# Hospice Quality Reporting Program (HQRP)

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

### January 2017

*This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the fourth quarter (October-December of 2016. 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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*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

### When are HIS records required?

**Question 1.** **If a patient has a change in payer source and we have to complete an 'administrative discharge' for the change in payer source, do we also have to submit an HIS-Discharge and new HIS-Admission record?**

Answer 1. 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 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 payor change, there is no need to submit a new HIS.

**Question 2.** **When is a patient considered 'admitted' for the purposes of HIS reporting?**

Answer 2. According to the HIS Manual, HIS records are required when three criteria are met: 1) there is a NOE (or other agreement for care) 2) the patient did not expire (or was discharged) prior to the effective date and 3) was a hospice visit made in the setting where hospice services are being performed.

## Submission of HIS Data

**Question 3.** **Can we submit HIS data via fax?**

Answer 3. According to the HIS Manual, records must be submitted electronically. CMS offers HART (Hospice Assessment Reporting Tool) as a free solution to your circumstance. Please reference the following publication: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html for additional information.

## List of compliant hospices:

**Question 4.** **On the list of compliant hospice posted by CMS, some of the demographic information for my agency is incorrect. How do I fix it?**

Answer 4. CMS populates the provider demographic information appearing on reports from the CMS Survey Processing Environment (ASPEN) system, which is updated by CMS Regional Offices or State Aspen Coordinators. If the information you see displayed is inaccurate or has changed, please contact your Regional Office or State Aspen Coordinator as identified on the updated Point of Contact (POC) list found on the Hospice Data Directory Datasets webpage.

## Section J. Pain:

**Question 5.** **If a patient cannot respond to questions about pain, how can we complete the comprehensive pain assessment and receive credit for the NQF #1637 measure?**

Answer 5. As noted in the HIS Manual, it is possible to complete 5/7 of the comprehensive pain assessment characteristics for patients who are non-responsive or are otherwise unable to answer questions about pain. Page 2J-8 and 2J-9 of the HIS Manual include details on comprehensive pain assessments for nonverbal patients. In general, behavioral indicators of pain or caregiver report about pain characteristics can be used to assess pain for nonverbal patients.

## Section 2: What you may have missed from the fourth quarter

**New! HIS Manual V2.00 and Associated Change Table Now Available**

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. 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

**Quality Measure Reports Now Available**

In December 2016, two new reports became available as Confidential Provider Feedback Reports–Hospice-Level Quality Measure (QM) Report and Hospice Patient Stay-Level Quality Measure (QM) Report within the CASPER application. These QM reports allow hospice providers to specify a reporting period and view their own quality data at both the hospice level and patient-stay level. Providers can access their QM reports in the CASPER system at https://web.qiesnet.org/qiestosuccess/.

View the "Getting Started with Hospice CASPER Quality Measure (QM) Reports" Fact Sheet on the HQRP Requirements and Best Practices webpage for more information.

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

- The **annual rulemaking cycle** will commence in late spring/early summer of 2017 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 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