, pages 2O-2 through 2O-7. The HIS Manual v2.00 is available in the Downloads section of the Hospice Item Set (HIS) webpage.	April-18
Discharge	If a patient admission occurs before 7/1/2014 but that patient was discharged after 7/1/2014 which HIS record(s) are we responsible for submitting for patient admissions with those admission and discharge dates – should we submit a HIS-Discharge only?	A HIS-Admission and HIS-Discharge are to be submitted for all patient admissions to a Medicare-certified hospice program on/after July 1, 2014. Hospices are not required to submit any HIS records for patient admissions prior to July 1, 2014, regardless of when the patient is discharged. In the example above, for patients admitted prior to 7/1/2014 but discharged after 7/1/2014, the hospice would not responsible for completing/submitting any HIS records, since the admission date is prior to 7/1/2014.	April-14
Discharges	When am I required to submit an HIS-Discharge?	In general, a HIS-Discharge is not required for patients that remain under a hospice's care with no interruption in hospice service. Hospices should submit a HIS-Discharge once the patient is no longer receiving hospice service or there is an interruption in care related to one of the reasons for discharge listed in Item A2115.	July-14
Documentation	Could you please further explain what acceptable forms of patient/responsible party/caregiver involvement are for items in Section F? Are patient/responsible party/caregiver signatures on POLST forms acceptable? What about checklists in the clinical record?	Checklists are acceptable documentation for the items in Section F as long as they indicate that the hospice discussed (or attempted to discuss) preferences with involvement form the patient/responsible party. For example, a checklist that says "patient DNR – yes/no" with no other evidence of involvement from the patient/responsible party would not be considered documentation that shows involvement of the patient/responsible party as described in the HIS manual (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html). If the checklist read "DNR status confirmed in discussion with patient/responsible party – yes/no", this would be considered acceptable documentation since it shows involvement from the patient/responsible party. In addition, the hospice can consider documentation contained in free text fields of electronic medical records, clinical notes, and/or signatures from the patient or responsible party on DNR orders or POLST or other equivalent forms when completing the HIS, provided the documentation clearly reflects patient/responsible party involvement.	April-14

Topic	Question	Answer	Date
Due Date	When is the last day to submit corrections for January 1, 2016 – December 31 2016 records to ensure they are reflected in August's Preview Report?	All HIS records, including modifications/corrections and inactivations, need to be submitted and accepted by the ASAP system by 11:59:59 p.m. E.D.T. 8/15/17 to be reflected in the Hospice Provider Preview Report. This report will be available on August 29, 2017.	July-17
Effective Date	Can you explain the effective date of the HIS Manual V1.02 and how this correlates with the data submission specifications that are on the "HIS Technical Information" portion of the CMS HQRP website?	Changes to V1.02 of the HIS Manual do not correlate with changes in V1.02.0 of the data submission technical specifications. These two documents run on separate versioning schedules. Changes in V1.02 of the HIS Manual correlate with changes that were in V1.01.0 of the data submission specifications, which were effective 6/28/15 (the same effective date as V1.02 of the HIS Manual).In the future, if providers would like to "map" or "crosswalk" versions of the HIS Manual with versions of the data submission specifications, these materials should be matched based on the effective date listed on materials, not the version number(s) of the materials.	July-15
Electronic Signatures	Can electronic signatures be used for items in Section Z?	Hospices may use electronic signatures for the HIS when authorized by the hospice's policy. Hospices must have written policies in place that meet any and all state and federal privacy and security requirements to ensure proper security measures to protect the use of an electronic signature by anyone other than the person to whom the electronic signature belongs. Although the use of electronic signatures for the HIS does not require that the entire record be maintained electronically, most facilities have the option to maintain a patient's record by computer rather than hard copy.	April-14

Topic	Question	Answer	Date
EMR	For a provider using paper based documentation, or for a provider having EMR challenges, is there a way to submit HIS data manually?	HIS data must be submitted electronically. There is no mechanism available to allow manual submission of HIS data. This issue is addressed in the Q1 Q+A Document (April 2014), which is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.As noted on Page 48256 of the FY 2014 Final Rule, "Electronic data submission will be required for the FY 2015 payment determination and beyond; there will be no other data submission method available" (http://www.gpo.gov/fdsys/pkg/FR-2013-08-07/pdf/2013-18838.pdf).Therefore, no matter what type of clinical record a hospice organization uses (paper or otherwise), hospices are required to electronically submit all HIS data that is abstracted from the clinical record. While CMS does not require that a hospice needs to have a clinical computerized system, hospices are required to submit HIS data electronically to CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system for all patient admissions beginning on or after July 1, 2014.If vendor software issues arise, providers can use the CMS Hospice Abstraction Reporting Tool (HART) to complete HIS records until the EMR vendor issue can be resolved. This may result in HIS admission records being submitted in one vendor software and the discharge record in another. There would be no issues with the QIES ASAP system and reporting requirements if a provider submitted HIS records using different software packages. More information on the HART software can be found here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html.	January-15

Topic	Question	Answer	Date
EMR	We don't have an electronic medical record (EMR), do we have to have an EMR to submit HIS data?	Electronic submission of HIS records is required, but hospice providers can submit HIS data electronically without having an EMR system. As noted on Page 48256 of the FY 2014 Final Rule, "Electronic data submission will be required for the FY 2015 payment determination and beyond; there will be no other data submission method available". Therefore, no matter what type of clinical record a hospice organization uses, paper or otherwise, hospices are required to electronically submit HIS data that is abstracted from the clinical record. What this means is that while CMS does not require that a hospice have a clinical computerized system, hospices are required to submit HIS data electronically to CMS' Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system for all patient admissions beginning on or after July 1, 2014.Each provider must create electronic HIS records and submission files using software that creates files that meet the requirements detailed in the current HIS Data Submission Specifications, available on the CMS HQRP website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/. Each hospice must decide which software they will use to format the hospice submission files. CMS offers free software (HART) which can be used to enter and store the data and format the submission files, or the provider can choose to install and use any other software that will create the files per the data specifications. The decision to use the HART software or to use vendor software is a provider decision. CMS does not rate or certify vendor software for QIES ASAP submission. All agreements and arrangements are strictly between the provider and the vendor of the software.After the submission files are created by the chosen software, they must be submitted to CMS over the CMS virtual private network using the CMSnet Juniper software which is supplied by CMS and installed on the user's workstation. Providers can contract with an entity to perform their submission, or providers can submit the files themselves. Should a provider contract with an entity to perform their submission, "scripting" or batch submissions are not allowed. In this situation, CMS is not involved in any arrangement between providers and other entities. There are no CMS-required procedures related to third party submissions. CMS does hold the provider fully accountable for the truthfulness, completeness and accuracy of their data, regardless of who the provider assigns to submit such data. Providers independently elect who is designated to submit their quality data to CMS, and third party submitters acting on behalf of providers are required to acknowledge they are duly authorized to submit the quality data at the time of submission. All data submission requirements, including deadlines for data submission, are applicable to third party	April-14
Error Messages and Warnings	Is there a document that tells how to read the warnings on the Hospice Item Set Final Validation report? If so, where can it be accessed?	Error messages and warnings are detailed in the HIS Data Submission Specifications available here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html as well as in Section 5 of the HIS Submission User's Guide, which is available here: https://www.qtso.com/download/Guides/hospice/Users_Sec5.pdf. We recommend you follow-up with the QTSO Helpdesk if you have questions about information contained in either of these 2 documents. You can contact the QTSO Helpdesk by phone at (877) 201-4721 or by email at help@qtso.com.	July-15
Face-to-Face Visits	Does a Face-to Face encounter from a physician or nurse practitioner count as a visit for Items O5010 and O5030?	Physician or Nurse Practitioner face-to-face visits made in the final seven days of life may be counted in Items O5010 and O5030.	April-17

Topic	Question	Answer	Date
Failure to Submit a HIS Record	What if we fail to submit a HIS record? Will a single missed submission mean we are noncompliant with HQRP requirements?	As stated in the FY 2014 Final Rule: submission of the HIS on all patient admissions is expected. The requirement is that a HIS-Admission and HIS-Discharge must be submitted for each patient admission. Hospices should make every effort to make sure that HIS records are completed and submitted in a timely manner. More details about timeliness criteria for each record type can be found in sections 1.3 and 3.2 of V1.00.0 of the HIS Manual (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html). If a hospice realizes that it will not meet the timeliness criteria for any given record, it should still complete and submit that record, even if that means the completion/submission will be "late" for the record. As stated on Pages 1-3 and 1-4 of V1.00.0 of the HIS Manual, late completion and submission of HIS records will result in a non-fatal (warning) error. Records containing nonfatal errors can still be accepted by the QIES ASAP system. We encourage providers to regularly check the CMS HQRP website for additional information on the Hospice Quality Reporting Program.	April-14
Footnote "e"	In our agency's Preview Report for the period between January 1, 2016 to December 31, 2016, a footnote "e" appears in the Hospice Observe Percent fields. I believe my hospice did not commit the error indicated by this footnote. How can I resolve this?	Footnote "e" indicates that "results are based on a shorter time period than required."CMS is aware that several hospice providers may have incorrectly received the footnote "e" on their Hospice Provider Preview Report for the reporting period Quarter 1-2016 to Quarter 4-2016, distributed via CASPER on August 29, 2017.For hospices who received this footnote in error, your data will be shown correctly and without this footnote on Hospice Compare, upon the next Hospice Compare refresh. This footnote error will also be corrected in the next quarterly Hospice Provider Preview Report, due to be released on December 1, 2017.If you have further questions concerning this information, please contact the QTSO Help Desk at help@qtso.com or 1-877-201-4721.	October-17
HIPAA	What are the HIPAA implications with providing all patient admission information to CMS for the HIS reporting even though CMS may not be a pay source or involved in the patient's care?	By virtue of the regulation text, the described data disclosure is required by law, and therefore permitted under the HIPAA Privacy Rule. The delivery of high quality care in hospice is imperative. We believe that collecting quality data on all patients in the hospice setting supports CMS' mission to ensure quality care for Medicare beneficiaries. Collecting data on all patients provides the most robust and accurate reflection of the quality of care delivered to Medicare beneficiaries as compared with non-Medicare patients and ensures that all patients, regardless of payer, are receiving the same care.	April-14
HIS Reporting Requirements	The patient signed an election statement on Monday with an effective date of Tuesday. The nurse went Tuesday afternoon and the patient had passed right before she walked in so she did a pronouncement visit. In this particular case was the patient admitted to hospice for the purposes of the HIS audit?	For HIS purposes, there should be a signed election of hospice care, the patient did not expire prior to the effective date of the election of hospice care AND a visit was made in the home where hospice services were to be delivered.The hospice would NOT be required to submit an Admission or Discharge HIS for that patient. No part of the assessment had been completed.	July-15
HIS Reporting Requirements	The consents were signed on the admission date, the nurse was in the process of a visit where the care was to be provided, but the patient died during the admission assessment.	For HIS purposes, there should be a signed election of hospice care, the patient did not expire prior to the effective date of the election of hospice care AND a visit was made in the home where hospice services were to be deliveredThe hospice would be required to submit an Admission and Discharge HIS because the assessment had begun.	July-15

