Hospice Quality Reporting Program (HQRP)

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

April 2015

*This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the 1st quarter (January – March) of 2015 (**Section 1**). This document also contains quarterly updates and events from the 1st 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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*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

Section J: Pain (Items J0900 and J0910):

Question 1: When the clinician is completing the initial assessment on a new admission, the patient is on pain medication, but reports their pain as "0". Although the patient reported their current pain as "0", the clinician completed a comprehensive pain assessment. With respect to HIS reporting, our hospice organization assumed that if we did the comprehensive pain assessment we should report it on the HIS Admission form; however, the HIS skip pattern for a patient with no pain doesn't allow capturing comprehensive pain assessment data. How do we get credit for the comprehensive pain assessment?

Answer 1: The HIS is an item set, not a patient assessment tool, and does not replace standard clinical practice and judgment. The hospice clinician will carry out whatever assessment is clinically appropriate for the patient's situation. That being said, the hospice staff member completing the HIS should follow HIS item completion guidelines, including skip patterns. When responding to Item J0900, as stated in the HIS Manual, hospice staff should "select the best code for pain severity based on the pain level *at the time of the visit during which the screening was performed*". In this example, since at the time of the screening the patient was not in any pain, the correct response to J0900C is "0, none," resulting in a skip pattern which would skip over Item J0910 Comprehensive Pain Assessment. In this example, although the assessing clinician completed a comprehensive pain assessment, this data will not be captured in the HIS since the

patient reported no pain at the time of the visit. This skip pattern does not mean that the clinician did not or should not complete a comprehensive assessment.

Question 2: In a comprehensive pain assessment, are assessment terms such as unknown; unable to assess; unable to self-report; unable to verbalize; patient response unavailable; or patient non-verbal, considered an attempt to gather information about the attributes of pain? If the staff member completing the HIS sees these terms in clinical record documentation, should corresponding comprehensive pain assessment characteristics be checked in J0910C?

Answer 2: As stated in the HIS manual under "Item Specific Tips" for J0910C, "it is possible to include clinical information such as non-verbal sounds like crying, whining, and groaning; facial expressions such as grimaces and clenched jaw; protective body movements or postures such as bracing, guarding, rubbing or clutching a body part". The HIS Manual also describes specifics of how these assessments could be documented in the clinical record. Additionally, asking the caregiver about the pain attributes and documenting as "reported by the caregiver" can also be used as documentation for the comprehensive pain assessment item. The documentation as listed in the question (e.g., unable to self-report, unable to verbalize) does **not** support a comprehensive assessment. In this example, the corresponding comprehensive pain assessment characteristics should not be checked in J0910C.

Section J: Respiratory Status (Item J2030):

Question 3: When a clinician is completing an initial assessment on a new patient admission, the patient neither shows nor reports any signs of dyspnea or shortness of breath. The patient is using oxygen and taking medication to alleviate the symptom. What response should be selected for J2030C - Did the screening indicate the patient had shortness of breath?

Answer 3: For J2030C, the clinician should use judgment to determine if, at the time of the clinical encounter, shortness of breath is an "active problem". If during the clinical encounter the patient is not experiencing shortness of breath because they recently received medication or oxygen to treat dyspnea, it is at the judgment of the clinician to determine whether, at the time of the clinical encounter, shortness of breath is an "active problem" for the patient. Based on reports of recent symptoms or current treatment, such as oxygen use, the assessing clinician may determine that shortness of breath is an active problem, even if shortness of breath does not occur during the assessment visit. If the clinician determines that shortness of breath is an active problem for the patient, J2030C should be responded to as '1, Yes'.

HIS Data Collection and Quality Measures

Question 4: When reviewing the quality measure numerator available in Appendix C of the HIS Manual, it is noted that not all HIS items collected are necessary for the patient to be included in the numerator. For example, in NQF #1641 (Treatment Preferences), the measure specifications state that patient is included in the numerator if the patient/responsible party was asked about CPR and/or other life-sustaining treatments

and/or preference regarding hospitalization. Based on the information presented in Appendix C, do we need to ask all three questions?

Answer 4: Providers should complete HIS items in accordance with item completion instructions and skip patterns within the HIS, not based on quality measure inclusion criteria. In this example, the provider will complete each preference item in Section F of the HIS (CPR, hospitalization, and other life-sustaining treatment preferences) even though the quality measure currently is specified such that the numerator is met if discussion took place or was attempted for any or all of the three preferences.

Section 2:
What you may have missed from the 1st Quarter of 2015

Providers will continue to collect and submit HIS data throughout 2015

- The HIS is a requirement for all Medicare-certified hospices as part of HQRP requirements. Providers were required to begin collecting patient-level data on all patient admissions beginning July 1, 2014, using the HIS. **Providers will continue to collect HIS data on all patient admissions and submit the data to CMS on an ongoing basis**, according to timeliness criteria outlined in Chapter 1 of the HIS Manual.
- HIS data for patient admissions occurring January 1, 2015 – December 31, 2015 will be part of the FY 2017 Reporting Year, 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.

