# HOSPICE QUALITY REPORTING PROGRAM (QRP)
# PROVIDER TRAINING

## PARTICIPANT QUESTIONS FROM WEBINAR ON MAY 10, 2016

**Current as of July 2016**

| Question # | Question | Answer |
|---|---|---|
| 1 | What do I need to do when someone leaves my hospice and no longer should have access to submit HIS records? | You must complete the CMSNet Access Request form, available on the Quality Improvement Evaluation System (QIES) Technical Support Office (QTSO) Web site. This form contains options to create new access, remove access, add an additional user account, and update an existing user's access. Submission instructions are located at the bottom of the form. |
| 2 | I am the only staff person at my hospice with login credentials. Can I share my login information with others at my hospice? | Do not share user IDs or passwords. The person selecting the submit button should be the owner of the ID. Each hospice may have up to two user IDs and passwords. Call the QTSO Help Desk if you have questions or need assistance. |
| 3 | Can I use a computer with Windows 10 and the Edge browser to submit my data and run reports? | You may use Windows 10 to connect, but you must use Internet Explorer 11 and not Edge; Edge will not work. A list of the minimum system requirements can be found on the QTSO Web site home page (www.qtso.com). |
| 4 | Is there a document that explains how to read the warnings on the Hospice Item Set (HIS) Final Validation Report (FVR)? If so, where can it be accessed? | Error messages and warnings are detailed in the HIS Data Submission Specifications available on the HIS Technical Information page on the CMS Web site as well as in Section 5 of the HIS Submission User's Guide, which is available on the QTSO Web site and on the Welcome to the CMS QIES Systems for Providers Web site. We recommend you follow up with the QTSO Help Desk if you have questions about information contained in either of these documents. You can contact the QTSO Help Desk by phone at (877) 201-4721 or by email at help@qtso.com. |
| 5 | Our hospice is small and we admit fewer than 50 admissions per year. I understood that if your Hospice has served fewer than 50 survey-eligible decedents/caregivers during the "reference period," you can apply for an exemption from the CAHPS Hospice Survey. What about the HIS records, if you have a small hospice with less than 50 admissions per year, do you still need to submit an HIS record for each new admission and discharge? | According to the HIS Manual V 1.02, page 1-3 through 1-4, any Medicare-certified hospice provider is required to submit HIS Admission and Discharge records on all patients admitted on or after July 1, 2014. HIS-Admission and HIS-Discharge Records are submitted for all patient admissions to a Medicare-certified hospice program on or after July 1, 2014, regardless of payer source (Medicare, Medicaid, or private payer), patient age, or where the patient receives hospice services (home, nursing home, assisted living facility, freestanding hospice). There is no participation exemption for size in the Hospice QRP for the submission of HIS records. There is a participation exemption for size for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey, but the CAHPS Hospice Survey and the HIS are two separate reporting requirements with different criteria. |

| Question # | Question | Answer |
|---|---|---|
| 6 | Please explain again the 3-year reporting cycle. | Hospice QRP reporting years are referenced by the relevant fiscal year for which the provider's annual payment update (APU) would be decreased if compliance thresholds are not met. When we refer to the reporting period, we are referring to the calendar year (or January 1 through December 31) during which the HIS Admission and Discharge Records were submitted by the Hospice. Reporting year refers to the fiscal year impacted by the HIS records submitted 2 years earlier. For example, the fiscal year 2018 reporting year consists of data collection and submission in calendar year 2016, compliance determinations in 2017, and payment impact for the fiscal year 2018 APU. |
| 7 | Can we print slides? | The presentation is available at the following Web site under downloads at the bottom of the page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html. |
| 8 | Where can I download the presentation? | The presentation is available at the following Web site, under downloads at the bottom of the page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html. |
| 10 | I use the Submitter FVR instead of the FVR. Is that acceptable? | It is completely acceptable to use the Submitter FVR. This report is basically the same as the ASAP system-generated FVR; however, it can only be requested by the user who performed the submission in the ASAP system. The user ID of the requestor must match the user ID of the submitter. The Submitter FVR is also the only report used to identify when a submission failed or when one or more records within the submission file encountered severe errors and could not be processed. |