Topic	Question	Answer	Date
HIS Reporting Requirements	A patient expires in the ambulance on his/her way to the inpatient hospice. The ambulance brings the body to the hospice and the body is brought inside the hospice to await the funeral home. Conditions 1 and 2 have been met. Does this patient need a HIS completed?	For HIS purposes, there should be a signed election of hospice care, the patient did not expire prior to the effective date of the election of hospice care AND a visit was made in the home where hospice services were to be delivered.The hospice would NOT be required to complete and submit a HIS record for this patient. The patient expired prior to the initiation of any assessment.	July-15
HIS Reporting Requirements	When should new hospice organizations that just received their CCN notification letters begin submitting HIS data?	Hospice providers are required to begin reporting data on the date noted in the letterhead of their CCN notification letter. However, there are two considerations for providers to keep in mind with respect to HIS reporting: when providers must begin reporting HIS data, and when providers will be subject to the potential two percentage-point APU reduction for failure to comply with HQRP requirements.Hospice providers are required to begin reporting data on the date noted in the letterhead of their CCN notification letter; however, if the CCN notification letter letterhead was dated on or after November 1, they would not be subject to any financial penalty for failure to comply with HQRP requirements for that reporting year. For example, if a hospice provider's CCN notification letter letterhead is dated on November 5, 2018, that provider should begin submitting HIS data for patient admissions occurring on and after November 5th, 2018. However, since the hospice CCN notification letter letterhead was dated after November 1, they would not be evaluated, or subject to any payment penalties, for the corresponding APU (for 2018, the corresponding APU is the FY 2020 APU).CMS recommends hospices to retain their CCN notification letter, including evidence of the date in the letterhead, to ensure they are not unduly subject to APU penalties.	January-18
HIS Reporting Requirements	We are undergoing the Medicare survey and certification process. We have received our certification, but have not yet received our CCN (CMS Certification Number). While we await receipt of our CCN, how and when should we submit HIS data? We cannot register for the User IDs needed to submit HIS data until we have our CCN. Additionally, on what patients are we responsible for submitting HIS data during this time period?	As of July 1, 2014, hospices are required to submit a HIS-Admission and HIS-Discharge for all patient admissions on or after the effective date of hospice's Medicare certification. This means hospices who experience a lapse between Medicare certification and receipt of their actual CCN should submit HIS data for all patient admissions to their hospice on or after the effective date of Medicare certification.Since hospices cannot submit data to the QIES ASAP system without a valid CCN, if a hospice has been certified but has not yet received their CCN, that hospice may have to hold HIS record submission until their CCN is received. CMS realizes that this may require hospices to submit some HIS records past the specified submission deadlines (which is Admission Date + 30 calendar days for the HIS-Admission and Discharge Date + 30 calendar days for the HIS-Discharge). This is permissible. Submitting a HIS record past the submission deadline is a nonfatal (warning) error in the QIES ASAP system. Once the CCN is received, the hospice should submit HIS records for all patient admissions on/after the effective date of their Medicare certification.	July-14
HIS Reporting Requirements	Can we submit HIS data via fax?	According to the HIS Manual, records must be submitted electronically. CMS offers HART (Hospice Assessment Reporting Tool) as a free solution to your circumstance. Please reference the following publication: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html for additional information.	January-17

Topic	Question	Answer	Date
HQRP Requirements	What should our hospice be comparing our validation reports to, to ensure that we are in compliance with HQRP requirements?	Fulfillment of the HQRP requirements will be monitored and compliance will be determined based on completing the year's submissions for records with a target date between 1/1/2018 to 12/31/2018. Compliance with HQRP requirements is based on submission deadlines (date of event + 30 days).For the calendar year 2018 reporting period—which affects the FY2020 APU—providers must submit at least 90% of their records on time (within the 30-day submission timeframe). Generally, the methodology that CMS would use for calculating the 70 percent/80 percent/90 percent compliance thresholds would include HIS records (HIS-Admission and HIS-Discharge) submitted for patient admissions and discharges occurring during the reporting period in the denominator of the compliance threshold calculation. The numerator of the compliance threshold calculation would include any records from the denominator that were submitted within the 30-day submission deadline. The aforementioned methodology would be appropriately adjusted for cases where hospices were granted extensions/exemptions, as well as instances of modification/inactivation requests so that these instances did not "count against" providers in the proposed compliance threshold calculation. For more information, please refer to the Timeliness Compliance Threshold Fact Sheet in the Downloads section of Hospice Item Set (HIS) webpage.You can check your hospice's preliminary compliance with this reporting cycle's threshold by viewing the "Timeliness Compliance Threshold Report" in CASPER. This report displays your agency's preliminary compliance rate with the timeliness compliance threshold for the current reporting period. The fact sheet referred to above provides more information on accessing the report in CASPER. Please note that HIS is only one requirement for the HQRP; hospice providers must be compliant with HIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey to avoid the 2-percentage point reduction to your annual payment update. We recommend you view the training resources, especially the Reporting Hospice Quality Data: Tips for Compliance materials, on the Hospice Quality Reporting Training: Training and Education Library webpage for more information on compliance in general.	April-18
HQRP Requirements	Can you provide me with information on the quality reporting requirements for 2016?	Currently (CY15), the Hospice Quality Reporting Program (HQRP) is a 'pay-for-reporting' program. Fulfillment of the HQRP requirements will be monitored and compliance will be determined based on completing a calendar year's submissions for patient admissions. No specific reporting rates or thresholds indicating HQRP compliance have been published by CMS. The 2 percentage point penalty for non-compliance with reporting is based on the hospice's overall payment rate. The hospice proposed rule, which includes HQRP requirements and updates (for CY16), was published in the Federal Register as of May 2015. Once the proposed rule is published, providers have 60 days to review the proposed rule and submit comments to CMS. CMS then reviews all public comments, responding to comments and finalizing requirements in the final rule. Publication of the hospice proposed rule can be obtained in the Federal Register at: https://www.federalregister.gov/.Please note that there are timeliness criteria highlighted in the proposed rule.For general information on the rulemaking process, please visit the "Proposed Regulations" portion of the CMS website: http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html?redirect=/QuarterlyProviderUpdates/	July-15

Topic	Question	Answer	Date
Inaccurate Demographic Information	What do I do if the demographic data on my preview report or in the Hospice Data Directory is incorrect?	CMS populates the provider demographic information appearing on reports from the CMS Survey Processing Environment (ASPEN) system, which is updated by CMS Regional Offices or State ASPEN Coordinators. If the information you see displayed is inaccurate or has changed, please contact your Regional Office (RO) or State ASPEN Coordinator as identified on the updated Point of Contact (POC) list found on the Hospice Data Directory Datasets webpage. If the information on the Hospice Data Directory is incorrect, contact the RO or State coordinator listed for your area. The RO and State coordinator list can be found at https://data.medicare.gov/Hospice-Data-Directory/Hospice-CASPER-ASPEN-Contacts/qx7x-wipa. Note that the Hospice Agency data file is updated quarterly. Thus, your update may not appear on data.medicare.gov until the next scheduled refresh.	July-17
Inaccurate Demographic Information	On the list of compliant hospice posted by CMS, some of the demographic information for my agency is incorrect. How do I fix it?	CMS populates the provider demographic information appearing on reports from the CMS Survey Processing Environment (ASPEN) system, which is updated by CMS Regional Offices or State Aspen Coordinators. If the information you see displayed is inaccurate or has changed, please contact your Regional Office or State Aspen Coordinator as identified on the updated Point of Contact (POC) list found on the Hospice Data Directory Datasets webpage.	January-17
Inaccurate Demographic Information	Our provider address displayed on Hospice Compare is incorrect. How do I correct this?	Your hospice's demographic data (i.e. address, telephone number, ownership status) may be updated or changed on Hospice Compare during quarterly refreshes. However, requests for updates or changes to demographic data require time to process in the national database, and may take approximately 6 months to appear on Hospice Compare.The Preview Reports that precede every quarterly Hospice Compare refresh reflect both the hospice demographic data and quality measure data that will be displayed on Hospice Compare. Even if your hospice's demographics do not change, it is important to regularly review your hospice's Preview Reports and Hospice Compare profile to verify that your demographic data, with every refresh, is correct. Preview Reports are available in your CASPER folder during the 30-day preview windows before the quarterly refresh.If you need to update your demographic data, or you notice your hospice's demographic data is incorrect in the Preview Report or on Hospice Compare, you must contact your state ASPEN Coordinator at once. Demographic data is updated and uploaded to the national database by your state ASPEN Coordinator, and not by CMS. A listing of ASPEN Coordinators' contact information by state can be found at https://data.medicare.gov/Hospice-Data-Directory/Hospice-CASPER-ASPEN-Contacts/qx7x-wipa.As updates or changes to demographic data take time to process in the national database before each quarterly refresh, contact your state's ASPEN Coordinator before the first business day of June (to be included in the November refresh), September (to be included in the February refresh), December (to be included in the May refresh) and March (to be included in the August refresh).If you encounter difficulty reaching your state's ASPEN Coordinator, or for assistance accessing hospice provider Preview Reports, please contact the QTSO Help Desk at 800-339-9313 or help@qtso.com.For further guidance on changing or updating your provider's demographic data, please refer to the CMS memo published August 24, 2017 at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ Hospice-Quality-Reporting/Downloads/Hospice-Compare-Update-8-24-17.pdf.	October-17

