

Hospice Item Set (HIS) Quarterly Questions and Answers (Q+As) - October 2014

This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the third quarter (July – September) of 2014. Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.

Annual Payment Update (APU) Determinations

Question 1. What if we complete or submit an HIS record late? Will this affect our APU determination?

Answer 1. 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.

Section A

Question 2. 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?

Answer 2. 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).

Section N

Question 3. Which substances are considered opioids for the purposes of HIS item completion? Are medications like tramadol considered opioids?

Answer 3. 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.

Treatment Initiation

Question 4. 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 example:

- We have standing orders for all patients that include Morphine and oxygen to treat shortness of breath whenever it is indicated. We order a comfort kit at the time of admission that includes morphine for all patients. The morphine is in the home but we may not use it for a few months. So, the morphine is ordered, in the home, and on standby. Is the morphine considered “initiated” since it was ordered, delivered to the home, and on standby? In other words, does the morphine being delivered to the home meet the definition of “initiated” or only if the patient will start actually using the morphine? We also have oxygen on the standing orders and do not order the oxygen until needed. Do we consider the oxygen as “initiated” since it was not delivered to the home yet?
- There are standing orders on the chart for Morphine 2 mg PO/SL PRN pain/dyspnea. An order can be on a patient's chart but not initiated until it is needed (meaning we do not actually have the morphine in the patient's home until it is needed). How do we define “initiation” in this situation?
- May we count comfort kits that are placed in the home for eventual management of symptoms as initiation of treatment for dyspnea and/or opioids with bowel regimen? For example, patients may receive a symptom management kit and/or a bowel management kit in their homes

but similar to standing orders, the meds are not initiated until a symptom issue is present. If we receive an order for these kits, does this count as “initiation” even if there is no other documentation about education or instructions to begin using the medication?

Answer 4. 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.

In the situations listed above, 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.

Note: this Q+A amends Question #5 in the July 2014 Quarterly Q+A document. Providers should consider this Q+A an addendum to the July 2014 Question #5.