| Question # | Question | Answer |
|---|---|---|
| 11 | What is the target date? | The target date for a record is defined as follows:<br>• For an Admission Record (A0250 Reason for Assessment = [01]), the target date is equal to the Admission Date (A0220). This is the admission target date.<br>• For a Discharge Record (A0250 Reason for Assessment = [09]), the target date is equal to the Discharge Date (A0270). This is the discharge target date.<br>More information in the HIS-Based Quality Measures for the Hospice QRP User's Manual, available on the following Web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html. |
| 12 | How long are the submission records kept in our system? | Accepted HIS records submitted to the Assessment Submission and Processing (ASAP) system are kept in the national database indefinitely at this time. |
| 13 | What is error number 915? | Error Message -915 indicates Patient Information Mismatch, meaning that the submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct. More information about this warning is on page 5-9 of the following: https://www.qtso.com/download/Guides/hospice/Users_Sec5.pdf. |
| 14 | Will there be a recording of the webinar showing the live demonstration at end? | A recording will be posted to CMS' Hospice QRP Web site. |

| Question # | Question | Answer |
|---|---|---|
| 15 | How do know what your warning indicates so that you can correct it? | If a warning message or fatal error occurs, the FVR will display the following information about the error: a list of the item or items containing the data that caused the error to occur, the data submitted for the item in error, the error message number, and type of message (Fatal Error or Warning Message) and the error message description. Carefully review the errors that are displayed for the HIS records on your provider's FVR.<br><br>Error messages are detailed in Chapter 5 of the HIS Submission User's Guide for the QIES ASAP System. Refer to this section of the manual for additional information about why the error occurred and tips or suggestions to prevent the error in the future. The HIS Submission User's Guide is available at the following link: https://www.qtso.com/hospicetrain.html.<br><br>The user's guide is also available on the Welcome to the CMS QIES Systems for Providers Web site. |
| 16 | If I submit an Inactivation Record 60 days after its original submission and then submit a new record to replace it, is the new record considered late? | When a new record is submitted to replace an inactivated record, the submission deadlines continue to apply. If the record is submitted more than 30 days after the event date, it will be considered late. According to page 3-6 of the HIS Manual, in the case of a Modification or Inactivation Request, Z0500B should contain the original date on which the record was completed. Do not change Z0500B unless the date in Z0500B in the original record was incorrect and the modification request is to correct the date in Z0500B.<br><br>For HIS-Admission Records, the submission deadline is defined as the Admission Date + 30 calendar days. This means the Submission Date should be no later than the Admission Date + 30 calendar days. The Submission Date can be equal to the Admission Date, but no greater than 30 days later. The QIES ASAP system will issue a warning on the FVR if the Submission Date is more than 30 days after the Admission Date.<br><br>For HIS-Discharge Records, the submission deadline is defined as the Discharge Date + 30 calendar days. This means the Submission Date should be no later than the Discharge Date + 30 calendar days. The Submission Date can be equal to the Discharge Date, but no greater than 30 days later. The QIES ASAP system will issue a warning on the FVR if the Submission Date is more than 30 days after the Discharge Date. |

| Question # | Question | Answer |
|---|---|---|
| 17 | Why does it show as a warning whenever a patient has died? | Error message -915 indicates Patient Information Mismatch, meaning that the submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. The following patient information can be updated from data in the HIS record:<br>• Last Name<br>• First Name<br>• Middle Initial<br>• Birth Date<br>• Death Date<br>• Social Security Number<br>• Medicare Number<br>• Medicaid Number<br>• Gender<br>• Race/Ethnicity<br>If the record was accepted, the patient information in the database was updated. Verify that the new information is correct. More information about this warning is on page 5-9 of the following: https://www.qtso.com/download/Guides/hospice/Users_Sec5.pdf.<br><br>If you have a patient who has died in your hospice, you would be submitting a death date in the HIS record. The death date in the HIS record would be updated for that patient in the national database, because there would not have been a death date prior to that patient's death. When the information is updated in the national database, the error 915 warning message is returned on your FVR. |
| 18 | How do know what your warning indicates so that you can correct it? | Error messages are detailed in Chapter 5 of the HIS Submission User's Guide for the QIES ASAP System available at the following link: https://www.qtso.com/hospicetrain.html. |
| 19 | Is there a glossary of errors? | Error messages are detailed in Chapter 5 of the HIS Submission User's Guide for the QIES ASAP System available at the following link: https://www.qtso.com/hospicetrain.html. |