Topic	Question	Answer	Date
Inaccurate Demographic Information	My hospice's profit status displayed on Hospice Compare is incorrect. How do I correct this?	Your hospice's demographic data (i.e. ownership status, address, telephone number) is generated from information stored in the Automated Survey Processing Environment (ASPEN) system. To correct or update demographic data, hospices must contact their Medicare Administrative Contractor (MAC) for assistance. For more detailed instructions, please refer to the "How to Update Demographic Data 12-21-17" document. Please not that CMS updated the guidance on how to update demographic data in December 2017. CMS encourages hospice providers to review this document to ensure that you are aware of this new process.CMS recommends hospice providers to regularly review their Preview Reports and Hospice Compare profile to verify that their demographic data, with every refresh, is correct. Preview Reports reflect your hospice's demographic data and quality measure data that will be displayed on Hospice Compare in each upcoming quarterly refresh, and are available during the 30-day Preview Period windows in your Certification and Survey Provider Enhanced Reporting (CASPER) folder.CMS has also produced two Tip Sheets to enhance hospice providers and Hospice Compare users experience finding and comparing hospices on Hospice Compare. The "Hospice Compare: Tips for Hospice Providers" Tip Sheet provides guidance to hospice providers to ensure that their data displayed on Hospice Compare is correct, and the "Hospice Compare: Tips for Users" Tip Sheet advises users on using the Hospice Compare search function to find hospice	January-18
Incomplete HIS Record	What if we submit an incomplete HIS record? Will this affect our APU/compliance with HQRP requirements?	It is not possible to successfully submit an incomplete HIS record to the QIES ASAP system. An "incomplete" HIS record would be a record in which a provider erroneously omitted a response to an item requiring a response, per skip patternrequirements. (If an item is left blank because the skip pattern directed the provider not to complete that item, the record would not be considered an "incomplete" HIS record.) Leaving an item blank in violation of skip patterns would be considered a fatal error in the QIES ASAP system. Records with fatal errors are rejected by the QIES ASAP system so that incomplete submissions are not possible. If a provider receives a fatal error resulting in record rejection, the provider should correct the error and re-submit the record.	April-14
Late Submissions	What if we complete or submit an HIS record late? Will this affect our APU determination?	CMS expects the submission of the required data for the Hospice Quality Reporting Program (HQRP). Failure to submit the data can result in the penalty of a 2-percentage point reduction in a providers' Annual Payment Update (APU) for FY 2016. CMS anticipates the majority of providers will work diligently to fulfill reporting requirements. CMS also realizes there is a learning period and that hospices will run into unexpected difficulties or timeliness issues with completion and submission of HIS records, especially during the first months of implementation. If a hospice realizes that it will not meet the timeliness criteria for any given record, it should still complete and submit that record, even if that means the completion/submission will be "late" for the record. As stated on Pages 1-3 and 1-4 of V1.01 of the HIS Manual, late completion and submission of HIS records results in a non-fatal (warning) error message. Records containing nonfatal errors can still be accepted by the QIES ASAP system.The HQRP FY 2016 payment determination requires the completion and submission of the Hospice Item Set (HIS) record for patient admissions dated 7/1/2014 to 12/31/2014. CMS has made allowances for extenuating circumstances, and also provides a reconsideration process for hospices found to be non-compliant with HQRP requirements. Hospices should make every effort to correct any collection and submission difficulties they are experiencing in an effort to comply with HQRP requirements.	October-14

Topic	Question	Answer	Date
Late Submissions	Our hospice found out after the 30-day submission deadline that some of our HIS records were not submitted. Should we still submit these HIS records, even after the 30-day submission deadline?	Yes. Hospices should make every effort to submit HIS records on a timely basis (within the 30-day submission deadline). If hospices do miss the 30-day submission deadline, they should submit all their HIS records, even if that means the record will be "late."Your hospice's HIS data is a component of your hospice's HQRP compliance determination, as well as is used to calculate your hospice's quality measures displayed on Hospice Compare. Hospice Compare is the user-friendly web tool that provides information to help patients, their families, caregivers, and providers make more informed decisions about choosing a hospice.It is important that providers submit all HIS records, even those that are late, to ensure quality measure scores displayed on Hospice Compare are accurate.Once your HIS records have been submitted, you may monitor your submissions in the Certification and Survey Provider Enhanced Reports (CASPER) Reporting system to ensure your hospice is in compliance with HIS, and overall HQRP, requirements.	April-18
LOS Criterion	Was the length of stay criterion removed from the "original 7" HIS quality measures?	In 2016, The 7 QMs underwent endorsement maintenance by the NQF. During the endorsement process, analysis of recent HIS data suggested that removing the LOS exclusion criterion increased the average size of the denominator per hospice organization and had little effect on the distribution of the measure scores. The NQF reviewed these analysis results and endorsed the removal of the LOS exclusion. Thus the 7 measures are endorsed by the NQF without any denominator exclusion based on LOS for the hospice population. Please refer to the technical report of the NQF project Palliative and End-of-Life Care 2015-2016. http://www.qualityforum.org/Publications/2016/12/Palliative_and_End-of-Life_Care_2015-2016.aspx.	July-17
Measure Specifications	After reviewing our CASPER "Quality Measure Report", our pain assessment measure score being reported is concerningly low, yet it is our policy to perform these assessments on every patient we encounter. Can you explain how the data is pulled and how HIS item completion relates to measure calculation?	The Pain Assessment NQF #1637 quality measure reports the percentage of hospice patients who screened positive for pain, received a comprehensive pain assessment within 1 day of the pain screening, and the pain assessment documentation includes at least 5 characteristics that describe the patient's pain (location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life). Please note that simply completing a pain assessment is not sufficient to count towards this measure. A comprehensive pain assessment that does not occur within 1 day of the pain screening, or does not include at least 5 characteristics does not count toward the numerator which results in a hospice not getting credit for this measure. As stated in the HIS Manual, completion of HIS items should be based on what has been documented in the patient's clinical record. The HIS is intended to capture whether or not care processes took place – if the clinical record contains no evidence that a care process took place, providers should answer "no" to gateway questions in the HIS, and then follow skip patterns as indicated in the HIS. If theclinical record indicates at least one characteristics was assessed, providers should answer "yes" to the gateway question (i.e., was comprehensive pain assessment done) and then check the characteristic(s) that were completed.For more details on the measure specifications, please review the QM User's Manual. You can find the latest version of the QM User's Manual here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html in the Download section at the bottom of the page.	July-17

Topic	Question	Answer	Date
Measure Specifications	Could you please explain Warning edit -3077 re: J0905 Pain Active Problem and Section N Opioid Items (N0500 and N0510)?	The HIS technical specifications V2.00.0 will issue a warning edit -3077 if:1. Hospice responds "yes" to Item N0500 and/or N0510 indicating that a PRN or scheduled opioid was initiatedAND2. Hospice does not respond "yes" to J0905 Pain Active Problem to indicate "yes, pain is an active problem for the patient".Although warning edit -3077 will display in the scenario above, as stated in the warning edit, providers should only respond "yes" to J0905 if the scheduled or PRN opioids were initiated to treat pain, thus indicating pain is an active problem for the patient OR if there is other evidence that pain is an active problem for the patient. Responding "yes" to N0500 and/or N0510 alone is insufficient evidence to respond "yes" to J0905 since the warning edit -3077 does not require providers to respond "yes" to J0905 in all instances. Records containing warning edits can still be submitted and accepted by the QIES ASAP system.If you receive warning edit -3077, you should review the patient's clinical record to determine:1. If opioids were initiated to treat pain or another symptomAND2. If there is other clinical record documentation (besides initiation of opioids) indicating that pain is an active problem for the patient.If opioids were initiated to treat a symptom other than pain (e.g., shortness of breath) AND there is no other indication that pain is an active problem for the patient, respond "no" to J0905 and submit the HIS record with the warning edit -3077. In this scenario, do not change your response to J0905 simply to resolve the warning edit.Please also note that, at this time, Item J0905 is not used in the calculation of a quality measure.	April-17
Measure Specifications	What is the "NQF #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission" on our CASPER QM Report?	The NQF #3235 Hospice and Palliative Care Composite Measure – Comprehensive Assessment at Admission (referred to as The Hospice Comprehensive Assessment Measure) is the percentage of patient stays during which the patient received all care processes captured by quality measures NQF #1617, NQF #1634, NQF #1637, NQF #1638, NQF #1639, NQF #1647, and NQF #1641, as applicable. For more information about this quality measure, including measure specifications, please refer to the QM User's Manual in the Downloads Section of the HQRP Current Measures webpage.As of February 14, 2018, The Hospice Comprehensive Assessment Measure has been added to providers' Hospice-Level and Patient Stay-Level CASPER QM Reports. Providers' data on this measure can be access through their CASPER QM Reports. For more information on CASPER QM Reports, please refer to the latest CASPER QM Reports Fact Sheet.The measure has not been added to the Provider Preview Reports or to Hospice Compare. CMS will announce a timeline for the addition of The Hospice Comprehensive Assessment Measure to the Provider Preview Reports and Hospice Compare when it is available.For more information about key public reporting dates for providers, such as freeze dates and Preview Report release dates, please refer to the HQRP Public Reporting: Key Dates for Providers webpage.	April-18

