

If extenuating circumstances prevent this, providers could apply for an extension for “back-logged” HIS records that may need to be submitted after the QIES User ID is obtained. The process for applying for an extension/exemption is outlined in the FY 2018 Final Rule and is also outlined on the CMS HQRP webpage entitled [HQRP Extension and Exemption Requests](#).

When you receive your CCN notification letter, we recommend you save it so that you have proof of the date in the letterhead/proof of when the letter was sent to you. Thus, **you should begin submitting HIS data for patient admissions occurring on/after the date in your CCN Notification Letter Letterhead**. Note that your compliance with HIS requirements is determined based on timeliness of data submission. More information on timeliness criteria can be found here in the "Timeliness Compliance Threshold" Fact Sheet:

<https://www.cms.gov/files/document/timeliness-compliance-threshold-his-submissions-fact-sheetaugust2021.pdf>.

Question 2: HCI- Skilled Nursing Minutes on Weekends

We are in inpatient hospice and most of our patients are billed as General Inpatient (GIP). Occasionally we do have patients who are on routine home care (RHC) for a period of time. Does the HCI measure for weekend nursing visits exclude inpatient hospice care units?

Answer 2:

For the HCI, all hospices are counted the same, regardless of their structure or the settings in which they provide care.

HCI was designed as an index to address concerns about the limitations of single-concept measures. As an index, HCI will provide CMS with a broad overview of hospice care quality between admission and discharge. Unlike a single-concept measure, HCI considers multiple indicators (10) simultaneously and is less likely to be distorted by circumstances outside the hospice’s control. Therefore, CMS believes that it is unlikely that a hospice would consistently fall short across multiple indicators due to practices beyond their control.

Details about the HCI calculations and specifications for each indicator can be found in the QM User’s Manual which is located on the CMS HQRP website in the Downloads section of the [Current Measures](#) page.

Question 3: Claims-Based Measures Updates

On my hospice provider preview reports it appears that the data for the Hospice Visits in the Last Days of Life (HVLDL) measure has not been updated – it is still showing a reporting period of April 1, 2019 – Dec 31, 2019 & July 1, 2020 – Sept 30, 2021. How can we correct this?

Answer 3:



The HQRP claims-based measures are refreshed annually, each November. The date range on the reports is accurate. The next refresh will occur in November 2023. Updated scores will be made available to providers in their August Provider Preview Reports before each November refresh. For more details about claims-based measure refreshes, please refer to the [Third Edition Public Reporting Tip Sheet](#) dated August 2022. In addition, providers can view a table with information about the Care Compare Refresh Schedule and Preview Periods on the [Public Reporting: Key Dates for Providers webpage](#).

Question 4: Social Security and Medicare Numbers on the HIS

When submitting a HIS Admission or Discharge record is it acceptable for A0600. Social Security Number (SSN) and Medicare Numbers to be blank?

Answer 4:

To avoid inaccuracies in patient record matching, Item A0600 should only be left blank if the patient does not have a SSN or in rare instances where the SSN is unavailable. We recommend you review the HIS Guidance Manual located in the downloads section of the [Hospice Item Set](#) webpage of the CMS HQRP website.

Specifically, Chapter 2 has useful guidance about completing each of the HIS items. In Section A, the manual specifically states that: “If the patient does not have an SSN or the SSN is unavailable, the item may be left blank and if the patient has neither a Medicare number nor an RRB number, the item maybe left blank.”

Question 5: CASPER Reports

Can you provide me with information about the CASPER reports, The Hospice-Level QM report, and the Hospice Patient-Level QM report? I would like help in reading the reports to understand why certain patients are triggered (where the information came from that the triggered the item).

Answer 5:

The best resource to help you understand these reports is the document- **Getting Started with Hospice CASPER Quality Measure Reports: August 2022:**

<https://www.cms.gov/files/document/getting-started-hqrp-casper-qm-reportsaug2022.pdf>.

This document along with other useful fact sheets can be found on the HQRP website on the [Requirements and Best Practices](#) page: in the **Provider Toolkit** or **Downloads** sections.

For full details about the Quality Measures and their calculations, visit the [HQRP Current Measure](#) page and look at the resources in that Downloads section.