

# SHP Solutions™ for Hospice Submitting Quality Data to CMS



## Submitting Your Hospice Quality Data to CMS

1. How SHP is Making Your Life Easier
2. What You Need to Do to Be Compliant
  - a) Register Your Medicare Provider Number (CCN)
  - b) Submitting Your Provider Information
  - c) Submitting Your Quality Measure Data
    - Structural Measure
    - Comfortable Dying





**How SHP is Making Your Life Easier**

*easy street*®



SHP makes gathering and reporting your hospice quality data to CMS as simple as possible.

The “**CMS Quality Measures**” report provides you with the exact data points necessary to submit your quality indicators to CMS.

The “**Structural Measure**” section of the report (Page 2) shows you the **quality indicators** that your hospice is tracking in the SHPSolutions™ for Hospice program.

The “**Comfortable Dying**” section of the report (Page 1) provides the 7 data points you will need to submit the NQF #0209 Comfortable Dying measure to CMS.

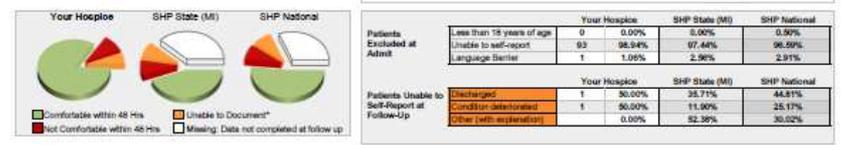


Structural Measure: The worksheet below indicates how each SHP QAPI measure maps to the CMS Structural Measure domains and subdomains.

Structural Measure Worksheet	SHP Measure Type	SHP Measure
<b>Domain 1: Patient Safety</b>		
<b>Subdomain 1: Infections - Topics:</b>		
<input checked="" type="checkbox"/> Infections – incidence/prevalence	Potentially Avoidable Event	Infection rate per 1000 patient days
<input checked="" type="checkbox"/> Infections – treatment	Potentially Avoidable Event	Infection Treated (Y/N)
<input checked="" type="checkbox"/> Infections – other	Potentially Avoidable Event	Infection Reasons
<b>Subdomain 2: Falls - Topics:</b>		
<input checked="" type="checkbox"/> Falls – incidence/prevalence	Potentially Avoidable Event	Fall rate per 1000 patient days
<input type="checkbox"/> Falls – risk screening/assessment		
<input type="checkbox"/> Falls – interventions		
<input type="checkbox"/> Falls prevention education		
<input type="checkbox"/> Falls – patient/family ratings		
<input checked="" type="checkbox"/> Falls – Other	Potentially Avoidable Event	Fall Reasons
<b>Subdomain 3: Medication Safety - Topics:</b>		
<input type="checkbox"/> Medication Error – incidence		
<input type="checkbox"/> Medication Adverse Events – incidence		
<input type="checkbox"/> Medication reconciliation and/or comprehensive medication review		
<input checked="" type="checkbox"/> Medication patient/family education	Hospice Proprietary Survey	Question 19: The instructions were adequate to teach you or your caregiver how to give the medication(s).
<input checked="" type="checkbox"/> Medication patient/family ratings	FEHC Survey	Question 84: Did you want more information than you got about the medicines used to manage the patient's pain?
<input type="checkbox"/> Medication – other		
<b>Subdomain 4: Pressure Ulcers/Wounds - Topics:</b>		
<input checked="" type="checkbox"/> Pressure ulcers/wounds incidence/prevalence	Potentially Avoidable Event	Wound rate per 1000 patient days
<input type="checkbox"/> Pressure ulcers – screening/risk assessment		
<input type="checkbox"/> Pressure ulcers prevention/intervention		
<input checked="" type="checkbox"/> Pressure ulcers/wounds – other	Potentially Avoidable Event	Pressure Ulcers by Stage
<b>Subdomain 5: Oxygen Safety Topics:</b>		
<input type="checkbox"/> Oxygen Safety – risk assessment		
<input type="checkbox"/> Oxygen Safety – patient/family education		
<input type="checkbox"/> Oxygen Safety – other		
<b>Subdomain 6: Patient Safety or Incidents – general - Topics:</b>		
<input checked="" type="checkbox"/> Tracking Incidents – broadly	Potentially Avoidable Event	Hospitalization rate per 1000 patient days
<input type="checkbox"/> Safety assessment/family education/interventions		
<b>Subdomain 7: Patient/Family Ratings of Care Regarding Patient Safety - Topics:</b>		
<input type="checkbox"/> Patient/family ratings of patient safety		
<input checked="" type="checkbox"/> Patient/family ratings of instruction education about patient	Hospice Patient Survey	Question 16: The staff discussed home safety precautions.