Topic	Question	Answer	Date
Measure Specifications	How does the NQF #3235 Hospice and Palliative Care Composite Measure - Comprehensive Assessment at Admission account for the HIS quality measures that do not apply to my patient?	Three of the seven HIS quality measures are conditional measures: • Pain Assessment (NQF #1637) • Dyspnea Treatment (NQF #1638) • Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF #1617)Conditional measures are measures for which inclusion in the denominator is "dependent" or "conditional" on a response to a previous item. For example, for a patient to be included in the denominator of the dyspnea treatment measure (NQF #1638), the patent must have screened positive for dyspnea (NQF #1639). This is because the hospice would not initiate treatment for shortness of breath unless the patient was actually short of breath.In the Hospice Comprehensive Assessment Measure, if a patient is not included in a conditional measure as the preceding care process indicates that the following care process is not needed, the hospice will by default 'receive credit' for that conditional measure in the calculation of the Hospice Comprehensive Assessment Measure, even without having conducted that care process. For example, if a hospice conducts a pain screening and the patient screens negative for pain (NQF #1634), the hospice will 'receive credit' for both the Pain Screening (NQF #1634) and Pain Assessment (NQF #1637) components of the Hospice Comprehensive Assessment Measure calculation, regardless of whether the hospice proceeds with conducting a pain assessment for that patient. Note that the HIS does not dictate clinical practice and your hospice must still complete care processes that you deem clinically appropriate; this methodology ensures that not completing the pain assessment if a patient screens negative for pain will not 'count against you' in the calculation of the Hospice Comprehensive Assessment Measure. This methodology for accounting for conditional measures only applies to the calculation of the Hospice Comprehensive Assessment Measure, and not the calculation of the individual component measures. For details on which patients were eligible for each of the HIS QMs, hospices should refer to their CASPER QM Patient stay-level QM Report. For guidance on how to interpret CASPER QM Reports, please refer to the "Hospice Quality Reporting Program: From Data to Measure" training on the Hospice Quality Reporting Training – Training and Education Library webpage. More information about the Hospice Comprehensive Assessment Measure (including measure specifications) can be found in the QM User's Manual, available for download on the Current Measures page.	November-18

Topic	Question	Answer	Date
Monitoring Compliance	How can our hospice monitor our compliance with the Hospice Quality Reporting Program (HQRP) throughout the year?	Remember that hospice providers must be compliant with both Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) to be considered compliant for the HQRP overall and avoid the 2-percentage point reduction. To monitor CAHPS® compliance, hospices should login to the CAHPS® data warehouse. Further instructions on accessing the CAHPS® data warehouse can be found on the CAHPS® Web site here. If you have further questions regarding CAHPS® compliance, please contact the Hospice CAHPS® Help Desk at <hospicesurvey@cms.hhs.gov>. To monitor HIS compliance, hospice providers should regularly access the Certification and Survey Provider Enhanced Reporting System (CASPER). Once logged into CASPER, hospices can: • Ensure that submitted HIS data is accepted by Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System: To do this, providers should check and print their Final Validation Report in CASPER after every HIS data submission to ensure that the attempted submission was successful and accepted. • Monitor their preliminary compliance with any given reporting cycle's HIS timeliness compliance threshold: To do this, providers should view their "Timeliness Compliance Threshold Report" in CASPER. This report displays your hospice's preliminary compliance rate with the timeliness compliance threshold for the current reporting period. For the current reporting period, fulfillment of the HIS-related HQRP requirements will be monitored and compliance will be determined based on completing the year's submissions for records with a target date (admission or discharge date) between 1/1/2019 to 12/31/2019. Compliance with HQRP requirements is based on timely submission, where records must meet the 30-day submission deadline, which is defined as the target date + 30 days. For the current reporting cycle (which affects the Fiscal Year (FY) 2021 Annual Payment Update (APU)), providers must submit at least 90% of their records on time (within the 30-day submission timeframe). For more information, please review the Timeliness Compliance Threshold Fact Sheet available on the Hospice Item Set (HIS) page. • Check their hospice's HQRP compliance for the current APU: If the hospice is found noncompliant in any given reporting year, a letter of noncompliance will be automatically placed in their CASPER folder notifying them of their noncompliance.	January-19
Monitoring Compliance	How can our hospices use the Hospice Timeliness Compliance Threshold Report to monitor preliminary HIS compliance throughout the year?	The Hospice Timeliness Compliance Threshold Report is a CASPER report that allows providers to check their preliminary compliance. For HIS data, remember that the timeliness threshold requirement for the FY2021 reporting year and beyond is 90%. This means that to be determined compliant with HIS requirements, hospices must submit at least 90% of their HIS records within the 30-day submission deadline (defined as the target date + 30 days). As of 1/1/19, we are in the FY 2021 APU reporting cycle. Compliance for the FY 20201 reporting cycle will be based on the timeliness of Calendar Year (CY) 2019 HIS submissions (i.e., records with a target date between 1/1/2019 to 12/31/2019). This means that when you run the Hospice Timeliness Compliance Threshold Report for FY 2021 in CASPER, you will see (1) the total number of records with a target date in calendar year 2019, and (2) the number of those records that were submitted on time. Your hospice's preliminary	January-19

Topic	Question	Answer	Date
Numerator Criteria	What are the numerator criteria for the Pain Screening (NQF #1634)?	The Pain Screening NQF #1634 quality measure reports the percentage of hospice patients who were screened for pain within 2 days of admission. Please note there are two ways in which to quality for the numerator of this measure: (1) the patient was screened for pain within 2 days of the admission date and reported that they had no pain OR (2) the patient was screened for pain within 2 days of the admission date and the patient's pain severity was rated mild, moderate, or severe and a standardized pain screening tool was used.	July-17
Numerator Criteria	What are the numerator criteria for the Pain Assessment (NQF #1637)?	The Pain Assessment NQF #1637 quality measure reports the percentage of hospice patients who screened positive for pain, received a comprehensive pain assessment within 1 day of the pain screening, and the pain assessment documentation includes at least 5 characteristics that describe the patient's pain (location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life). Please note that simply responding "1, yes" to J0910A is not sufficient to count towards this measure. A comprehensive pain assessment that does not occur within 1 day of the	July-17
Numerator Criteria	Would you please provide me with an explanation of why an agency does not meet the numerator criteria for the Pain Assessment quality measure (NQF # 1637)?	The Pain Assessment NQF #1637 quality measure reports the percentage of hospice patients who screened positive for pain, who also received a comprehensive pain assessment within 1 day of the pain screening and the pain assessment documentation includes at least 5 of the 7 listed characteristics that describe the patient's pain (location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life). A comprehensive pain assessment that does not occur within 1 day of the pain screening, or does not include at least 5 of the 7 listed characteristics would not meet numerator criteria for the NQF #1637 measure.	April-17
Opioids	Which substances are considered opioids for the purposes of HIS item completion? Are medications like tramadol considered opioids?	The intent of the NQF #1617 measure is to apply to Schedule II to Schedule IV opioids, including hydrocodone and tramadol, based on the side effect profile of these medications and adverse effect of side effects on symptom management.	October-14

Topic	Question	Answer	Date
Opioids	If a patient is prescribed a PRN or scheduled opioid, but hasn't needed a dose at time of comprehensive assessment, is the prescription of the opioid all that is needed to be a "yes" to the opioid question? Or must they be actually taking the opioid?	As it relates to J2040, N0500, N0510 and N0520, "date treatment initiated" is defined differently, depending on whether or not the order is for a scheduled medication/treatment, a PRN order, or a standing order.For a scheduled order, or for a PRN order (an "as needed" order prescribed on a patient-by-patient basis), "date treatment initiated" is the date the hospice receives the order for the scheduled or PRN medication/treatment. For a standing order (a set of medications/treatments reviewed and approved by medical staff and consistent with national recognized and evidence-based standards, routinely ordered for all patients on admission to the hospice – [e.g., comfort packs, emergency kits]), "date treatment initiated" is the documented date that the hospice has received the order and the patient/caregiver is instructed to begin use of the medication or treatment for the relevant symptom (i.e., dyspnea, pain, constipation).	January-15
Pain and Associated Quality Measures	If a clinician answers "Yes" to the new J0905 Pain Active Problem item, will they complete the Comprehensive Pain Assessment item J0910? Does this eliminate the previous Pain Severity Screening skip pattern in item J0900C?	If the clinician answers "1, Yes" to Item J0905 Pain Active Problem, they will complete Item J0910 Comprehensive Pain Assessment. If they answer "0, No" to J0905, for the purposes of completing the HIS, they will skip J0910. The pain active problem skip pattern replaces the prior pain screening skip pattern. Now, you respond to J0910 based on whether pain is an active problem, not whether the patient has current pain at the time of the screening (J0900C).	April-17
Pain and Associated Quality Measures	My hospice completes pain assessments but our score for the Pain Assessment (NQF #1637) Quality Measure is lower than expected. How are the percentages for the Pain Assessment (NQF #1637) measure calculated?	The Pain Assessment (NQF #1637) Quality Measure reports the percentage of hospice patients who received a comprehensive pain assessment within 1 day of screening positive for pain.The numerator of the NQF #1637 measure is calculated using item J0910 in the HIS. To meet the numerator criteria for NQF #1637, the comprehensive pain assessment must:1. be completed within 1 day of the positive pain screeningAND2. include assessment of at least 5 of the 7 characteristics in J0910C that describe the patient's pain: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.For more information on the specifications for NQF #1637, hospice providers should review the QM User's Manual, available in the Downloads section of the Current Measures webpage.	October-17

