Hospice Quality Reporting Program (HQRP)

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

January 2016

*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 2015 (**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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*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

Section A: Administrative Information (Items A0700 and A2115)

Question 1: How should we complete Item A0600A if a patient does not have a social security number (SSN)?

Answer 1: According to the HIS Manual v1.02, page 2A-8 in the Item-Specific Instructions, if the patient does not have a social security number, the field is to be left blank. If the patient's social security number becomes available after the record has been submitted, it should be included on the next record. For instance, if the social security number becomes available after submission of the HIS-Admission record, it should be included on the patient's HIS-Discharge record. Including the social security number on the HIS-Discharge record at a later date does not require a Modification Request to the original HIS-Admission record.

The HIS Manual v1.02 can be accessed here:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html

Question 2: How should Item A0245 be completed if the Initial Nursing Assessment was not initiated?

Answer 2: According to the HIS Manual v1.02, page 2A-4 in the Item-Specific Instructions, if the Initial Nursing Assessment was not initiated, you should enter a dash (-) for Item A0245.

Question 3: How should Item A0245 be completed if the Initial Nursing Assessment was initiated but not completed?

Answer 3: According to the HIS Manual v1.02, page 2A-4 in the Item-Specific Instructions, Item A0245 is intended to reflect the date of the initiation of the initial nursing assessment, even if the entire assessment was not completed or was initiated in another care setting. Thus, the date on which the initial assessment was initiated, even if the entire initial assessment was not completed, should be entered for Item A0245.

Question 4: How should Item A0700 be completed if the patient has Medicaid pending or is not a Medicaid recipient?

Answer 4: According to the HIS Manual v1.02, page 2A-9 in the Item-Specific Instructions, if a patient's Medicaid number is pending, enter a "+" in the left-most box for Item A0700. If the patient is not a Medicaid recipient, enter "N" in the left-most box.

Question 5: How should Item A0700 be completed if the patient refuses to supply their Medicaid number?

Answer 5: According to the HIS Manual v1.02, page 2A-9 in the Item-Specific Instructions, Item A0700 should be left blank if the patient refuses to supply his or her Medicaid number or the Medicaid number is unknown.

HIS Completion and Submission

Question 6: Is Oct 1, 2015 the effective date for the 30-day submission deadline for HIS-Admission and HIS-Discharge records?

Answer 6: Since the implementation of the HIS on July 1, 2014, the submission deadline for HIS has been 30 days. As stated in the HIS Manual v1.02 Chapter 1 pages 1-8 through 1-9, for HIS-Admission records, the submission deadline is defined as the Admission Date + 30 calendar days. This means the Submission Date should be no later than the Admission Date + 30 calendar days. The Submission Date can be equal to the Admission Date, but no greater than 30 days later. The QIES ASAP system will issue a warning on the Final Validation Report if the Submission Date is more than 30 days after the Admission Date. For HIS-Discharge records, the submission deadline is defined as the Discharge Date + 30 calendar days. This means the Submission Date should be no later than the Discharge Date + 30 calendar days. The Submission Date can be equal to the Discharge Date, but no greater than 30 days later. The QIES ASAP system will issue a warning on the Final Validation Report if the Submission Date is more than 30 days after the Discharge Date. In practical terms, there has been no change in the guidance from CMS related to the actual submission deadline itself, which remains 30 days from the event date.

On the other hand, if you are referring to the implementation of the Hospice Final Rule related to timeliness compliance thresholds, CMS did finalize timeliness compliance thresholds whereby a provider's compliance with HIS reporting requirements will be determined based on timeliness of submitted records. In the FY 2016 Hospice Final Rule, CMS finalized a timeliness criteria threshold which will take effect for patient

admission and discharges beginning January 1, 2016, impacting the FY 2018 APU. For more information on the timeliness compliance threshold, see **Section 2** this document. Providers can also review the final rule at: https://www.federalregister.gov/.

Question 7: What methodology will be used by CMS to determine compliance with the 30 day submission requirement?

Answer 7: According to the Federal Register, which can be accessed here: at the https://www.federalregister.gov/, generally, the methodology that CMS would use for calculating the proposed 70 percent/80 percent/90 percent compliance thresholds would include HIS records (HIS-Admission and HIS-Discharge) submitted for patient admissions and discharges occurring during the reporting period in the denominator of the compliance threshold calculation. The numerator of the compliance threshold calculation would include any records from the denominator that were submitted within the 30 day submission deadline. The aforementioned methodology would be appropriately adjusted for cases where hospices were granted extensions/exemptions, and instances of modification/inactivation requests so that these instances did not "count against" providers in the proposed compliance threshold calculation. CMS would like to reiterate that rulemaking is the official process through which new requirements are proposed, finalized, and communicated to the provider community. For more information on the timeliness compliance threshold, see the link in **Section 2** of this document which references a Timeliness Compliance Threshold Fact Sheet that is now available. In addition, as further details of the data submission and compliance threshold are determined by CMS, we anticipate communicating these details through the regular HQRP communication channels, including Open Door Forums, webinars, listening sessions, memos, email notification, and web postings.

Section 2:
What you may have missed from the 3rd Quarter of 2015

"HQRP Requirement for FY 2018 Reporting Year" Fact Sheet Posted

- An "HQRP Requirements for FY 2018 Reporting Year" Fact Sheet is now available on the HIS portion of the CMS HQRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Quality-Reporting-Program_FY-2018-Fact-Sheet_Final.pdf.
- This fact sheet contains information about requirements for the Hospice Quality Reporting Program (HQRP) for the Fiscal Year (FY) 2018 reporting year (data collection period 1/1/16- 12/31/16).
- These requirements include submission of both the Hospice Item Set (HIS) and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) as outlined in the fact sheet.
- The "HQRP Requirements for FY 2018 Reporting Year" Fact Sheet also includes resources and frequently asked questions related to HIS and CAHPS reporting requirements.

"Timeliness Compliance Threshold" Fact Sheet Posted

- A "Timeliness Compliance Threshold" Fact Sheet is now 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, finalized by CMS in the FY 2016 Final Rule, and presents a preliminary algorithm for the timeliness compliance threshold calculation.
- These policies went into effect for the FY 2018 reporting year, which began January 1, 2016. See **Table 1**, below.

Table 1. Timeliness Compliance Threshold Requirements by Reporting Year

Reporting Year (& Affected APU)	Dates	Requirement
FY 2018	1/1/16 – 12/31/16	70% of all required HIS records submitted w/in 30 days
FY 2019	1/1/17 – 12/31/17	80% of all required HIS records submitted w/in 30 days
FY 2020 & Beyond	1/1/18 – 12/31/18	90% of all required HIS records submitted w/in 30 days

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.qtso.com/download/Guides/hospice/cspr_appA_hospc_prvdr.pdf.

Section 3: What's coming up

"HQRP QM User's Manual v1.00" to be posted

- The "Hospice Item Set (HIS)- Based Quality Measures (QMs) for the Hospice Quality Reporting Program (HQRP) User's Manual Version 1.00" will be posted in late-January on the HIS portion of the CMS HQRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.
- This User's Manual will 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.
- The posting of the User's Manual will be communicated to providers through all of the usual channels including announcements on the CMS HQRP webpage, upcoming Open Door Forums, and MLN Connects Provider eNews.

FY 2017 Rulemaking Cycle to begin in late spring 2016

- The annual rulemaking cycle will commence in late spring/early summer of 2016 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 2016; 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