



Hospice Quality Reporting Program (HQRP)

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

April 2016

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 2016 (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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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

HIS Completion and Submission

Question 1: We are in process of obtaining the CMSNet User ID and the QIES User ID. Could you please clarify for us the reporting process for those patients that we serviced before we get these ID's that will be outside the timely submission requirements (late)? Do we get an exception?

Answer 1: : As stated in the FY 2016 Final Rule, there are two considerations for providers to keep in mind with respect to HIS reporting: the first is when providers should begin reporting HIS data, the second is when providers will be subject to the potential two (2) percentage point APU reduction for failure to comply with HQRP requirements. Providers are required to begin reporting data on the date that they receive their CCN notification letter. However, if the CCN notification letter were received on or after November 1st, they would not be subject to any financial penalty for failure to comply with HQRP requirements for the relevant reporting year. For example, if a provider receives their CCN notification letter on November 5th, 2015, that provider should begin submitting HIS data for patient admissions occurring on or after November 5th, 2015. However, since the hospice received their CCN notification letter after November 1st, they would not be evaluated for, or subject to any payment penalties for the relevant FY APU update (which in this instance is the FY 2017 APU, which is associated with patient admissions occurring 1/1/15-12/31/15). In terms of timeliness criteria, as also stated in the FY 2016 Final Rule, the timeliness criteria did not go into effect until 1/1/16. Thus,

any patient admissions occurring in CY 2015 would not be subject to timeliness criteria. CMS believes the distinction between when a provider should begin submitting data and when the provider would be subject to any APU reduction allows flexibility for records that may be submitted late when the hospice first receives their QIES User ID. However, if extenuating circumstances prevent this, providers could apply for an extension for “back-logged” HIS records that may need to be submitted after the QIES User ID is obtained. The process for applying for an extension/exemption is outlined in the FY 2016 Final Rule and is also outlined on the CMS HQRP webpage:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Extensions-and-Exemption-Requests.html>.

Question 2: How do I set up a new employee in order to do HIS submissions? We are a new hospice agency and need to get information about HIS Reporting. Where can we get that information?

Answer 2: We recommend you review the “Getting started with the HIS” Fact Sheet for more information on completing and submitting HIS records electronically. This fact sheet is available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Fact-Sheet-Getting-Started-with-the-HIS-%E2%80%93-Checklist-and-Quick-Tips.pdf>. This fact sheet contains links to training modules and instructions/links for registering for the necessary User IDs to submit HIS data. Please note that the Fact Sheet has links to YouTube videos that explain and clarify the process. You will also need to download the current copy of the HIS Manual v1.02. That can be accessed here:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HIS-Manual-V102-along-with-a-change-table.zip>. And finally, please note that the Hospice Quality Reporting Program (HQRP) website can be accessed at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/>

This website will have all of the current information on the HQRP program, including important updates and announcements, as well as Quarterly Q&A documents which contain questions frequently submitted to the HelpDesk and another important information.

Question 3: We have a hospice patient who had no insurance. Subsequently, he became eligible for commercial insurance. Because of our software, we had to discharge this patient from our system and then readmit the patient under the new insurance. Are we required to complete a new HIS-Admission record?

Answer 3: For a patient who has a change in payer source, you would submit an HIS-Admission record when the patient is initially admitted to your hospice organization under the first payer. Provided there is no interruption in care, when the patient’s payer source changes (e.g., from private payer to Medicare), you do not need to take any further action (meaning, for HIS purposes, you would not need to complete an HIS-Discharge record and subsequent new HIS-Admission record when the patient’s payer source changes with no interruption in care). For this patient, provided there is no interruption in care, you will submit an HIS-Discharge record once the patient is no longer receiving services from your hospice or there is an interruption in care related to one of the reasons for discharge listed in Item A2115. The HIS data set is specifically related to the collection of quality data. If the patient just had a payer change, there is no need to submit a new HIS.

Question 4: In the HIS Manual, there is information related to completion deadlines for HIS-Admission and HIS-Discharge records. I have had a couple of these late in the past, and it alerts you on the CASPER Validation Report in the QIES system if record submission exceeds 14 days or 7 days respectively, but it accepts the submission. Is there a penalty even if they are submitted to CMS within that 30-day window?

Answer 4: As stated in the FY 2016 Final Rule, current sub-regulatory guidance produced by CMS (for example, HIS Manual, HIS trainings) state that the completion deadlines for HIS records are 14 days from the Event Date for HIS-Admission records and 7 days from the Event Date for HIS-Discharge records. In the FY 2016 rule, CMS clarified that the completion deadlines continue to reflect CMS guidance only; these guidelines are not statutorily specified and are not designated through regulation. These guidelines are intended to offer clear direction to hospice agencies in regards to the timely submission of HIS-Admission and HIS-Discharge records. Although it is at the discretion of the hospice to develop internal policies for completing HIS records, CMS continues to recommend that providers complete and attempt to submit HIS records early, prior to the 30-day submission deadline. Completing and attempting to submit records early allows providers ample time to address any technical issues encountered in the QIES ASAP submission process, such as correcting fatal error messages. Completing and attempting to submit records early will ensure that providers are able to comply with the 30-day submission deadline. Thus, providers can consider the 14- and 7-day completion timeframes as recommendations; compliance with HQRP/HIS reporting requirements will be determined based on meeting the submission deadlines, not the completion deadlines.

HQRP Quality Measures

Question 5: We have heard that the exclusion criteria for 6 of the 7 HIS quality measures are being changed to include patients with a length of stay less than 7 days. Has the removal of the exclusion criteria taken effect or is it still under review?

Answer 5: The change in the length of stay exclusion criterion has been submitted to the National Quality Forum (NQF) as part of the measure maintenance process and has not yet been reviewed/endorsed by NQF. CMS will communicate this change with the provider community once it has been reviewed by NQF and a decision has been made. Note that this change would not require a change in HIS data collection on the part of providers; it would only result in a change to the way the facility-level quality measure scores are calculated.

Section 2:

What you may have missed from the 1st Quarter of 2016

“HQRP QM User’s Manual v1.00” posted

- The “Hospice Item Set (HIS)- Based Quality Measures (QMs) for the Hospice Quality Reporting Program (HQRP) User’s Manual Version 1.00” was posted in January 2016 on the HIS portion of the CMS HQRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HQRP-QM-Users-Manual-v100_FINAL.pdf.

- This User’s Manual contains information about the 7 current HIS-based QMs in the HQRP including descriptions of (1) the record selection and measure calculation methodologies employed for each QM, and (2) the logical specifications for each QM.

“Timeliness Compliance Threshold” went into effect on January 1, 2016

- The timeliness compliance threshold for HIS submissions, finalized by CMS in the FY 2016 Final Rule, went into effect January 1, 2016.
- For more information on the timeliness compliance threshold, providers can review the “Timeliness Compliance Threshold” Fact Sheet, available on the HIS portion of the CMS HQRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Timeliness-Compliance-Threshold-Fact-Sheet_FINAL.pdf.
- This fact sheet outlines the timeliness compliance threshold for HIS submissions and presents a preliminary algorithm for the timeliness compliance threshold calculation.
- Note that compliance with HIS reporting requirements is determined based on HIS data that is **successfully submitted to and processed by** the QIES ASAP system. Hospice providers can verify successful submission and processing by viewing Final Validation reports. For instructions detailing how to check the submission status of a file and access Final Validation reports, please refer to Appendix A of the CASPER Reporting Hospice Provider User’s Guide: https://www.gtso.com/download/Guides/hospice/cspr_appA_hospc_prvdr.pdf.

Section 3: What’s coming up

Hospice proposed rule to be published in late-Spring 2016

- The hospice proposed rule, which will include HQRP requirements and updates, is scheduled to be published in the Federal Register in late-Spring 2016.
- 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