Topic	Question	Answer	Date
Pain and Associated Quality Measures	Will you please clarify whether the expectation is that the Comprehensive Pain Assessment will be completed if there is NO pain from the Pain Screening (J0900C) but pain is an Active Problem (J0905)?	CMS is aware that the skip pattern between J0900C and J0910 in the HIS V1.00.0 did not align with current clinical practice (i.e., clinicians will complete a comprehensive pain assessment even if patient does not report current pain at the time of the screening). Based on this, we updated the HIS V2.00.0 to include the pain active problem item (J0905). Now, you respond to J0910 based on whether or not pain is an active problem, not whether the patient has current pain at the time of the screening (J0900C). So now, even if the patient is NOT in pain at the time of the screening, you complete item J0910, provided pain is an active problem. Note that the HIS does not dictate clinical practice; thus, you should still complete care processes you deem clinically appropriate for the patient, even if the HIS skip patterns direct you to skip over an item.Regarding the relationship between items in Section J and the NQF #1637 Pain Assessment quality measure, currently, J0905 is not used in the calculation of NQF #1637. CMS will analyze HIS V2.00.0 data and use analysis to inform updates to the measure specifications; we will communicate any changes in measure specifications to the public at a future date.	July-17
Pain and Associated Quality Measures	How do the HIS V2.00 items J0900C, J0905, and J0910 relate to one another?	When completing the HIS V2.00, response to item J0910 ("Was a comprehensive pain assessment done?") is based on your response to J0905 ("Is pain an active problem for this patient?"), not your response to J0900C (the patient's pain severity at time of pain screening). So, even if the patient is not in pain at time of screening (in response to J0900C), if it is indicated that pain is an active problem for the patient (in response to J0905), you should proceed with completing J09010A. However, while the response to J0905 drives whether item J0910 should be completed, item J0905 is not involved the calculation of the NQF#1637 Pain Assessment measure. Whether a patient stay is included in the NQF#1637 measure denominator is driven by response to J0900C, not J0905.For patients to be included in the NQF#1637 measure denominator, they must have reported mild, moderate, or severe pain at time of screening, in response to J0900C. For your hospice to then meet numerator criteria for NQF#1637, a comprehensive pain assessment that includes 5 out of 7 assessment characteristics must be completed for that patient within one day of the date of the pain screening, as indicated by J0910. There are two important things to note. Firstly, the HIS does not dictate clinical practice. Your hospice should still complete care processes deemed clinically appropriate for the patient even if HIS skip patterns may direct you to skip responses to an item. Second, if the HIS directs you to skip J0910, the comprehensive pain assessment item, this will not "count against you" in the calculation of NQF#1637. Item J0905 is therefore not currently used in the calculation of the HIS pain quality measures. CMS continues to analyze HIS V2.00.0 data to inform updates to the measure specifications; any changes to the measure specifications will always be communicated to the public. For more information on how to complete items in the HIS V2.00, please refer to the HIS User's Manual, available for download on the Hospice Item Set (HIS) webpage. For more information on the NQF#1637 Pain Assessment measure, or any of the other HIS measures, please refer to the QM User's Manual, available for download on the Current Measures webpage. The QM User's Manual provides each HIS QM's measure specifications, which includes numerator, denominator, and exclusion criteria.	November-18

Topic	Question	Answer	Date
Pain and Associated Quality Measures	If my patient is non-verbal, how does my hospice complete the comprehensive pain assessment?	For patients that are unresponsive/non-verbal, a comprehensive pain assessment can still be completed by the clinician by interviewing the patient or caregiver regarding characteristics of recent pain episodes, including pain location, character, duration, frequency, what has relieved/worsened, and effect on function or quality of life. In interviewing the patient or caregiver, the comprehensive pain assessment may be conducted through clinician observation as well as patient or caregiver report. For nonverbal patients, general documentation that the patient is "unable/unwilling to selfreport" would generally be insufficient evidence to check off elements in J0910C (characteristics of the comprehensive pain assessment completed, such as location, duration, etc.). However, if documentation shows specific elements the clinician attempted to gather from the caregiver (e.g., "asked caregiver about pain duration; caregiver stated	November-18
Patient Death	If a patient expires before an initial assessment or comprehensive assessment can be completed, is an HIS-Admission and HIS-Discharge still required?	The determination of whether or not HIS is required is based on whether or not the patient was admitted to the hospice or not. Hospice admission is defined by the effective date in the Election Statement, and a hospice visit in the setting where hospice care will be initiated.In the situation of a "Meet and Greet" where a hospice agency representative meets with the patient and/or family as an introductory visit, which may include an informal evaluation of current status, but does not include an admission or signing of an Election Statement; the patient is not considered admitted to the hospice, and no HIS is required.In a situation where a hospice representative's "Meet and Greet" of a hospitalized patient results in agreement by the patient to receive hospice care, signing of consents and Election Statement, but the date of the election is in the future, the patient is not considered to be admitted until a hospice visit in the setting where hospice care will be initiated is conducted, on or after the effective date noted on the Election Statement. Until such time that the patient is admitted (a hospice visit is initiated in the setting where hospice care will be initiated, on or after the effective date), a HIS is not required.The setting where hospice care is initiated could be a hospital setting if GIP, or in the patient's home (or other location defined as home). Once a hospice visit is initiated in the hospice care setting, a HIS-Admission and HIS-Discharge assessment will be expected for that patient. The admission date is the date the patient election became effective. From the admission date, the Initial Assessment must then take place within 48 hours and must be initiated in the location/care setting where hospice services will be provided.Since a HIS should be completed for all patient admissions to your hospice on or after July 1, 2014, regardless of length of stay, HIS-Admission and HIS-Discharge records would be expected, even for patients who expire before the initial or comprehensive assessment(s) can be completed. If the patient is discharged (for any reason, including death) before care process items from Sections F, J and N of the HIS-Admission were completed, answer "no" to the gateway question and follow the skip patterns as indicated on the HIS. Item A0245 is intended to reflect the date on which the initial nursing assessment (as defined in the Medicare Conditions of Participation) was initiated. For patients that are discharged for any reason before the initial assessment is completed, you should enter the date on which the	January-15

Topic	Question	Answer	Date
Patient Death	Our hospice had a patient who was admitted on paper, but expired before our hospice made a visit to the patient to provide hospice services. Do we submit HIS data for this patient?	For the purposes of completing the HIS, a patient is considered admitted to a hospice if the following conditions are met:1. There is a signed election statement (or other agreement for care for non-Medicare patients).2. The patient did not expire before the effective day of the election or agreement for care.3. The hospice made a visit in the setting where hospice services are to be initiated.For the patient to be considered admitted to the hospice for the purposes of HIS reporting, all three criteria listed above must be met. Therefore, if no visit was provided in the setting where hospice services were to be initiated, then all three criteria were not met, and an HIS-Admission record would not be completed or submitted.	April-18
Patient Visit	If a patient requires 2 people with the same discipline to visit at the same time, does this count as a single visit or 2 visits? What if the nurse is providing aide services during the visit?	Items O5010 and O5030 report the number of visits provided by hospice staff from the indicated disciplines, on each of the dates indicated. For example, if the service for the patient required a visit from 2 aides at the same time to provide care, for the purpose of completing Item O5010 and O5030, two aide visits may be recorded from this encounter. Please accurately report the discipline of each visit you provide. If an individual providing a visit is qualified to provide the services of more than one of the disciplines listed in items O5010 and O5030, please record the visit based on the main type of service provided.	April-17
Patient Visit	Do O5010 and O5030 collect number of visits for patients who received GIP or CHC in their final days?	Items O5010 and O5030 only collect the number of visits for patients who received routine home care during the indicated time periods. O5000 asks "Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life?" If the patient did not receive any of these 3 levels of care during the final 3 days, and only received routine home care from the hospice during that time, then the answer is "0. No", and you would complete item O5010, Number of Hospice Visits in Final 3 Days. If the answer is yes, the patient received one of these 3 levels of care, then you would skip the rest of Section O. What this means is that the remainder of Section O is only completed for patients who received routine home care, and not CHC, GIP, or respite.	April-17
Payor Information	Does CMS have additional guidance for completing Item A1400. Payor Information?	CMS posted additional guidance for completing A1400 on the HIS portion of the CMS HQRP website. Providers can access the additional guidance on the HQRP website here, under Downloads: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.	July-17
Payor Information	Can you explain which pay sources should be included for Item A1400. Payor Information?	A1400 Payor Information is intended to identify all pay sources that the patient has, regardless of whether or not the pay source is likely to provide reimbursement for any services, supplies, medications, room and board, etc. that the patient may receive during the hospice episode of care. The existence of a pay source can be based on patient/caregiver report. Check all boxes that best correspond to the patient's current existing payment sources. A1400 data will be used for future measure refinement and patient record matching. For additional guidance, see the HIS Manual V2.00 page 2A-14.	April-17

Topic	Question	Answer	Date
Payor Source	A patient changed their payor source, from private insurance to Medicare benefit. Do I need to resubmit or modify their HIS record to reflect their updated information?	If the patient changed only their payor source and there was no interruption to their care, your hospice does not need to take further steps with regard to that patient's HIS record(s) to reflect the change in payor source.For this patient, the HIS-Admission record for their initial admission should reflect their first payor source. The HIS-Discharge record would be submitted when they no longer receive services from your hospice, or if there is an interruption in care related to one of the reasons for discharge listed in item A2115.	January-18
Payor Source	A patient in my hospice changed their payor source. Do I need to resubmit or modify their HIS record to reflect their updated information?	If the patient changed only their payor source and there was no interruption to their care, your hospice does not need to take further steps with regard to that patient's HIS record(s).For this patient, their HIS-Admission record for their initial admission should reflect their first payor source. Their HIS-Discharge record would be submitted when they no longer receive services from your hospice, or if there is an interruption in care related to one of the reasons for discharge listed in item A2115.	October-17
Payor Source	If a patient has a change in payer source and we have to complete an 'administrative discharge' for the change in payer source, do we also have to submit an HIS-Discharge and new HIS-Admission record?	For a patient who has a change in payer source, you would submit an HIS-Admission record when the patient is initially admitted to your hospice organization under the first payer. Provided there is no interruption in care, when the patient's payer source changes (e.g., from private payer to Medicare), you do not need to take any further action (meaning, for HIS purposes, you would not need to complete an HIS-Discharge record when the patient's payer source changes 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. The HIS data set is specifically related to the collection of quality data. If the patient just had a payor change, there is no need to submit a new HIS.	January-17
Phone Calls	Many times the spiritual counselors are not able to make an in person visit within the specified timeframe (within 5 days of the admission) but they are able to speak with the patient and family by phone after the patient is admitted to hospice. During their conversation via the phone they are able to discuss a number of issues and could also get information that would address the spiritual/existential concerns of the patient.	While these conversations are best held face-to-face, phone conversations with patients/families about spiritual/existential issues can be used to answer yes to item #F3000 as long as the clinical documentation supports that a discussion (as defined in the HIS Manual) was had with the patient and/or caregiver.	July-15
Phone Calls	If a Medical Social Worker's (MSW) initial visit for the purpose of completing the 5-day comprehensive assessment visit and completing HIS questions is conducted over the phone, does that count as a visit?	For the purposes of HIS data collection and according to HIS Manual v2.00 pages 2O-4 and 2O-7, phone calls are not considered a "visit" in items O5010 and O5030. As noted in the FY 2017 Final Rule where the Hospice Visits when Death is Imminent measure pair was finalized, CMS recognizes that some providers use phone calls to supplement care provided in-person, and that these calls can be helpful in facilitating ongoing care and communication. However, in agreement with technical experts and based on the available evidence, we consider these calls as a supplement to, and not a replacement for, in-person care, particularly when death is imminent.The HIS Manual v2.00 is available in the Downloads section of the Hospice Item Set (HIS) webpage.	July-18

Topic	Question	Answer	Date
Phone Calls	Do phone calls count as visits? Some families decline a visit but want phone support. Does a phone call count as a visit for HIS data collection?	For the purposes of HIS data collection and according to HIS Manual v2.00 pages 2O-4 and 2O-7, phone calls are not considered a "visit" in items O5010 and O5030.The HIS Manual v2.00 is available in the Downloads section of the Hospice Item Set (HIS) webpage.	April-18
Policy Clarification	Could you clarify the policies for completing Z0400 and Z0500?	Since Z0400 and Z0500A are not submitted to the QIES ASAP system as part of the HIS record, hospices can develop their own internal policies for completing these items. Z0500B is submitted as part of the HIS record. Thus, for Z0500B, hospices should ensure valid response values for this item are used. Providers should review the final technical specifications for valid item values. The technical specifications can be found here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html.	July-14

Topic	Question	Answer	Date
Proposed New Measures	When will there be an outline of the two new measures (Hospice Visits When Death is Imminent Measure Pair and Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission) be posted?	Details on the proposed new measures are further discussed in the FY 2017 Final Rule: https://www.federalregister.gov/documents/2016/08/05/2016-18221/medicare-program-fy-2017-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting. The final rule refers readers to several resources for draft details of the two proposed measures. For more information on the proposed measures, we refer readers to the HQRP Specifications for the Hospice Item Set-based Quality Measures document, available on the "Current Measures" portion of the CMS HQRP Web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html. In addition, to facilitate the reporting of HIS data as it relates to the implementation of the new measures, CMS submitted a request for approval to OMB for the Hospice Item Set version 2.00.0 under the Paperwork Reduction Act (PRA) process. The new HIS data items that would collect this measure data are also available for public viewing in the PRA package available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-245.html?DLPage=1&DLEntries=10&DLFilter=hospice&DLSort=1&DLSortDir=descending.	October-16
Publicly Reported Information	What will be the initial data selection period that is publicly reported? Will the initial public reporting contain data prior to the recent 2016 release of the CASPER Hospice-Level Quality Measure Report?	Hospice Compare will be launching in summer 2017. The HIS data selection period to be publicly reported this summer will include data for patient stays discharged during Quarter 4- 2015 to Quarter 3-2016. CAHPS Hospice Survey scores will be reported for patients who died while receiving hospice care from Quarter 2-2015 through Quarter 3- 2016 (April 2015 through September 2016). Please continue to check the "Hospice Quality Reporting Spotlight & Announcements" webpage (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) and "Hospice Quality Public Reporting" webpage (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Public	April-17

Topic	Question	Answer	Date
Publicly Reported Information	When will HIS data be available in the form of CASPER reports? And when will HIS related Quality Measures be publicly reported on Hospice Compare?	Quality Measure rates for quality measures calculated using HIS data will be available in the future as "quality reports" in CASPER. In addition to providing quality reports in CASPER, as required by the Affordable Care Act, hospices' quality data will also be publicly reported. In the FY 2015 Final Rule, it states that procedures will be established for making quality data submitted by hospices available to the public. CMS recognizes that it is essential for the data made available to the public be meaningful. CMS also recognized that comparing performance between hospices requires measures to be constructed from data collected in a standardized and uniform manner. It is also critical to establish the reliability and validity of the measures prior to public reporting in order to demonstrate the ability of the measures to distinguish between the quality of services provided. To establish reliability and validity of the quality measures, at least HIS Q+As and Quarterly Updates – January 2015 Page 1four quarters of data will need to be analyzed. This means that since CMS will began data collection via the HIS in CY 2014 (Q3), the data from CY 2014 (Q3 and/orQ4) will not be used for assessing validity and reliability of the quality measures. Data collected by hospices during Q1-3 CY 2015 will be analyzed starting in CY 2015. Decisions about whether to report some or all of the quality measures publicly will be based on the findings of analysis of the CY 2015 data. In addition, the Affordable Care Act requires that reporting be made public on the CMS Website. Providers will have an opportunity to review their quality data prior to public reporting. In light of all the steps required prior to data being publicly reported, public reporting will not be implemented in 2016. For more information on public reporting of measures, please refer to the FY 2015 Final Rule, p 50490; http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18506.pdf	January-15
Record Retention	Is there a required record retention timeframe for keeping HIS submission records?	As stated in Section 1.8, Maintenance of HIS Records of the HIS Manual V2.01, hospices are recommended to retain a copy of the HIS records, including any corrected versions, for future validation purposes. These copies can be electronic or paper. Note that although the signature page is not transmitted to the QIES ASAP system, we also recommend that it be retained by the hospice for potential future validation purposes. Hospices must ensure that proper security measures are implemented via facility policy to ensure the privacy and integrity of the HIS, regardless of whether the record is in electronic or other form. Your facility policy would dictate record retention. For more information, please refer to Section 1.8, Maintenance of HIS Records of the HIS Manual V2.01, available in the Downloads section of the Hospice Item Set (HIS) webpage.	January-19

Topic	Question	Answer	Date
Record Sequencing	Can we complete and/or submit HIS-Discharge records prior to HIS-Admission records?	There are no edits in the data submission specifications that would prevent a provider from completing the HIS-Discharge record before the HIS-Admission record. If a provider also submits an HIS-Discharge prior to submitting an HIS-Admission record, they will receive Warning edit -909 "Inconsistent Record Sequence," but the record can still be accepted by the QIES ASAP system. HIS-Admission record should still be submitted for all patients, even if the HIS-Discharge is submitted prior to the HIS-Admission.	January-15
Record Sequencing	The HIS V2.00.0 was effective April 1, 2017. Can you please explain in which situations we will need to submit the HIS V1.00.0 and which we submit V.2.00.0?	The HIS V2.00.0 was effective April 1, 2017. For patient admissions and discharges occurring to your hospice on or after April 1, 2017, you should collect and submit data using the HIS V2.00.0. In general, the version of the HIS that hospice providers should complete and submit is driven by the target date for that record. For HIS-Admission records, the target date is the admission date. For HIS-Discharge records, the target date is the discharge date. If the target date is prior to 4/1/17, submit the appropriate HIS record (Admission or Discharge) using the HIS V1.00.0 form. If the target date is on or after 4/1/17, submit the appropriate HIS record (Admission or Discharge) using the HIS V2.00.0 form. Below is some guidance on specific scenarios:• Scenario A: Patient admitted prior to 4/1/17, HIS-Admission record submitted prior to 4/1/17 using HIS V1.00.0. Same patient discharged after 4/1/17.o In this situation, the target date for the record in question (HIS-Discharge record) is after 4/1/17, so the hospice should submit the HIS-Discharge record using the HIS-Discharge V2.00.0• Scenario B: Patient admitted or discharged prior to 4/1/17, but hospice does not submit HIS until after 4/1/17.o In this situation, although the hospice is submitting the HIS record after 4/1/17, the target date is still prior to 4/1/17, so the hospice should submit the HIS V1.00.0 in this scenario.• Scenario C: Patient admitted or discharged prior to 4/1/17, hospice submits appropriate HIS V1.00 record prior to 4/1/17. Hospice finds an error in the record after 4/1/17 and needs to complete a modification or inactivation request.o In this situation, although the hospice is making the modification or inactivation after 4/1, the target date for the original, erroneous record is prior to 4/1/17, so the hospice would submit the modification and/or inactivation using the HIS V1.00.0	April-17