NQF #0209 Comfortable Dying		Your Scores & Benchmarks:	
This section provides the data points in the format you will enter them into the CMS website (variable %0209) when reporting the data for your hospice.		Comfortable Dying - Pain Brought to a Comfortable Level Within 48 hrs of Initial Assessment.	
		Cases	Count
1. Enter the number of admissions during the data collection period.	178	Total Admissions - 178	
2. Pain Measure Denominator: Enter the number of patients who answered YES to the question "Are you uncomfortable because of pain?" at the initial assessment.	31	85	31
3. Enter the number of patients who answered NO to the question "Are you uncomfortable because of pain?" at the initial assessment (after admission to hospice services).	54	85	54
4. Enter the number of patients excluded.	54	178	54
		MISSING: Data not completed at Admit	
		MISSING: Data not completed at Admit	
5. Pain Measure Numerator: Enter the number of patients who answered YES to the follow-up question "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"	25	31	25
6. Enter the number of patients who answered NO to the follow-up question "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"	3	31	3
7. Enter the number of patients unable to self-report at follow-up.	3	31	3
		MISSING: Data not completed at Follow-up	
		MISSING: Data not completed at Follow-up	

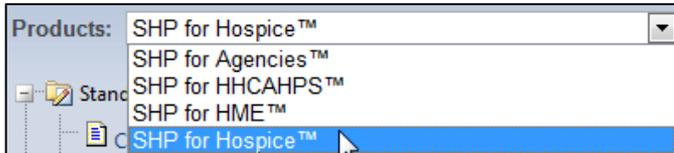


Prior to logging into the CMS Website to register your CCN and submit your quality data, log into your SHP account to run the “**CMS Quality Measures**” Report.

- 1) Log into your SHP account at [www.SHPdata.com](http://www.SHPdata.com).
- 2) Click on the “View Reports” link.



- 3) Select the “SHP for Hospice” product at the top of the page.

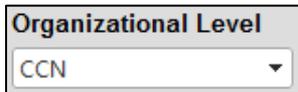


- 4) Click the link for the “CMS Quality Measures” report



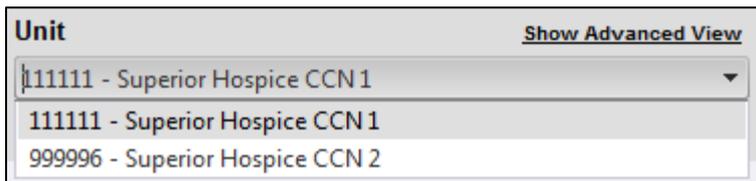
*[Continued]*

6) Select “CCN” under the “Organizational Level” drop-down.



Organizational Level  
CCN

7) Select the CCN you wish to run the report for under the “Unit” drop-down.



Unit [Show Advanced View](#)  
111111 - Superior Hospice CCN 1  
111111 - Superior Hospice CCN 1  
999996 - Superior Hospice CCN 2

8) Select the “CMS Reporting Period” of “10/01/2012 – 12/26/2012”. Per CMS guidelines, only patients admitted during that period should be included in this submission.

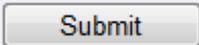


CMS Reporting Period  
Quarterly reporting periods established by CMS.  
10/01/2012 - 12/26/2012

From Date      To Date  
01-2012      10-2012

[Continued]

6) Run the report by clicking “Submit”.



7) Save the report by clicking on the “Export” icon and selecting “PDF”.



8) Repeat this process for any other CCN’s in your organization.

**CMS Quality Measures Worksheet**  
 Superior Outcomes Hospice  
 Provider ID: 99999

SHP Solutions™ for Hospice  
 10/1/2012 - 12/25/2012  
 Report Date: 1/9/2013

**NQF #030 Comfortable Dying:**  
 This section provides the data points in the format you will enter them into the [CMS website](#) (available 1/1/2013) when reporting the data for your hospice.

**Your Scores & Benchmarks:**  
 Comfortable Dying - Pain Brought to a Comfortable Level Within 48 Hrs of Initial Assessment.

	Cases	Count	Incidence	%	100%
1. Enter the number of admissions during the data collection period.	179				
<b>Total Admissions</b>	-	179			
2. Pain Measure Denominator: Enter the number of patients who answered YES to the question "Are you uncomfortable because of pain?" at the initial assessment.	85	31	You: 36.5%	SHP MI: 28.1%	SHP Nat: 26.4%
3. Enter the number of patients who answered NO to the question "Are you uncomfortable because of pain?" at the initial assessment (after admission to hospice services).	85	54	You: 63.5%	SHP MI: 71.9%	SHP Nat: 73.6%
4. Enter the number of patients excluded.	179	94	You: 52.5%	SHP MI: 40.2%	SHP Nat: 38.0%
<b>MISSING: Data not completed at Admit</b>			You: 0.0%	SHP MI: 13.9%	SHP Nat: 17.8%
5. Pain Measure Numerator: Enter the number of patients who answered YES to the follow-up question "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"	31	28	You: 83.9%	SHP MI: 44.0%	SHP Nat: 51.7%
6. Enter the number of patients who answered NO to the follow-up question "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"	31	3	You: 9.7%	SHP MI: 8.6%	SHP Nat: 8.9%
7. Enter the number of patients unable to self-report at follow-up.	31	3	You: 8.5%	SHP MI: 9.5%	SHP Nat: 8.5%
<b>MISSING: Data not completed at Follow-up</b>			You: 0.0%	SHP MI: 37.9%	SHP Nat: 30.9%

**Your Hospice**

**SHP State (MI)**

**SHP National**

■ Comfortable within 48 Hrs   
 ■ Unable to Document\*   
 ■ Not Comfortable within 48 Hrs   
 ■ Missing: Data not completed at follow up

	Your Hospice	SHP State (MI)	SHP National
<b>Patients Excluded at Admit</b>			
Less than 18 years of age	0	0.00%	0.00%
Unable to self-report	93	98.94%	97.44%
Language Barrier	1	1.06%	2.99%
<b>Patients Unable to Self-Report at Follow-Up</b>			
Discharged	1	30.00%	33.71%
Condition deteriorated	1	30.00%	25.17%
Other (with explanation)		0.00%	52.38%



# What You Need to Do to Be Compliant



The first step is to register your Medicare Provider Number (CCN) on the CMS website.

**Note:** Each CCN in your organization must be registered individually with CMS and is allowed to have one registered user account. However, one email address can be used to register for multiple CCN's. This allows one individual to perform the data submission process for multiple CCN's if desired.

- 1) To get started, go to the Hospice Quality Reporting website (<https://hospice.qtso.com/>) and click the "Register" link:



[Continued]

2) On the “**Register an Account**” screen, populate the following fields:

- CCN
- Hospice Legal Name
- Your First Name
- Your Last Name
- Hospice Phone Number
- Email Address
- Confirm Email Address
- Password \*\*
- Confirm Password

### REGISTER AN ACCOUNT

Use the form below to register an account for access to the HOSPICE QUALITY REPORTING DATA ENTRY AND SUBMISSION SITE.

Sign-up Form

All fields are required.

**CCN**

**Hospice Name**

**Your First Name**

**Your Last Name**

**Hospice Phone Number**

**Email Address**

**Confirm Email Address**

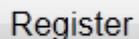
**Password**

**Confirm Password**

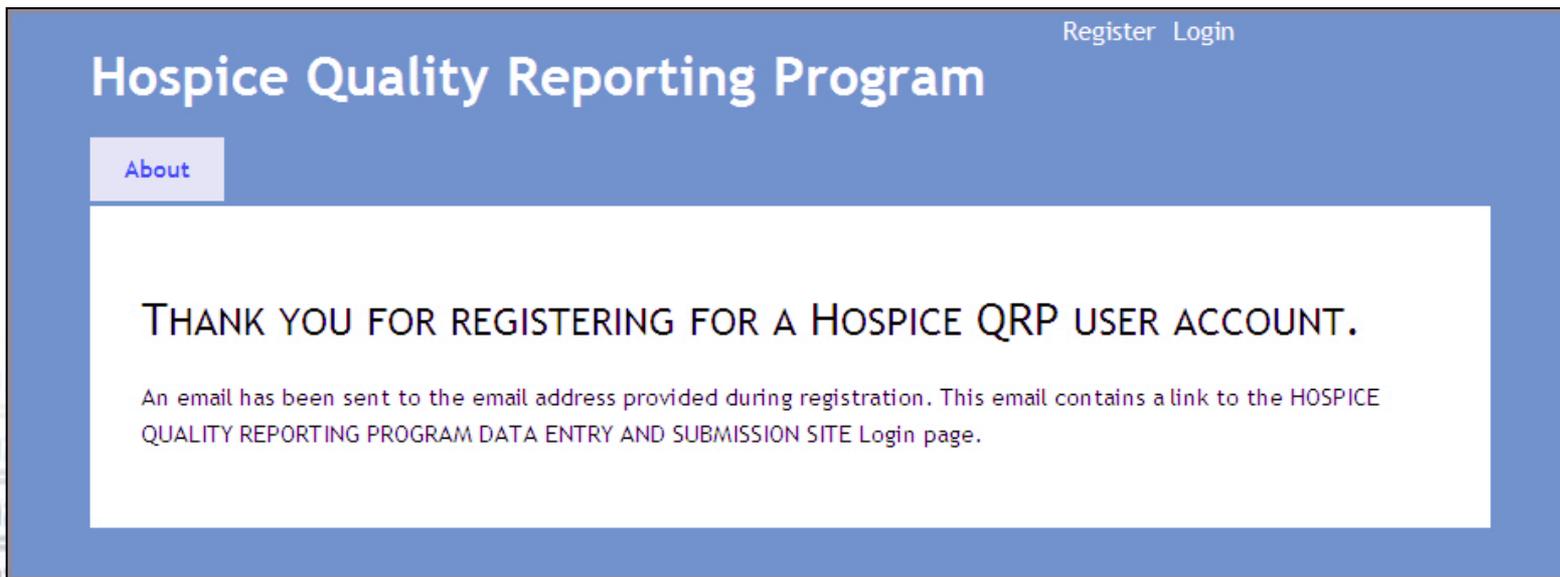
\*\*Passwords must include at least 8 characters, but no more than 20 characters. You must use at least one upper case (capital) letter and one lower case letter in addition to one number and one special character (!,@,#, \$, etc.)

*[Continued]*

- 3) When all fields have been populated, click on the “Register” button at the bottom of the page.



- 4) The “**Thank You for Registering**” page will be displayed. This page indicates that an email message was sent to the email address you entered on the “**Register an Account**” page. This email message provides a link and instructions for you to activate your account.



*[Continued]*

- 5) Access the email account that was specified during the registration process. Within 30 minutes of completing your registration, you should receive an email from [hospice.quality.report@gmail.com](mailto:hospice.quality.report@gmail.com).

The confirmation email contains all of the information that was submitted on the “**Register an Account**” page, an activation link, and a list of the other CCNs for which you are registered (if applicable).

**Note:** *If you do not receive the email message within 30 minutes, please contact the QTSO Help Desk for assistance by email at [help@qtso.com](mailto:help@qtso.com) or by phone at 1-877-201-4721.*

Please confirm the following information and print for your records.

CCN: 111516

Hospice Name: Mercy Hospice Central

First Name: Jane

Last Name: Doe

Hospice Phone Number: 5155551516

Email Address: [jdoe@mercyhospice.com](mailto:jdoe@mercyhospice.com)

To activate your account select the following link: <http://158.73.75.211/Account/Confirm.cshtml?confirmationCode=vT6-lmhpJeJqrlxC5aEOtA2>

*[Continued]*

- 6) Click the activation link in the email to confirm your registration.

To activate your account select the following link: <http://158.73.75.211/Account/Confirm.cshtml?confirmationCode=vT6-lmhpJeJqrlxC5aEOtA2>

- 7) Upon successful activation, the “**Registration Confirmation Page**” will be displayed.



**Note:** *If it becomes necessary to deactivate a user account associated with a hospice (CCN), all data that user entered or submitted for that hospice is deleted.*

The next step is to log into the CMS website and enter your provider information.

1) On the “**Hospice Provider Information**” screen, populate the following fields:

- Mailing Address
- City
- State
- ZIP Code
- Physical Address (If different from Mailing Address)
- Contact Name
- Contact Phone
- Contact Email Address

2) Once all fields are populated, click the “Next” button.

Hospice Quality Reporting Program

Provider Info
About

### HOSPICE PROVIDER INFORMATION

Please provide information about your hospice below. All fields are required.

Hospice Provider CMS Certification Number (CCN).  
**CCN**

Enter the legal name and mailing address of your hospice organization.  
**Name**

**Mailing Address**

**City**

**State**

**ZIP Code**

Enter the physical address of your hospice organization.  
 Same As Mailing Address  
**Physical Address**

**City**

**State**

**ZIP Code**

**Note:** The CCN, Agency Name, and Telephone Number fields that were submitted during the registration process will be auto-populated into this form.

After successfully submitting your provider information, the “**Measure Data Entry Links And Submission Status**” page will be displayed.

There are two measures that will be submitted to CMS in this step:

- ✓ The “Structural Measure” must be submitted by **January 31<sup>st</sup>, 2013**
- ✓ The “NQF #0209 Pain Measure” (Comfortable Dying) must be submitted by **April 1<sup>st</sup>, 2013**



The screenshot shows the 'Hospice Quality Reporting Program' interface. At the top right, it says 'Welcome CCN 111516! Logout'. Below the title, there are two tabs: 'Provider Info' and 'About'. The main content area is titled 'MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS' and includes the instruction: 'To enter data, select the appropriate underlined measure link below.' There are two underlined links: '[Structural Measure: QAPI Program Information](#)' and '[NQF #0209 Pain Measure](#)'. Below each link, the submission period and status are listed. For the Structural Measure, the period is 'January 1, 2013 - January 31, 2013' and the status is 'No Data Entered'. For the NQF #0209 Pain Measure, the period is 'January 1, 2013 - April 1, 2013' and the status is 'No Data Entered'. At the bottom, there are three explanatory lines: 'No Data Entered: Initial login, no data has been entered and/or saved.', 'Data Saved Not Submitted: Data has been saved but has not been submitted to CMS or attested to.', and 'Data Submitted and Attested To: Data has been saved, submitted to CMS and attested to. Data submission is complete.'