Providers should contact the CAHPS Hospice Survey team for more information on CAHPS requirements

- As part of general HQRP requirements, hospice providers were required to begin participating in the CAHPS Hospice Survey in 2015.
- Although the CAHPS Hospice Survey is a requirement of the HQRP, it is separate from the HIS requirement; providers should contact the CAHPS Hospice Survey Project team or visit the Hospice CAHPS website for more information on the CAHPS survey.
- Providers can access the Hospice CAHPS website here: http://www.hospicecahpssurvey.org/Content/HomePage.aspx. For technical assistance, contact the CAHPS Hospice Survey Project Team at: hospicecahpssurvey@HCQIS.org or 1-844-472-4621. To communicate with CMS staff about implementation issues: hospicesurvey@cms.hhs.gov.

Section 3:
What's coming up in 2015

Mark Your Calendars: HIS Manual Update and Related training to be held in June 2015

- A new version of the HIS Manual (V1.02) will be released in early June 2015. CMS updated the HIS Manual based on frequently asked questions received by the Quality Help Desk. Updates to the HIS Manual will provide clarifications of HIS item definitions and expectations for use.
- To support updates made to the HIS Manual, **CMS will provide a training that will be available to all hospice providers. The training will be hosted via an MLN Connects® National Provider Call that will take place in mid-June.**
- The MLN Connects Call will be recorded and transcribed. This recording and transcription will be made available for provider download following the MLN Connects Call.
- **Providers cannot yet register for the MLN Connects Call.** More information on the exact date of the provider call and instructions for registration will be posted on the MLN National Provider Calls and Events webpage: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html, as well as on the CMS HQRP HIS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.

Hospice proposed rule to be published in May 2015

- The hospice proposed rule, which will include HQRP requirements and updates, is scheduled to be published in the Federal Register in May 2015.
- Rulemaking is the process through which CMS proposes and finalizes any new requirement for the HQRP. Once the proposed rule is published, providers have 60 days to review the proposed rule and submit comments to CMS. CMS then reviews all public comments, responding to comments and finalizing requirements in the final rule.
- Publication of the hospice proposed rule will be announced on the CMS HQRP website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html; the proposed rule will be published in the Federal Register at: https://www.federalregister.gov/.
- 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

Initial Determinations of Compliance with FY 2016 HQRP requirements scheduled for June 2015

- To meet HQRP FY 2016 reporting requirements, hospices must have collected HIS data for patient admissions from July 1, 2014 through December 31, 2014. All quality data must have been submitted to CMS by the final deadline of April 1, 2015, after which

CMS will run the Annual Payment Update (APU) report to determine those providers who are/are not compliant with the quality reporting requirements.

- Any hospice found not to have submitted their HIS data as required will be found non-compliant with the HQRP reporting requirements and may be subject to the 2 percentage point reduction in their APU.
- **CMS plans to issue initial notices of noncompliance in June 2015. Any provider receiving an initial notification of noncompliance has the opportunity to submit a request for reconsideration** to CMS within 30 days from the date of the non-compliance notification letter.
- **Providers cannot request reconsideration unless they receive a notification of noncompliance from CMS.** Further details about submitting a request for reconsideration can be found on the "Reconsideration Requests" portion of the CMS HQRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Reconsideration-Requests.html.
- Providers with questions about the reconsideration process should contact the Reconsideration HelpDesk at HospiceQRPReconsiderations@cms.hhs.gov.

Provider Feedback CASPER Reports will be available in the QIES ASAP system beginning April 19th

- Three new hospice provider reports are now available in the Certification and Survey Provider Enhanced Report (CASPER) reporting application:
  - **HIS Record Error Detail by Provider:** displays by HIS ID all of the errors encountered on the Hospice Item Set (HIS) records submitted during the specified time period
  - **HIS Record Error by Field by Provider:** summarizes by Error Number the errors encountered on the HIS records submitted during the specified time period
  - **HIS Records With Error Number:** lists for up to 5 specified Error Numbers the HIS Records submitted with those errors during the specified time period
- The link to access the CASPER Reporting application is available on the CMS QIES Systems for Providers Hospice Welcome page. Please note that this link is only active/available to registered users of the QIES ASAP system.
- **These Reports do not provide scores for the seven HIS quality measures.** These "quality reports" are still under consideration by CMS.
- Additional information on the reports is available on the Spotlights & Announcements web page for the Hospice Quality Reporting Program: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html , including an informational and instructional document: https://www.qtso.com/download/hospice/Hospice_QRP_Data_Entry_Tech_Guide_v2.02.pdf. For questions about access to CASPER, or the new provider reports, please contact the QTSO Help Desk at help@qtso.com or 888-477-7886.