Topic	Question	Answer	Date
Report Clarification	Can you explain what is meant by the percentile? How can my score be above the national average, but have a low percentile?	The percentile is largely dependent on the distribution of the QM score. Please note that for several HIS QMs, a large proportion of hospices score 100%. Thus, it is possible for your hospice to have a seemingly high score but a relatively low percentile ranking. CMS's analysis of QM scores suggests 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 yet 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. 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 HQRP website here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html.	July-17

Topic	Question	Answer	Date
Report Clarification	Can you explain the legend in the Patient Stay-Level QM Report? If the HIS items were answered/completed, why are patients being excluded? Also, what is the difference between X "triggers" vs b "not triggers"?	Although you complete HIS records for all patients, not all patients are included in the calculation of all quality measures. Whether a patient is included or excluded from a measure is driven by the denominator criteria and denominator exclusions. As for your question on why records were excluded in the Patient Stay-Level QM report, here is a detailed description of the CASPER Hospice Patient Stay-Level Quality Measure Report Status Legend.• A "b" means that the patient stay was included in the denominator, but did not meet the numerator criteria. This is a patient stay that the hospice will not "get credit" for in the quality measure.• An "x" means the measure applied to the patient stay (patient stay met denominator criteria) and the hospice met the numerator criteria for this measure for this patient stay. This is a patient stay that the hospice will "get credit" for in the quality measure.• An "e" means that the patient stay meets the exclusion criteria for the measure denominator. This means that the measure does not apply to this patient at all. This patient stay has a "neutral" impact on your hospice's quality measure score, meaning this patient counts neither "for" or "against" you in your agency's score.• A "c" after the Admission Date means that admission date has been extracted from the discharge record because the admission record is missing.	July-17
Report Clarification	Explain Type 1, 2, and 3 stay exclusions in the context of CASPER Quality Measure (QM) Reports.	Type 1 stays are patient stays that have both an HIS-Admission and HIS-Discharge record submitted and accepted in the QIES Assessment Submission and Processing (ASAP) system.Type 2 stays are either active stays OR patient stays for which an HIS-Admission record has been submitted and accepted to QIES ASAP but the HIS-Discharge record is missing. Type 3 stays are patient stays for which an HIS-Discharge record has been submitted and accepted to QIES ASAP but the HIS-Admission record is missing. CASPER Hospice-level QM Reports provides information on your hospice's overall performance for each of the HIS QMs. As only Type 1 stays are included in quality measure calculations, the Hospice-level QM Report includes only Type 1 stays. CASPER Patient stay-level QM Report	November-18

Topic	Question	Answer	Date
Requirements for New Facilities to Begin Reporting HIS Data	We are a newly certified hospice. What are the HIS reporting requirements for us this year?	As stated in the FY 2016 Final Rule, there are two considerations for providers to keep in mind with respect to HIS reporting. The first is when providers should begin reporting HIS data, the second is when providers will be subject to the potential two (2) percentage point APU reduction for failure to comply with HQRP requirements. Providers are required to begin reporting data on the date noted on their CCN notification letter. However, if the CCN notification letter was dated on or after November 1st, they would not be subject to any financial penalty for failure to comply with HQRP requirements for the relevant	October-16
Requirements for New Facilities to Begin Reporting HIS Data	When do new hospice providers begin submitting HIS data?	As stated in the Fiscal Year (FY) 2018 Final Rule, there are two considerations for new providers to keep in mind with respect to HIS reporting: (1) when providers should begin reporting HIS data, and (2) when providers will be subject to the potential two percentage point Annual Payment Update (APU) reduction for failure to comply with HQRP requirements. Hospice providers are required to begin reporting data on the date noted in the letter head of their CMS Certification Number (CCN) notification letter. However, if the CCN notification letter letterhead was dated on or after November 1st, they would not be subject to any financial penalty for failure to comply with HQRP requirements for the	July-18
Respiratory Status	Item-Specific Instructions and Tips for Item #J2040 Treatment for SOB indicates that inhaled bronchodilators order should indicate that these are intended to address the patient's shortness of breath. We currently are not doing this except for "PRN" medications. Is this something we should be doing or was this overlooked? My understanding is that inhaled bronchodilators are prescribed for shortness of breath.	Inhaled bronchodilators or inhaled corticosteroids prescribed on a routine basis are considered used for SOB. In the case of scheduled bronchodilator use, there is no need to address the clinical indication. Any other medications, if given on a routine basis for SOB, would need to be designated for clinical use. For example, steroids, opioids, anxiolytics can all be used for different clinical indications. In these cases, the order should state what the clinical indication is for the prescription. Please note that for clinical best practice, a prn order should indicate a clinical indication.	July-15
Revoke	A patient is being discharged from hospice because she/he wants to pursue curative and/or aggressive treatment. I believe that the reason for discharge (A2115. Reason for Discharge) in the HIS record should be "2.Revoked" even if Medicare is not the payer but there are some disagreements about it. Could you clarify?	For the purposes of HIS reporting, revoked can be used in these circumstances where the patient/family revokes "hospice care", not the Medicare Benefit. So if a patient/family choses to pursue aggressive or curative treatment, the correct response for item A2115 should be "02" revoked. This means they are revoking hospice care, not the Medicare Hospice Benefit.	July-15

Topic	Question	Answer	Date
RHC Patients	How do we determine and report the number of "visits" in the last 7 days of life for hospice patients who died in an inpatient or residential hospice facility and were receiving RHC?	For clinical encounters with RHC patients in an inpatient hospice setting, please count any visit that requires documentation in the patient's medical record. If more than 9 visits were provided from a given discipline on a given day, enter a 9. Please note that once the conditions for inclusion in the numerator of one of the Visits when Death is Imminent Measures is met (for example, at least one clinical visit in the final three days), then a greater number of visits, like 10 compared with 9, will not change the hospice's performance on the measure.	April-17
SNF/NF/LTC	I'm seeking clarification for SNF versus NF/LTC as it relates to A0205 and A1802.	This item is clarified in V1.02 of the HIS Manual and the Q&A October 2014that can be found here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html. For purposes of completing Items A1802 and A0205, SNF is not synonymous with nursing facility. The response option for SNF is to be used for patients in a skilled nursing facility (SNF), or patients in the SNF portion of a dually-certified nursing facility. If a beneficiary is in a nursing facility but doesn't meet the criteria above, do not use response option for SNF; instead, use the response option for long-term care facility (also known as NF or nursing facility). You would answer based on the level of care the patient is receiving. If the patient is in the NF portion of a dually-certified facility receiving unskilled care, you would select the response option for NF on the HIS. If the patient is in the SNF portion of a dually-certified facility receiving skilled care, you would select SNF on the HIS.	July-15
SNF/NF/LTC	How does CMS define long term care facility vs skilled nursing facility? Our patients are in a SNF facility, but are in non-skilled beds. What option should we choose for admitted from and site of service at admission?	For purposes of completing Items A1802 and A0205, SNF is not synonymous with nursing facility. The response option for SNF is to be used for patients in a skilled nursing facility (SNF), or patients in the SNF portion of a dually-certified nursing facility. If a beneficiary is in a nursing facility but doesn't meet the criteria above, do not use response option for SNF; instead, use the response option for long-term care facility (also known as NF or nursing facility).	October-14
Social Security Number	What if the patient refuses to provide their Social Security Number (SSN) or our hospice does not have access to the patient's SSN?	In rare instances, the SSN can be left blank if: (1) the patient does not have a SSN or (2) the hospice does not have access to the SSN. In this event, leaving the SSN blank will not cause a fatal error.However, CMS strongly encourages hospices to gather the SSN and to report it on the HIS. If a hospice does not submit the SSN for a patient, the hospice may encounter problems when trying to modify or inactivate the HIS record. The SSN is used for tracking purposes, so if a patient does not have a SSN recorded, the system may not always be able to locate the original record. The SSN is also used for record matching, so without the SSN the system may consider a patient a "new person" when both a HIS-Admission and HIS-Discharge are submitted. Therefore, it is in the hospice's best interests to collect and report the SSN as part of the HIS.A hospice provider may wish to explain the aforementioned reasons to any patients who are refusing to provide their SSN. The only	April-14

Topic	Question	Answer	Date
Timeliness Compliance Threshold	How can a hospice organization find out whether they are within the HIStimeliness compliance threshold?	Providers can use the Hospice Timeliness Compliance Threshold Report, a CASPER report, to check their preliminary compliance with the timeliness compliance threshold. This report displays: provider identification information, the number of HIS records submitted, the number of HIS records submitted on time, and percentage of HIS records submitted on time. For more information on the timeliness compliance threshold and this associated CASPER Report, please refer to the "Timeliness Compliance Threshold" factsheet available on the Hospice Item Set (HIS) webpage. The "Data Submission and CASPER Reports Webinar" provides further details on the timeliness compliance threshold and CASPER Reports in general, and is available on the Hospice Quality Reporting Training: Training Education and Library webpage.	July-18
Transfers	What processes are hospices to follow when a patient is transferred from one CCN number to another? How should we complete the HIS?	HIS reporting is at the CCN level. If the patient moves from one CCN to another, the first CCN should complete a HIS-Admission and Discharge, as should the second CCN.	July-14

Topic	Question	Answer	Date
Transfers	How do we complete the HIS on patient transfers?	Since a HIS-Admission and a HIS-Discharge must be completed for each patient admission (not each patient admitted), if a patient transfers hospices, both hospices are responsible for completing and submitting a HIS-Admission and HIS-Discharge for that patient. If a patient transfers hospices, the first hospice agency should complete a HIS-Admission record within 14 days of the admission date and submit the record within 30 days of the admission date. The first hospice should also complete a HIS-Discharge record within 7 days of the date of discharge and submit the record within 30 days of discharge. The second hospice agency would also collect and submit a HIS-Admission and HIS-Discharge on the patient within the same timeframes mentioned above.	April-14
Traveling Patient	If we have a traveling patient going out of our service area and returning at a later date, do we need to do an HIS Discharge and an HIS Admission when they are back into our territory?	Per CMS regulations at 418.26, a hospice may discharge a patient if the patient moves out of the service area or transfers to another hospice. However, per the HIS hospice regulations, a hospice may also enter into a written arrangement with another Medicare-certified hospice program for the provision of core services to supplement hospice employee/staff to meet the needs of patients. Circumstances under which a hospice may enter into a written arrangement for the provision of core services include temporary travel of a patient outside of the hospice's service area. Therefore, based on the scenario above, whether or not a hospice should submit an HIS-Discharge and new HIS-Admission for a traveling patient depends on whether the home hospice discharged the patient and if the host hospice admitted the patient to hospice care and filed a Notice of Election (NOE) within the claims processing system. If there is no discharge by the home hospice, then the	January-15
Treatment Initiation	Could you please clarify how "treatment initiation" is defined for Items J2040, N0500, N0510, and N0520 in the case of standing orders and/or comfort packs? The Quarter 1 Q+A document states: "For the purposes of HIS item completion, standing orders are permissible. For 'date treatment initiated' for standing orders, use the date on which the hospice received the order." Could you provider further detail on this guidance? Does "when the order is received", mean when the order was signed or when the nurse instructed the patient to begin using the drug/doctor was notified of the implementation of the drug	For date treatment initiated, in the case of standing orders or comfort packs, you should consider the order initiated when: 1) the hospice has received the order 2) the patient and /or caregiver has access to the treatment 3) there is documentation that the patient and/or caregiver has been instructed to use the treatment for the relevant symptom.Treatments that are delivered to the patient's home and are "on standby" are not considered initiated until the hospice instructs the patient/family to begin using the treatment for the relevant symptom.	July-14

Topic	Question	Answer	Date
Treatment initiation	Can you please define "initiation" for the treatment items in Section J: Respiratory Status (Item J2040. Treatment for Shortness of Breath) and Section N: Medications (N0500. Scheduled Opioid, N0510. PRN Opioid, and N0520. Bowel Regimen)? Is initiation defined in the same manner for standing orders, treatments from previous care settings, and nonpharmacologic interventions?	For pharmacologic interventions/treatments "initiation" is defined as the date that the hospice received the order for the medication, irrespective of if/when the first dose was given. For the purposes of HIS item completion, standing orders are permissible. For "date treatment initiated" for standing orders, use the date on which the hospice received the order. For treatments the patient was using prior to admission to hospice, if the hospice/patient wish to continue the treatment, the hospice would have to receive new orders to continue the treatment, after assuming responsibility for the care of the patient. For example, if a patient is on an opioid prior to hospice, should the hospice/patient wish to continue the treatment, the hospice would need to receive a new order to continue the opioid under hospice care. Do not include treatments from previous care settings unless the hospice has received orders to continue the treatment(s).For nonpharmacologic interventions (for example, dietary interventions such as prune juice for the bowel regimen item or relaxation techniques or positioning for the shortness of breath item) orders may	April-14
Treatment initiation	Is proactive education on the use of a prn medication considered "initiating"? Updated guidance in V1.02 of the HIS Manual states it is not, however the example in Situation D on page 2N-9 of the HIS Manual states "the patient /family was instructed on what medications are in the comfort pack" and you select "yes" for N0510A in this example. The guidance seems conflicting since proactive education is not considered sufficient for treatment initiation, but in Situation D, proactive guidance is given and you select "yes" for N0510A to indicate a PRN opioid was initiated.	Guidance in the HIS Manual indicates that proactive education alone is insufficient to consider a treatment "initiated". In the example in Situation D in the HIS Manual, the nurse provided proactive education to the patient/family about what medications are included in the comfort pack on 7/23. On 7/23, medications in the comfort pack would not be considered "initiated" since the hospices had provided proactive education only. In Situation D, you selected "1, Yes" based on the fact that on 7/25, the nurse instructed the patient/caregiver to begin using the oxycodone 10mg from the comfort pack every 4 hours as needed for pain. In this situation, it is not the proactive education that triggers "initiation", it is the instruction to begin use of the treatment on 7/25 that triggers initiation.	July-15
Treatment initiation	Could you please clarify how "treatment initiation" is defined for Items J2040, N0500, N0510, and N0520 in the case of standing orders and/or comfort packs? The Quarter 1 Q+A document states: "For the purposes of HIS item completion, standing orders are permissible. For 'date treatment initiated' for standing orders, use the date on which the hospice received the order." Could you provider further detail on this guidance? Does "when the order is received", mean when the order was signed or when the nurse instructed the patient to begin using the drug/doctor was notified of the implementation of	For date treatment initiated, in the case of standing orders or comfort packs, you should consider the order initiated when: 1) the hospice has received the order 2) there is documentation that the patient and/or caregiver has been instructed to use the treatment for the relevant symptom.Treatments that are delivered to the patient's home and are "on standby" are not considered initiated until the hospice instructs the patient/family to begin using the treatment for the relevant symptom.	October-14

Topic	Question	Answer	Date
Treatment Initiation	What is considered initiation of treatment for shortness of breath?	Initiation of treatment is considered to have occurred when an order was received to initiate or continue a treatment, with the following exceptions: comfort kits, pre-printed admission orders, or for non-medication interventions. In the cases of comfort kits and/or pre-printed admission orders, initiation of treatment is considered to have occurred when the hospice has received an order AND there is documentation that the patient/caregiver was instructed to begin use of the medication or treatment for the relevant symptom. In the case of non-medication interventions (for example, fans, positioning, etc.), initiation of treatment is considered to have occurred on the date the hospice first discussed the intervention with the patient and/or caregiver.For more information, please refer to Section J, Respiratory Status of the HIS Manual, available in the Downloads section of the Hospice Item Set (HIS) webpage.	November-18

Topic	Question	Answer	Date
Unresponsive Patient	Our hospice has a patient who is non-responsive. If we use the FLACC score for this patient, do we still need to respond to the comprehensive pain assessment question with at least five characteristics (e.g., location, duration, and frequency)?	Yes. Regardless of which standardized tool used, the measure specifications for the comprehensive pain assessment measure require that patients who screened positive for pain be assessed for at least five out of seven characteristics of J0910C to receive credit for the Pain Assessment (NQF #1637) Quality Measure.NQF #1637 reports the percentage of patients who screened positive for pain who received a comprehensive pain assessment within 1 day of the pain screening, where the pain assessment includes assessment of at least five out of seven characteristics that describe the patient's pain. The seven possible characteristics that can be assessed for are: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.Note that simply completing a pain assessment is not sufficient to count towards this measure. A comprehensive pain assessment that does not occur within 1 day of the pain screening, or does not include at least 5 characteristics does not count toward the numerator which results in a hospice not getting credit for this measure.For more information on the specifications for NQF #1637, hospice providers should review the QM User's Manual, available in the Downloads section of the Current Measures webpage.For nonverbal patients, page 2J-8 of the HIS Manual V2.00 contains additional guidance on completing pain assessments for nonverbal patients. CMS recommends reviewing this guidance on completing comprehensive assessments for nonverbal patients. Please refer to the HIS Manual V2.00 on the Hospice Item Set (HIS) webpage.	January-18
Unresponsive Patient	If a patient cannot respond to questions about pain, how can we complete the comprehensive pain assessment and receive credit for the NQF #1637 measure?	As noted in the HIS Manual, it is possible to complete 5/7 of the comprehensive pain assessment characteristics for patients who are non-responsive or are otherwise unable to answer questions about pain. Page 2J-8 and 2J-9 of the HIS Manual include details on comprehensive pain assessments for nonverbal patients. In general, behavioral indicators of pain or caregiver report about pain characteristics can be used to assess pain for nonverbal patients.	January-17

Topic	Question	Answer	Date
Warning Edit	Our hospice receives a 'Warning Edit -3077' for a patient for whom pain is NOT an active problem, but receives PRN or scheduled opioids for other symptoms (e.g., shortness of breath). How should we address this?	The HIS technical specifications V2.00.0 will issue a 'Warning Edit -3077' if:1.hospice responds "yes" to Item N0500 and/or N0510indicating that a PRN or scheduled opioid was initiatedAND2.hospice does not respond "yes" to J0905 Pain Active Problem to indicate "yes, pain is an active problem for the patient."Providers should only respond "yes" to J0905 if the scheduled or PRN opioids were initiated to treat pain, thus indicating pain is an active problem for the patient, OR if there is other evidence that pain is an active problem for the patient. Responding "yes" to N0500 and/or N0510 alone is insufficient evidence to respond "yes" to J0905.If your hospice receives 'Warning Edit -3077', you should review the patient's clinical record to determine:1.if opioids were initiated to treat pain or another symptomAND2.if there is other clinical record documentation (besides initiation of opioids) indicating that pain is an active problem for the patient.If opioids were initiated to treat a symptom other than pain (e.g., shortness of breath) AND there is no other indication that pain is an active problem for the patient, respond "no" to J0905 and submit the HIS record with the 'Warning Edit -3077'. In this scenario, do not change your response to J0905 simply to resolve the warning edit. Records containing warning edits can still be submitted and accepted by the QIES ASAP System.Please also note that, at this time, item J0905 is not used in the calculation of a quality measure.	April-18