**Note:** While the “Structural” measure” and the “Comfortable Dying” measure can be submitted separately, it will likely be easiest to submit both measures at the same time.

## Structural Measure

For the “Structural Measure” data submission, hospice providers will answer three questions related to the specific “Quality Indicators” (QIs) that are included in your QAPI program.

CMS has categorized these “Quality Indicators” into ten “**Primary Domains of Care**”

Primary Domains of Care
<b>Domain 1: Patient Safety</b> <ul style="list-style-type: none"> <li>◆ Sub-Domain 1: Infections</li> <li>◆ Sub-Domain 2: Falls</li> <li>◆ Sub-Domain 3: Medication safety</li> <li>◆ Sub-Domain 4: Pressure ulcers/wounds</li> <li>◆ Sub-Domain 5: Oxygen safety</li> <li>◆ Sub-Domain 6: Patient safety or incidents, general</li> <li>◆ Sub-Domain 7: Patient/family ratings of care re: patient safety</li> </ul>
<b>Domain 2: Physical Symptom Management</b> <ul style="list-style-type: none"> <li>◆ Sub-Domain 1: Pain</li> <li>◆ Sub-Domain 2: Dyspnea</li> <li>◆ Sub-Domain 3: Nausea</li> <li>◆ Sub-Domain 4: Bowel management</li> <li>◆ Sub-Domain 5: Physical symptoms, other</li> </ul>
<b>Domain 3: Care Coordination and Transitions</b>
<b>Domain 4: Patient/Family Preferences</b>
<b>Domain 5: Communication/Education</b>
<b>Domain 6: Patient/Family Experience/Ratings of Care and/or Services</b>
<b>Domain 7: Spiritual</b>
<b>Domain 8: Structure and Process of Care</b>
<b>Domain 9: Psychosocial</b> <ul style="list-style-type: none"> <li>◆ Sub-Domain 1: Depression</li> <li>◆ Sub-Domain 2: Anxiety</li> <li>◆ Sub-Domain 3: Assessment and management of social support</li> <li>◆ Sub-Domain 4: Assessment and management of psychosocial distress</li> <li>◆ Sub-Domain 5: Other psychosocial</li> </ul>
<b>Domain 10: Grief, Bereavement, and Emotional Support</b>



[Continued]

SHP has mapped the QAPI measures available in the SHPSolutions™ for Hospice application to the appropriate CMS domain or subdomain.

[Click here](#) to download the mapping document.

	<b>CMS Quality Measures</b> <b>Structural Measure Worksheet</b>	<i>SHPSolutions™ for Hospice</i>
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Structural Measure: The worksheet below indicates how each SHP QAPI measure maps to the CMS Structural Measure domains and subdomains.

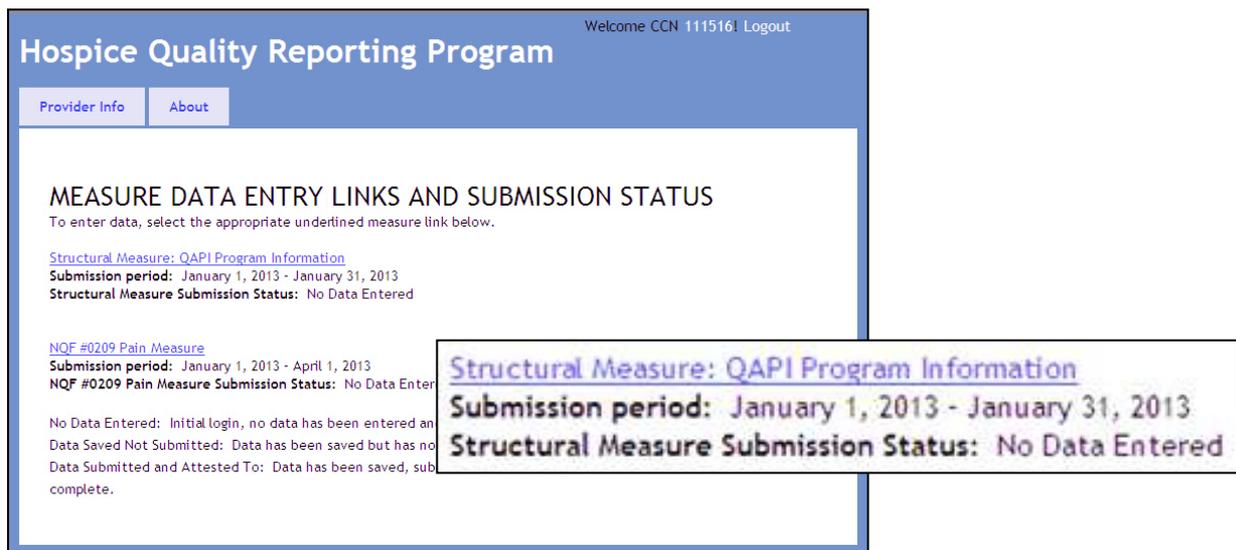
Structural Measure Worksheet	SHP Measure Type	SHP Measure
<b>Domain 1: Patient Safety</b>		
<b>Subdomain 1: Infections - Topics:</b>		
<input checked="" type="checkbox"/> Infections – incidence/prevalence	Potentially Avoidable Event	Infection rate per 1000 patient days
<input checked="" type="checkbox"/> Infections – treatment	Potentially Avoidable Event	Infection Treated (Y/N)
<input checked="" type="checkbox"/> Infections – other	Potentially Avoidable Event	Infection Reasons
<b>Subdomain 2: Falls - Topics:</b>		
<input checked="" type="checkbox"/> Falls – incidence/prevalence	Potentially Avoidable Event	Fall rate per 1000 patient days
<input type="checkbox"/> Falls – risk screening/assessment		
<input type="checkbox"/> Falls – interventions		
<input type="checkbox"/> Falls prevention education		
<input type="checkbox"/> Falls – patient/family ratings		
<input checked="" type="checkbox"/> Falls – Other	Potentially Avoidable Event	Fall Reasons
<b>Subdomain 3: Medication Safety - Topics:</b>		
<input type="checkbox"/> Medication Error – incidence		
<input type="checkbox"/> Medication Adverse Events – incidence		
<input type="checkbox"/> Medication reconciliation and/or comprehensive medication review		
<input checked="" type="checkbox"/> Medication patient/family education	Hospice Proprietary Survey	Question 19: The instructions were adequate to teach you or your caregiver how to give the medication(s).
<input checked="" type="checkbox"/> Medication patient/family ratings	FEHC Survey	Question B4: Did you want more information than you got about the medicines used to manage the patient's pain?

