Hospice Quality Reporting Program (HQRP)

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

April 2017

This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the first quarter (January-March) of 2017. This document also contains quarterly updates. Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.

Section 1: Questions and Answers

Section A: Administrative Information

Question 1. **Can you explain which pay sources should be included for Item A1400. Payor Information?**

Answer 1. A1400 Payor Information is intended to identify all pay sources that the patient has, regardless of whether or not the pay source is likely to provide reimbursement for any services, supplies, medications, room and board, etc. that the patient may receive during the hospice episode of care. The existence of a pay source can be based on patient/caregiver report. Check all boxes that best correspond to the patient's current existing payment sources. A1400 data will be used for future measure refinement and patient record matching. For additional guidance, see the HIS Manual V2.00 page 2A-14.

Section J: Pain

Question 2. **If a clinician answers "Yes" to the new J0905 Pain Active Problem item, will they complete the Comprehensive Pain Assessment item J0910? Does this eliminate the previous Pain Severity Screening skip pattern in item J0900C?**

Answer 2. If the clinician answers “1, Yes” to Item J0905 Pain Active Problem, they will complete Item J0910 Comprehensive Pain Assessment. If they answer “0, No” to J0905, for the purposes of completing the HIS, they will skip J0910. The pain active problem skip pattern replaces the prior pain screening skip pattern. Now, you respond to J0910 based on whether pain is an active

problem, not whether the patient has current pain at the time of the screening (J0900C).

Question 3. **Would you please provide me with an explanation of why an agency does not meet the numerator criteria for the Pain Assessment quality measure (NQF # 1637)?**

Answer 3. The Pain Assessment NQF #1637 quality measure reports the percentage of hospice patients who screened positive for pain, who also received a comprehensive pain assessment within 1 day of the pain screening **and** the pain assessment documentation includes at least 5 of the 7 listed characteristics that describe the patient's pain (location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life). A comprehensive pain assessment that does not occur within 1 day of the pain screening, or does not include at least 5 of the 7 listed characteristics would not meet numerator criteria for the NQF #1637 measure.

Question 4. **Could you please explain Warning edit -3077 re: J0905 Pain Active Problem and Section N Opioid Items (N0500 and N0510)?**

Answer 4. The HIS technical specifications V2.00.0 will issue a warning edit -3077 if:

1. Hospice responds "yes" to Item N0500 and/or N0510 indicating that a PRN or scheduled opioid was initiated

   AND

2. Hospice does *not* respond "yes" to J0905 Pain Active Problem to indicate "yes, pain is an active problem for the patient".

Although warning edit -3077 will display in the scenario above, as stated in the warning edit, providers should only respond "yes" to J0905 **if the scheduled or PRN opioids were initiated to treat pain, thus indicating pain is an active problem for the patient OR if there is other evidence that pain is an active problem for the patient**. Responding "yes" to N0500 and/or N0510 *alone* is insufficient evidence to respond "yes" to J0905 since the warning edit -3077 does not require providers to respond "yes" to J0905 in all instances. Records containing warning edits can still be submitted and accepted by the QIES ASAP system.

If you receive warning edit -3077, you should review the patient's clinical record to determine:

1. If opioids were initiated to treat pain or another symptom

   AND

2. If there is other clinical record documentation (besides initiation of opioids) indicating that pain is an active problem for the patient.

If opioids were initiated to treat a symptom other than pain (e.g., shortness of breath) **AND** there is no other indication that pain is an active problem for the patient, respond "no" to J0905 and submit the HIS record with the warning edit -3077. In this scenario, do *not* change your response to J0905 simply to resolve the warning edit.

Please also note that, at this time, Item J0905 is not used in the calculation of a quality measure.

Section O: Service Utilization

Question 5. **Does a Face-to Face encounter from a physician or nurse practitioner count as a visit for Items O5010 and O5030?**

Answer 5. Physician or Nurse Practitioner face-to-face visits made in the final seven days of life may be counted in Items O5010 and O5030.