| Question # | Question | Answer |
|---|---|---|
| 20 | According to page 3-6 of the HIS Manual, if a HIS was submitted on time and you find an error, you can correct this submission—this is my understanding? What happens with the 7- or 14-day signature deadline and 30-day submission deadline? How does this affect the agencies compliance data? | According to page 3-6 of the HIS Manual, in the case of a Modification or Inactivation Request, Z0500B should contain the original date on which the record was completed. Do not change Z0500B unless the date in Z0500B in the original record was incorrect and the modification request is to correct the date in Z0500B. In the case of a modification record, the assessment submission timing edit is not applied. If the modification record is submitted more than 30 days after the event date, it will not be considered late. |
| 21 | Will CMS add a report to show what or percentage of correctly submitted HIS are like we received for home health? | The HIS Submission Statistics by Provider report provides, for the specified timeframe, the submission date/time, submission ID, number of records processed, number of records rejected, number of records accepted, and percent of records rejected for each submission during the specified timeframe. Totals are also provided in this report. Although this report provides the total percent rejected, you would be able to calculate the percent accepted from this. |
| 22 | When we find an error on a survey that has been submitted, can we send a modified survey? How do we do so without receiving a duplication error message? | If you submit a modified HIS record with A0050 Type of Record = 1 (add new record), you will receive fatal error message -907 indicating that you attempted to submit a duplicate record.<br><br>When you find an error on a HIS record that you have submitted, you will need to send a modified record where A0050 Type of Record = 2 (modify existing record). This indicates to the system that you are modifying the previously submitted HIS record and you should not receive an error. |

| Question # | Question | Answer |
|---|---|---|
| 23 | Where can we find the form to apply for exceptions on the HIS for a new or small program? | According to the HIS Manual V 1.02, page 1-3 through 1-4, any Medicare certified hospice provider is required to submit HIS Admission and Discharge Records on all patients admitted on or after July 1, 2014. HIS-Admission and HIS-Discharge Records are submitted for all patient admissions to a Medicare-certified hospice program on or after July 1, 2014, regardless of payer source (Medicare, Medicaid, or private payer), patient age, or where the patient receives hospice services (home, nursing home, assisted living facility, freestanding hospice). There is no participation exemption for size in the Hospice QRP for the submission of HIS records. There is a participation exemption for size for the CAHPS Hospice Survey, but the CAHPS Hospice Survey and the HIS are two separate reporting requirements with different criteria.<br><br>More information about the CAHPS exemptions is available at the following link:<br>http://www.hospicecahpssurvey.org/en/participation-exemption-for-size/. |
| 24 | You have focused on 30-day submissions, but have not discussed 7-day discharge and 14-day admission deadlines. Are they still mandatory? | The completion deadline for the HIS is latest possible date on which a provider should complete a HIS record. The completion deadline for the HIS-Admission Record is defined as the Admission Date + 14 calendar days. The completion deadline for the HIS-Discharge Record is defined as the Discharge Date + 7 calendar days. The submission deadline is defined as the latest possible date on which a provider should submit a HIS record. The submission deadline for the HIS-Admission Record is defined as the Admission Date + 30 calendar days. The submission deadline for the HIS-Discharge Record is no later than the Discharge Date + 30 calendar days. More information about these deadlines is available in the Guidance Manual for Completion of the HIS, available on the following Web page:<br>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html. |
| 25 | That was so very helpful—thank you so much! You wouldn't believe the trouble I've had getting my FVR and how easy she made it look—I was going about it a much harder way! I am so glad I'm watching this webinar today!!! | |
| 26 | Is the "two users per provider" rule still in effect? | Each provider is allowed two CMSNet and two QIES user IDs. User IDs and passwords may not be shared. |

| Question # | Question | Answer |
|---|---|---|
| 27 | How long are our submission records kept on the CASPER site? | Accepted HIS records submitted to the ASAP system are kept in the national database indefinitely at this time. |