



Updates to the Hospice Item Set Manual V1.02

Presented By: CMS and RTI International

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Module 1 of 4: HQRP and HIS Background



Purpose

- Cover updates and changes to the HIS Manual made from V1.01 to V1.02, including:
 - A general background of the HQRP
 - Updates made to each Chapter and Section of the HIS Manual
- This National Provider Call will not provide a comprehensive overview of the HIS or the HIS Manual
 - Providers should view the “Data Collection Training for the Hospice Item Set (HIS)” for a comprehensive overview of the HIS
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>

HQRP and HIS Background

Michelle Brazil, CMS

Hospice Quality Reporting Program (HQRP)

- Section 3004 of the Patient Protection and Affordable Care Act (ACA) establishes quality reporting program
- Hospice Item Set (HIS) implemented as part of the FY 2014 Hospice Wage Index Final Rule
- Medicare-certified hospice providers required to submit an HIS-Admission and HIS-Discharge record on all patient admissions July 1, 2014 onward

Applicable Hospices and Patients

- All Medicare-certified hospices must submit HIS data.
- HIS data is collected and submitted on all patient admissions, regardless of the patient's:
 - Payer
 - Age
 - Location of receipt of hospice services

Requirements for New Hospices

- New providers that receive their CMS Certification Number (CCN) Notification Letter on or after November 1st are excluded from payment penalty for reporting for the relevant Fiscal Year (FY).
- Example: hospice receives CCN Notification Letter on 11/2/2015
 - Hospice not required to submit HIS data in 2015. Hospice excluded from payment penalty for failure to submit data for relevant FY APU determination (FY 2017 APU determinations).
 - Provider must begin HIS submission no later than 1/1/2016, which affects FY 2018 APU determination.
- Proposed and final rules can be viewed at <https://www.federalregister.gov>

What is the HIS?

- Standardized patient-level data collection tool used to calculate 7 quality measures:
 - NQF #1641 – Treatment Preferences
 - Modified NQF #1647 – Beliefs/Values Addressed
 - NQF #1634 & NQF #1637 – Pain Screening and Pain Assessment
 - NQF #1639 & NQF #1638 – Dyspnea Screening and Dyspnea Treatment
 - NQF #1617 – Patients Treated with an Opioid who are Given a Bowel Regimen

Data Captured by the HIS

Section of HIS	Care Process Items?	Corresponding QM
Section A: Administrative Information	No	—
Section F: Preferences	Yes	NQF #1641 – Treatment Preferences Modified NQF #1647 – Beliefs/Values Addressed (if desired by patient)
Section I: Active Diagnoses	No	—
Section J: Health Conditions (Pain and Dyspnea)	Yes	NQF #1634, NQF #1637 – Pain Screening and Assessment NQF #1639, NQF #1638 – Dyspnea Screening and Treatment
Section N: Medications	Yes	NQF #1617 – Patients on an Opioid who are Given a Bowel Regimen
Section Z: Record Administration	No	—

HIS-Admission and HIS-Discharge

HIS - Admission

Section A: Administrative Information

Section F: Preferences

Section I: Active Diagnoses

Section J: Health Conditions (Pain and Dyspnea)

Section N: Medications

Section Z: Record Administration

Contains administrative items and care process items.

HIS - Discharge

Section A: Administrative Information

Section Z: Record Administration

Contains a limited set of administrative items and 2 discharge items. No care process items.

HIS Data Collection Approaches

- HIS data can be collected:
 - By the assessing clinician in conjunction with patient assessment activities
 - By abstraction from the patient's clinical record
- Data can be collected/abstracted by one or more members of the hospice team
 - Nurse
 - Social Worker
 - Aide
 - Volunteer

Structure of Care Process Items

- Care Process Sections
 - Section F: Preferences
 - Section J: Health Conditions (Pain & Dyspnea)
 - Section N: Medications
- HIS care process items capture:
 - Did a care process take place?
 - When did the care process take place?
 - What were the results of the care process?

Structure of Care Process Items

“Gateway” question

Did the care process take place?

Date

When did the care process take place?

Results

What were the results of the care process?

J2030. Screening for Shortness of Breath													
Enter Code <input type="checkbox"/>	A. Was the patient screened for shortness of breath? 0. No → Skip to N0500, Scheduled Opioid 1. Yes												
	B. Date of first screening for shortness of breath: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="2">Year</td></tr></table>							Month		Day		Year	
Month		Day		Year									
Enter Code <input type="checkbox"/>	C. Did the screening indicate the patient had shortness of breath? 0. No → Skip to N0500, Scheduled Opioid 1. Yes												

If “no” to gateway question, skip date and results.

Structure of Care Process Items

“Gateway” question

Did the care process take place?

Date

When did the care process take place?

F3000. Spiritual/Existential Concerns													
Enter Code <input type="checkbox"/>	<p>A. Was the patient and/or caregiver asked about spiritual/existential concerns? - Select the most accurate response</p> <p>0. No → Skip to I0010, Principal Diagnosis</p> <p>1. Yes, and discussion occurred</p> <p>2. Yes, but the patient and/or caregiver refused to discuss</p> <p>B. Date the patient and/or caregiver was first asked about spiritual/existential concerns:</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="2">Year</td></tr></table>	<input type="text"/>	Month		Day		Year						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Month		Day		Year									

Staying Informed

- **CMS HQRP website:** <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>
 - See “Hospice Item Set (HIS)” Section
- **Listservs:**
 - *MLN Connects eNews*
 - https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819
 - ODF listserv
 - http://www.cms.gov/Outreach-and-education/Outreach/OpenDoorForums/ODF_HHHDME.html
- **Federal Register:** <http://www.federalregister.gov>
 - Review proposed and final rules

Help Desks

- **Quality Help Desk:** HospiceQualityQuestions@cms.hhs.gov
 - Providers can email the Quality Help Desk if they have general questions about the Hospice Quality Reporting Program (HQRP) including, but not limited to: which hospices are required to report, general questions about reporting requirements, questions about quality measures, and reporting deadlines.
- **Technical Help Desk:** help@qtso.com
 - Phone: 1-877-201-4721 (Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time)
 - Use for questions related to the HART tool, QIES ASAP, or other technical assistance information, including error messages or record rejections.
- **Reconsideration Help Desk:**
HospiceQRPreconsiderations@cms.hhs.gov
 - Use to submit a reconsideration request or to ask other questions related to reconsideration.

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