**Note:** Your hospice may be tracking additional Quality Indicators outside of SHP that you wish to include when reporting the “Structural Measure”.

[Continued]

To submit the “Structural Measure”, follow the steps below.

- 1) On the “**Measure Data Entry Links & Submission Status**” page, click the link for the “**Structural Measure: QAPI Program Information**”



Welcome CCN 111516! Logout

## Hospice Quality Reporting Program

Provider Info About

### MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS

To enter data, select the appropriate underlined measure link below.

[Structural Measure: QAPI Program Information](#)  
**Submission period:** January 1, 2013 - January 31, 2013  
**Structural Measure Submission Status:** No Data Entered

[NQF #0209 Pain Measure](#)  
**Submission period:** January 1, 2013 - April 1, 2013  
**NQF #0209 Pain Measure Submission Status:** No Data Entered

No Data Entered: Initial login, no data has been entered and  
 Data Saved Not Submitted: Data has been saved but has no  
 Data Submitted and Attested To: Data has been saved, submitted and attested to.  
 complete.

[Structural Measure: QAPI Program Information](#)  
**Submission period:** January 1, 2013 - January 31, 2013  
**Structural Measure Submission Status:** No Data Entered

[Continued]

2) On the “**Structural Measure Information Page**”, answer the three questions as outlined below.

**Q1:** Choose “Yes” to indicate that your hospice has a QAPI program that includes three or more quality indicators related to patient care.

**Q2:** Select the appropriate domains or subdomains for the care-related quality indicators that your hospice is tracking (Refer to the [SHP CMS Structural Measure Worksheet](#) as needed).

**Q3:** Select the appropriate data source(s) for your QAPI indicators.

*Note: Most SHP clients will select “Electronic Medical Record (EMR)”. Other sources can be checked as appropriate.*

3) Click “**Save All and Attest Structural Measure**”

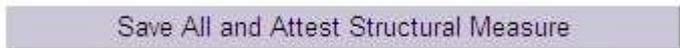


The screenshot shows the 'Hospice Quality Reporting Program' interface. At the top right, it says 'Welcome CCN 111516: Logout'. Below the header, there are two tabs: 'Provider Info' and 'About'. The main content area is titled 'STRUCTURAL MEASURE INFORMATION' and shows the 'Data Collection Period October 1, 2012 through December 31, 2012'. There are two question boxes: Q1 asks if the hospice has a QAPI program with three or more quality indicators, with radio buttons for 'Yes' and 'No'. Q2 asks to include each indicator if the program has at least one, with a link to a form. Below Q2, there are two sub-domains: 'DOMAIN 1: PATIENT SAFETY' with 'Sub-Domain 1: Infections' and 'Sub-Domain 2: Falls'. Under 'Infections', there are three checkboxes for 'Topics': 'Infections - incidence/prevalence', 'Infections - treatment', and 'Infections - other'.

Save All and Attest Structural Measure

[Continued]

- 4) Click the **“Save All and Attest Structural Measure”** button.



