



Hospice Quality Reporting Program (HQRP)

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

October 2016

This document is intended to provide guidance on HIS-related questions that were received by the Hospice Quality Help Desk during the third quarter (July-September) of 2016. This document also contains a coding tip of the quarter and quarterly updates and events from the third quarter. Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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

Requirements for New Facilities to Begin Reporting HIS Data

Question 1. We are a newly certified hospice. What are the HIS reporting requirements for us this year?

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 noted on their CCN notification letter. However, if the CCN notification letter was dated 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's CCN notification letter is dated November 5th, 2016, that provider should begin submitting HIS data for patient admissions occurring on or after November 5th, 2016. However, since the hospice CCN notification letter is dated 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 2018 APU, which is associated with patient admissions occurring 1/1/16-12/31/16).

New Quality Measures Finalized in the FY 2017 Final Rule

Question 2. When will there be an outline of the two new measures (Hospice Visits When Death is Imminent Measure Pair and Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission) be posted?

Answer 2. Details on the proposed new measures are further discussed in the FY 2017 Final Rule: <https://www.federalregister.gov/documents/2016/08/05/2016-18221/medicare-program-fy-2017-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting>. The final rule refers readers to several resources for draft details of the two proposed measures. For more information on the proposed measures, we refer readers to the HQRP Specifications for the Hospice Item Set-based Quality Measures document, available on the “Current Measures” portion of the CMS HQRP Web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>. In addition, to facilitate the reporting of HIS data as it relates to the implementation of the new measures, CMS submitted a request for approval to OMB for the Hospice Item Set version 2.00.0 under the Paperwork Reduction Act (PRA) process. The new HIS data items that would collect this measure data are also available for public viewing in the PRA package available at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-245.html?DLPage=1&DLEntries=10&DLFilter=hospice&DLSort=1&DLSortDir=descending>.

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

FY 2017 Final Rule posted in August

CMS finalized two new quality measures in the FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting (HQRP) Requirements Final Rule. In addition, this rule finalized changes to the HQRP, including the solicitation of feedback on an enhanced data collection instrument and plans to publicly display quality measures and other hospice data beginning in the summer of 2017.

The two measures that were finalized were:

- Hospice Visits When Death is Imminent - a measure that will assess hospice staff visits to patients and caregivers in the last three and seven days of life
- Hospice and Palliative Care Composite Process Measure - a measure that will assess the percentage of hospice patients who received care processes consistent with guidelines.

Providers can view the Final Rule here:

<https://www.federalregister.gov/documents/2016/08/05/2016-18221/medicare-program-fy-2017-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting>

Timeliness Compliance Threshold Reports went live July 2016

CMS released the **Hospice Timeliness Compliance Threshold Report** in July via the CASPER Reporting application. The Hospice Timeliness Compliance Threshold Report allows providers to check their *preliminary* compliance with the 70/80/90 timeliness threshold requirement.

This report displays provider level data regarding Hospice Item Set (HIS) records submitted successfully to CMS and displays:

- Provider identification information
- Provider CCN and FAC ID
- # of HIS Records Submitted
- # of HIS Records Submitted on Time
- % of HIS Records Submitted on Time

For more information on the timeliness compliance threshold and the related CASPER report, see the timeliness compliance Fact Sheet available on the CMS HQRP website here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>

Section 3: HIS coding tip of the quarter

For treatment and medication items on the HIS (Items J2040, NO500, NO510, NO520), complete the item based on treatments for which the hospice has received orders. Do not include a continued treatment unless the hospice received a new order to continue the treatment. Once an order is received by the hospice to continue a treatment, use the date the hospice received the order for the “date initiated” items.