Question 6. **How do we determine and report the number of "visits" in the last 7 days of life for hospice patients who died in an inpatient or residential hospice facility and were receiving RHC?**

Answer 6. For clinical encounters with RHC patients in an inpatient hospice setting, please count any visit that requires documentation in the patient's medical record. If more than 9 visits were provided from a given discipline on a given day, enter a 9. Please note that once the conditions for inclusion in the numerator of one of the Visits when Death is Imminent Measures is met (for example, at least one clinical visit in the final three days), then a greater number of visits, like 10 compared with 9, will not change the hospice's performance on the measure.

Question 7. **If a patient requires 2 people with the same discipline to visit at the same time, does this count as a single visit or 2 visits? What if the nurse is providing aide services during the visit?**

Answer 7. Items O5010 and O5030 report the number of visits provided by hospice staff from the indicated disciplines, on each of the dates indicated. For example, if the service for the patient required a visit from 2 aides at the same time to provide care, for the purpose of completing Item O5010 and O5030, two aide visits may be recorded from this encounter. Please accurately report the discipline of each visit you provide. If an individual providing a visit is qualified to provide the services of more than one of the disciplines listed in items O5010 and O5030, please record the visit based on the main type of service provided during that visit.

Section O: Service Utilization (continued)

Question 8. **Do O5010 and O5030 collect number of visits for patients who received GIP or CHC in their final days?**

Answer 8. Items O5010 and O5030 only collect the number of visits for patients who received routine home care during the indicated time periods. O5000 asks "Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life?" If the patient did not receive any of these 3 levels of care during the final 3 days, and only received routine home care from the hospice during that time, then the answer is "0. No", and you would complete item O5010, Number of Hospice Visits in Final 3 Days. If the answer is yes, the patient received one of these 3 levels of care, then you would skip the rest of Section O. What this means is that the remainder of Section O is only completed for patients who received routine home care, and not CHC, GIP, or respite, during the final 3 days of life. No visit information is reported for patients who received CHC, GIP, or respite care during this time because those patients are excluded from this measure pair.

Public reporting and Hospice Compare:

Question 9. **What will be the initial data selection period that is publicly reported? Will the initial public reporting contain data prior to the recent 2016 release of the CASPER Hospice-Level Quality Measure Report?**

Answer 9. Hospice Compare will be launching in summer 2017. The HIS data selection period to be publicly reported this summer will include data for patient stays discharged during Quarter 4- 2015 to Quarter 3-2016. CAHPS Hospice Survey scores will be reported for patients who died while receiving hospice care from Quarter 2-2015 through Quarter 3- 2016 (April 2015 through September 2016). Please continue to check the "Hospice Quality Reporting Spotlight & Announcements" webpage (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html) and "Hospice Quality Public Reporting" webpage (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Public-Reporting.html) for future updates, including specific dates related to the launch of the Hospice Compare website.

Record Sequencing for HIS V1.00.0 and HIS V2.00.0:

Question 10. **The HIS V2.00.0 was effective April 1, 2017. Can you please explain in which situations we will need to submit the HIS V1.00.0 and which we submit V.2.00.0?**

Answer 10. The HIS V2.00.0 was effective April 1, 2017. For patient admissions and discharges occurring to your hospice on or after April 1, 2017, you should collect and submit data using the HIS V2.00.0. In general, the version of the HIS that hospice providers should complete and submit is driven by the target date for that record. For HIS-Admission records, the target date is the admission date. For HIS-Discharge records, the target date is the discharge date. If the target date is prior to 4/1/17, submit the appropriate HIS record (Admission or Discharge) using the HIS V1.00.0 form. If the target date is on or after 4/1/17, submit the appropriate HIS record (Admission or Discharge) using the HIS V2.00.0 form. Below is some guidance on specific scenarios:

- **Scenario A:** Patient admitted prior to 4/1/17, HIS-Admission record submitted prior to 4/1/17 using HIS V1.00.0. Same patient discharged after 4/1/17.
    - In this situation, the target date for the record in question (HIS-Discharge record) is after 4/1/17, so the hospice should submit the HIS-Discharge record using the HIS-Discharge V2.00.0
- **Scenario B:** Patient admitted or discharged prior to 4/1/17, but hospice does not submit HIS until after 4/1/17.
    - In this situation, although the hospice is submitting the HIS record after 4/1/17, the target date is still prior to 4/1/17, so the hospice should submit the HIS V1.00.0 in this scenario.
- **Scenario C:** Patient admitted or discharged prior to 4/1/17, hospice submits appropriate HIS V1.00 record prior to 4/1/17. Hospice finds an error in the record after 4/1/17 and needs to complete a modification or inactivation request.
    - In this situation, although the hospice is making the modification or inactivation after 4/1, the target date for the original, erroneous record is prior to 4/1/17, so the hospice would submit the modification and/or inactivation using the HIS V1.00.0.

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Section 2: What you may have missed from the first quarter

Hospice QRP Provider Training, Baltimore MD, January 18, 2017, Post-training Materials Now Available

Presentations and answers to practice activities discussed during the Hospice QRP Provider Training in Baltimore, MD, on January 18, 2017, have been posted in the Downloads section of the Hospice Quality Reporting Training webpage, linked below. Also included in the folder for each presentation are the pre-training materials (without answers) and any documents necessary to facilitate exercises used during the training.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training.html

Video recordings of the actual training presentations are also available via a playlist on YouTube here: https://www.youtube.com/playlist?list=PLaV7m2-zFKphMuY3VK-CXgVAiKsHio3tL

Providers encouraged to rerun Hospice-Level and Patient Stay-level QM reports originally run from 12/18/16 to 2/26/17

An issue has been identified and corrected with the calculations that are performed for the Hospice-Level Quality Measure Report and the Hospice Patient Stay-Level Quality Measure Report. This is causing one of two things to occur:

- Patient stays are excluded from the Hospice-Level and Patient Stay-level Quality Measure Reports or
- Patient stays are included in the Patient Stay-Level Quality Measure report but the discharge dates are not displaying, and those patient stays are not counted in the Hospice-Level Quality Measure report.

Providers are urged to rerun any reports between the implementation date of 12/18/2016 through 02/26/2017.

Section 3: What's coming up in the second quarter of 2017

HIS Manual V2.00 and HIS V2.00.0 Effective April 1, 2017

The HIS Manual V2.00 is available as a .zip file download on the Hospice Item Set (HIS) webpage. This version of the HIS Manual accompanies V2.00.0 of the HIS that will be effective April 1, 2017. A copy of the HIS V2.00.0 is included in Appendix D of the HIS Manual. Also included in the .zip file is a change table that outlines major changes from the HIS Manual V1.02 to V2.00.

The HIS Manual V2.00 can be accessed from the CMS HQRP website here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html

Registration open for Public Reporting Webinar April 27, 2017

A public reporting webinar is scheduled to take place on Thursday, April 27, 2017 from 1:30 PM – 3:00 PM Eastern Time. During this webinar, CMS will discuss the new Preview Reports for Hospices that will be available to providers in the near future. Participants will gain an understanding of how to access these reports, how to interpret the content of these reports, and what to do if they believe their report contains an error. Click here to register: https://engage.vevent.com/index.jsp?eid=3536&seid=767

After the webinar, CMS will post the slide deck, recording, and transcript.

Annual rulemaking cycle will begin late spring 2017

The annual rulemaking cycle will commence in late spring of 2017 with the release of the proposed rule. Once the proposed rule is released, the public has 60 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. Additionally, the public comment period following publication of the proposed rule is 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 2017; 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