Hospice Quality Reporting Program (HQRP)

Hospice Item Set (HIS)
Questions and Answers (Q+A)
and Quarterly Updates

January 2015

*This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the 4th quarter (October – December) of 2014 (**Section 1**). This document also contains quarterly updates and events from the 4th quarter (**Section 2**), as well as upcoming updates for the next quarter (**Section 3**). Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*

Section 1: HIS Quarterly Questions and Answers

Qualifying Event:

Question 1: Should a new HIS record be submitted if a correction is made in the Attending or Medical Director on record for the patient?

Answer 1: 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.

CASPER Reporting / Hospice Compare

Question 2: 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?

Answer 2: 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

four 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

Treatment Initiated

Question 3: 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?

Answer 3: 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). Proactive education on medications in the comfort pack in anticipation of symptoms is not considered initiation of treatment. For non-medication treatments that the hospice initiates or recommends not requiring a specific physician's order, (e.g., fans, positioning, patient education efforts); **or** for over-the-counter (OTC) medications or non-medication interventions that the patient/family initiate, without physician orders and without specific recommendation by the hospice staff (e.g., OTC stool softeners, prune juice for opioid induced constipation), "date treatment initiated" is the documented date the hospice first discussed the medication/treatment with the patient/caregiver.

Subcontracted/Traveling Patients

Question 4: 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?

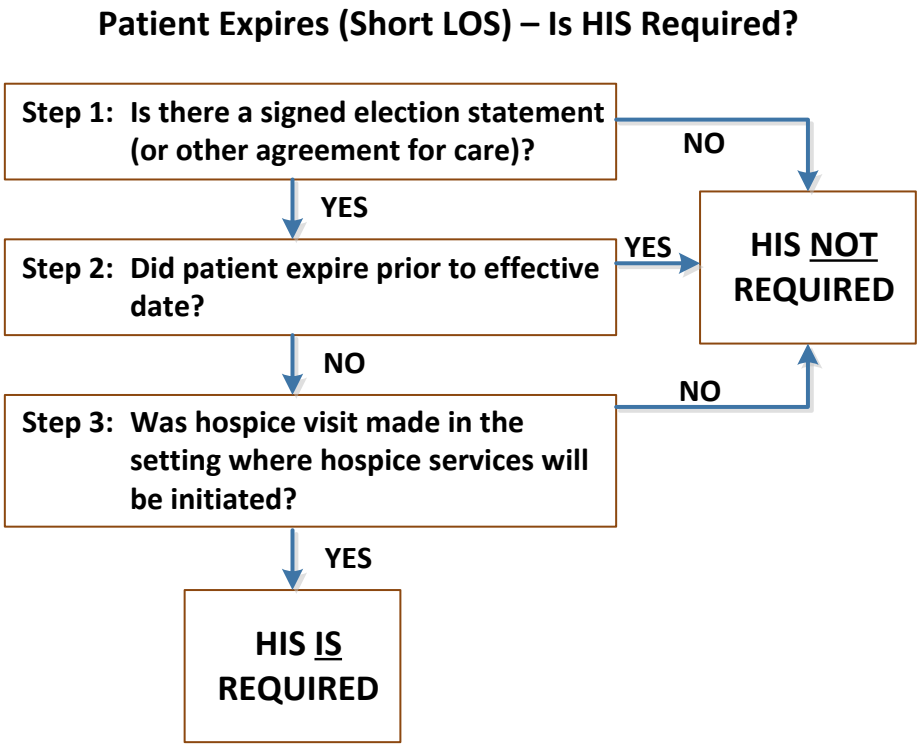
Answer 4: Per CMS regulations at 418.26, a hospice may discharge a patient if the patient moves out of the service area or transfers to another hospice. However, per the

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 home hospice is not required to submit an HIS-Discharge and new HIS-Admission when the patient travels out of the service area.

Short LOS / Patient Expires

CMS Question 5: If a patient expires before an initial assessment or comprehensive assessment can be completed, is an HIS-Admission and HIS-Discharge still required?