- 5) Review the **“Attestation”**, then enter the password for the CCN that you are submitting data for, then click the **“I Attest and Submit”** button.

**Note:** After this step, your submission cannot be modified.

**Attestation**

"I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment."

To attest, enter the password for your account and click "I Attest".

- 6) On the **“Structural Measure Submitted”** Screen, click **“OK”**

**STRUCTURAL MEASURE SUBMITTED**

The Structural Measure data has been successfully attested and submitted to CMS.

**CCN:** 111516  
**Timestamp:** 11/8/2012 7:59:48 AM CST

You may print this page for your records.

## NQF #0209 Pain Measure (Comfortable Dying)

The “NQF #0209 Pain Measure” section is where you will submit the “**Comfortable Dying**” data that was gathered from October – December 2012.

*Note: The information necessary to complete the submission for this section can be found on the SHP “CMS Quality Measures” report on the left-hand side of page 1.*

*Per CMS guidelines, the reporting period includes all patients admitted from 10/1/2012 to 12/26/2012.*

- 1) On the “**Measure Data Entry Links & Submission Status**” page, click the link for the “**NQF #0209 Pain Measure**”

The screenshot shows the 'Hospice Quality Reporting Program' interface. At the top right, it says 'Welcome CCN 111516! Logout'. Below the header, there are two tabs: 'Provider Info' and 'About'. The main content area is titled 'MEASURE DATA ENTRY LINKS AND SUBMISSION STATUS' with a sub-instruction: 'To enter data, select the appropriate underlined measure link below.' There are two links listed: 'Structural Measure: QAPI Program Information' and 'NQF #0209 Pain Measure'. The 'NQF #0209 Pain Measure' link is highlighted with a white box. Below this link, the submission period is shown as 'January 1, 2013 - April 1, 2013' and the status is 'No Data Entered'. A legend at the bottom explains the status: 'No Data Entered: Initial login, no data has been saved.', 'Data Saved Not Submitted: Data has been saved but has not been submitted to CMS or attested to.', and 'Data Submitted and Attested To: Data has been saved, submitted to CMS and attested to. Data submission is complete.'

[Continued]

2) On the “**NQF #0209 Pain Measure**” page, enter the 7 data points exactly as they are shown on the SHP “**CMS Quality Measures**” report.

**NQF #209 Comfortable Dying:**  
 This section provides the data points in the format you will enter them into the [CMS website](#) (available 1/1/2013) when reporting the data for your hospice.

1: Enter the number of admissions during the data collection period.	<input type="text" value="179"/>
2: Pain Measure Denominator: Enter the number of patients who answered YES to the question “Are you uncomfortable because of pain?” at the initial assessment.	<input type="text" value="31"/>
3: Enter the number of patients who answered NO to the question “Are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services).	<input type="text" value="54"/>
4: Enter the number of patients excluded.	<input type="text" value="94"/>
5: Pain Measure Numerator: Enter the number of patients who answered YES to the follow-up question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?”	<input type="text" value="26"/> <i>Public Measure</i>
6: Enter the number of patients who answered NO to the follow-up question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?”	<input type="text" value="3"/>
7: Enter the number of patients unable to self report at follow-up.	<input type="text" value="2"/>

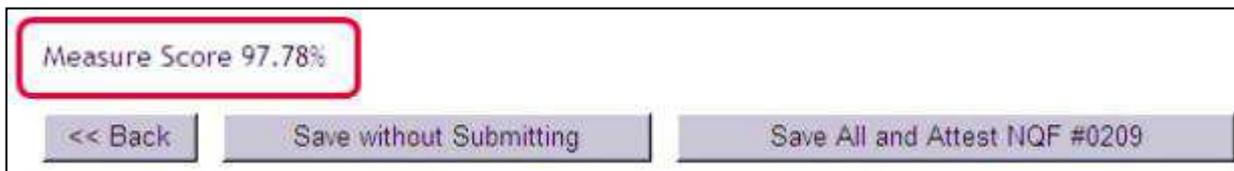


**NQF #0209 PAIN MEASURE**  
**Brief Description of Measure:** reflects the number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report that pain was brought to a comfortable level within 48 hours.

1: Enter the number of admissions during the data collection period (October 1, 2012 through December 26, 2012).	<input type="text"/>
2: Pain Measure Denominator: Enter the number of patients who answered YES to the question “Are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services) during the data collection period.	<input type="text"/>
3: Enter the number of patients who answered NO to the question “Are you uncomfortable because of pain?” at initial assessment (after admission to hospice services) during the data collection period.	<input type="text"/>
4: Enter the number of patients excluded.	<input type="text"/>
5: Pain Measure Numerator: Enter the number of patients who answered YES to the follow-up question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period.	<input type="text"/>
6: Enter the number of patients who answered NO to the follow-up question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period.	<input type="text"/>
7: Enter the number of patients unable to self report at follow-up.	<input type="text"/>

[Continued]

- 3) Your “Measure Score” will be calculated automatically once all fields are populated. Click the “**Save All and Attest NQF #0209**” button when you are ready to submit your data.

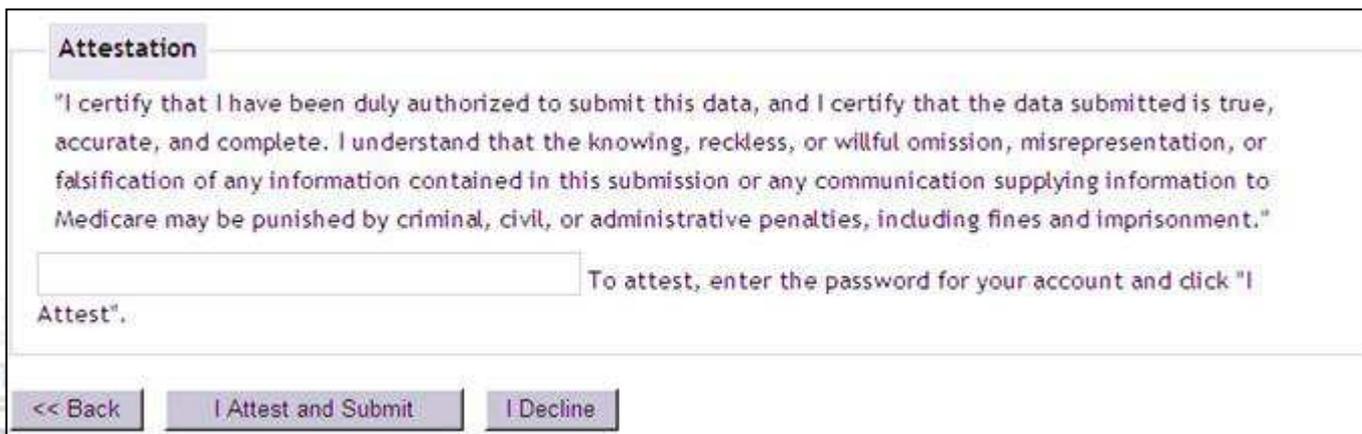


Measure Score 97.78%

<< Back    Save without Submitting    Save All and Attest NQF #0209

- 4) Review the “Attestation”, enter the password for the CMS login for the CCN that you are submitting data for, then click the “**I Attest and Submit**” button.

**Note:** After this step, your submission cannot be modified.



**Attestation**

"I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment."

To attest, enter the password for your account and click "I Attest".

<< Back    I Attest and Submit    I Decline

*[Continued]*

- 5) On the “**NQF #0209 Pain Measure Submitted**” Screen, click “OK”

**NQF #0209 PAIN MEASURE SUBMITTED**

The NQF #0209 Pain Measure data has been successfully attested and submitted to CMS.

CCN: 111516  
 Timestamp: 11/13/2012 3:49:04 PM CST

You may print this page for your records.

- 6) On the “**Measure Data Entry Links & Submission Status**” page, verify that both measures were successfully submitted and attested to.

[Structural Measure: QAPI Program Information](#)  
 Submission period: January 1, 2013 - January 31, 2013  
**Structural Measure Submission Status: Submitted and Attested To - 11/13/2012 1:54:26 PM**

[NQF #0209 Pain Measure](#)  
 Submission period: January 1, 2013 - April 1, 2013  
**NQF #0209 Pain Measure Submission Status: Submitted and Attested To - 11/13/2012 3:49:04 PM**

No Data Entered: Initial login, no data has been entered and/or saved.  
 Data Saved Not Submitted: Data has been saved but has not been submitted to CMS or attested to.  
 Data Submitted and Attested To: Data has been saved, submitted to CMS and attested to. Data submission is complete.

Once the steps outlined in this presentation have been completed, repeat this process for all additional CCNs in your organization.

If you have any questions regarding this process, don't hesitate to contact your SHP Customer Manager for assistance at any time!



### Contact Customer Support

SHP Home [Admin](#) [Update My Profile](#) [Logout](#)

**At Your Service...**  
Your SHP Customer Management Representative:



**Zeb Clayton**  
zclayton@shpdata.com  
Direct: (805) 456-5935

Or, contact the main help desk at (805) 963-9446  
SHP Customer Support Hours: 7:00 AM - 5:00 PM PST

**Submit a Support Ticket...**  
For prompt service, please submit the form below. *\*required fields*

## Hospice Quality Reporting...

The beginning of a whole new level of accountability



## Contact SHP

Phone: (805) 963-9446

Email: [Support@SHPdata.com](mailto:Support@SHPdata.com)

Website: [www.SHPdata.com](http://www.SHPdata.com)