CMS Response 5: 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. For example, if the patient was discharged before a pain screening was completed, answer "no" to Item J0900A (gateway question) and skip to Item J2030, Screening for Shortness of Breath.

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 initial assessment was initiated, even if the entire initial assessment was not completed or was initiated in another care setting.

HIS Submission

Question 6: For a provider using paper based documentation, or for a provider having EMR challenges, is there a way to submit HIS data manually?

Answer 6: 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.

The following excerpt is taken from Question 3 of the Q1 Q+A document:

> 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.

HIS Submission/Record Sequencing

Question 7: Can we complete and/or submit HIS-Discharge records prior to HIS-Admission records? For patients with very short lengths of stay, completion timing may be such that the HIS-Discharge record completion deadline occurs prior to the HIS-Admission completion deadline.

Answer 7: 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.

F3000

Question 8: Our social workers sometimes meet with families on the day prior to the actual hospice admission date and go over the questions related to preferences F2000, F2100, & F2200. They also obtain some of the psychosocial information at that time and ask questions pertaining to the F3000 -spiritual and existential concerns. I have several records recently where the F3000 question was initially addressed on the day prior to hospice admission. In one case, the family requested that there be no visits from clergy on the hospice team- and said that they had their own Rabbi and would be receiving visits from him. So, the only discussion related to spiritual and existential questions was done on the day prior to admission. I am not able to record that conversation in HIS without resulting in a fatal error. Should I record this as no conversation?

Answer 8: 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.

Z0500

Question 9: 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?

Answer 9: 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.

Section 2: What you may have missed from the 4th Quarter of 2014

HIS data collection for the Fiscal Year (FY) 2016 APU determination has ended, but providers will continue to collect and submit HIS data in 2015

- December 31, 2014 marked the close of the FY 2016 data collection cycle. For the FY 2016 data collection cycle, hospices were required to report HIS data (and HIS-Admission and HIS-Discharge records) for each patient admission to their hospice July 1, 2014 – December 31, 2014. HIS data submission for patient admissions occurring between July 1 and December 31, 2014 will be used by CMS to determine compliance with FY 2016 reporting cycle requirements.

- Remember, the timeframe for HIS record submission means you have 30 days from the event date (patient admission or discharge) to submit HIS records. For example, if a patient was admitted or discharged on December 31, 2014, you have 30 days from that date to submit the appropriate HIS record. This means that hospice providers should submit all HIS records for patient admissions occurring in 2014 by January 30, 2015. However, late records can be accepted by the QIES ASAP system; if a hospices realizes it will not meet the timeliness criteria for any given HIS record, the hospice should still submit that record, even if the record is 'late'.
- **Hospice providers should continue to complete and submit HIS records for patient admissions occurring after December 31, 2014. Patient admissions occurring January 1, 2015 – December 31, 2015 will be part of the FY 2017 reporting cycle, impacting FY 2017 Annual Payment Update (APU) determinations.**
- For more information on HIS requirements, please visit the "Hospice Item Set (HIS)" portion of the CMS HQRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html or contact the Quality HelpDesk at: HospiceQualityQuestions@cms.hhs.gov

Section 3: What's coming up in 2015

FY 2016 Rulemaking Cycle to begin in late spring 2015

- The annual rulemaking cycle will commence in late spring/early summer of 2015 with the release of the Proposed Rule. Rulemaking is the vehicle through which requirements for the HQRP are communicated to hospice providers. Once the proposed rule is released, the public has 30 days to comment on proposals in the rule; CMS then responds to public comments and finalizes requirements. Providers and other stakeholders should review the proposed and final rules carefully as these are the official vehicles through which new requirements for the HQRP are established and communicated. The public comment period following publication of the proposed rule is also the primary opportunity for the public to provide feedback to CMS on the feasibility and utility of proposed requirements. The proposed rule will be published in the Federal Register: https://www.federalregister.gov/ in late spring/early summer 2015; its publication will also be announced on the CMS HQRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html.
- 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/ or the Office of the Federal Register website: https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf