

Hospice

Quality Reporting Program Provider Training



Hospice Item Set (HIS) Submission Requirements

Presenter: Brenda Karkos,
M.S.N./M.B.A., R.N., CHPN

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Objectives

- Discuss the Hospice Item Set (HIS) reporting requirements.
- Describe the assessment types that currently comprise the HIS.
- Explain the HIS submission thresholds for compliance in Fiscal Year (FY) 2017 and FY 2018.
- Summarize the effect of noncompliance on the Annual Payment Update (APU) for hospices.
- Describe the circumstances and application process necessary for an extension or exemption.

What is the HIS?

- The HIS is a standardized set of items intended to capture patient-level data on each hospice patient admission.
- HIS items can be used to calculate seven National Quality Forum (NQF)-endorsed measures.
- Data collection via the HIS started in July 1, 2014.

HIS Data Collection

- HIS data collection consists of selecting responses to HIS items in conjunction with patient assessment activities or via abstraction from the patient's clinical record.
- HIS data can be collected by any hospice staff member, such as:
 - Nurse
 - Social Worker
 - Aide
 - Volunteer

Current HIS-Based Quality Measures

NQF Number	Quality Measure (QM) Name
1641	Treatment Preferences
1647	Beliefs/Values Addressed (if desired by the patient)
1634	Pain Screening
1637	Pain Assessment
1639	Dyspnea Screening
1638	Dyspnea Treatment
1617	Patients Treated with an Opioid Who Are Given a Bowel Regimen
N/A	Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission
N/A	Hospice Visits When Death is Imminent Measure Pair

Data Captured by the HIS

Section of the HIS	Care Process?	Corresponding QMs
A: Administrative Information	No	
F: Preferences	Yes	<ul style="list-style-type: none"> • Treatment Preferences (NQF No. 1641)* • Beliefs/Values Addressed (if desired by patient) (NQF No. 1647)*
I: Active Diagnoses	No	
J: Health Conditions	Yes	<ul style="list-style-type: none"> • Pain Screening (NQF No. 1634)* • Pain Assessment (NQF No. 1637)* • Dyspnea Screening (NQF No. 1639)* • Dyspnea Treatment (NQF No. 1638)*
<i>* Denotes that measure is included in Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission (NQF – N/A)</i>		

Data Captured by the HIS

Section of the HIS	Care Process?	Corresponding QMs
N: Medications	Yes	<ul style="list-style-type: none"> Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF No. 1617)*
O: Service Utilization	Yes	<ul style="list-style-type: none"> Hospice Visits when Death is Imminent (NQF – N/A)
Z: Record Administration	No	

** Denotes that measure is included in Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission (NQF – N/A)*

Two Data Sets: HIS-Admission and HIS-Discharge

HIS-Admission

Section A: Administrative Information

Section F: Preferences

Section I: Active Diagnoses

Section J: Health Conditions

Section N: Medications

Section Z: Record Administration

HIS-Discharge

Section A: Administrative Information

Section O: Service Utilization

Section Z: Record Administration

HIS Submission Requirements

- Regular and ongoing electronic submission of HIS data is required for each patient admission.
- All Medicare-certified hospice providers are required to submit:
 - HIS-Admission records.
 - HIS-Discharge records.
- HIS data are collected and submitted on all patient admissions, regardless of the payer, patient's age, or location of the receipt of hospice services.

HIS Submission Requirements

- HIS records are submitted to the Centers for Medicare & Medicaid Services (CMS) via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.
- The HIS-Admission record must be submitted before the HIS-Discharge record.

HIS Submission Requirements

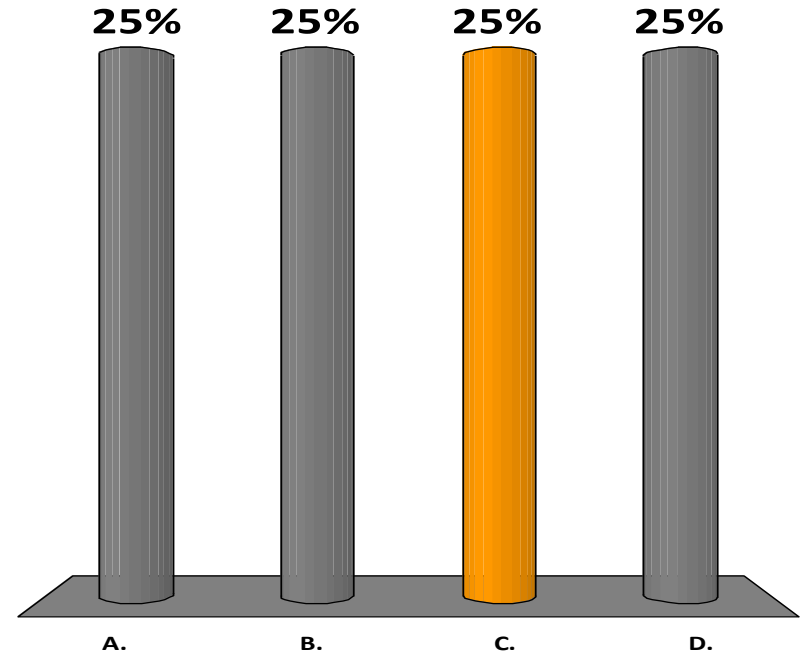
- Recommended Completion Deadlines:
 - HIS-Admission: 14 days after admission.
 - HIS-Discharge: 7 days after discharge.
- Submission Deadlines:
 - HIS-Admission: 30 days after admission.
 - HIS-Discharge: 30 days after discharge.

Polling Scenario

Mr. Smith was admitted to hospice on November 11, 2016. A HIS-Admission record for Mr. Smith was completed on November 15, 2016.

What is the latest day that Mr. Smith's HIS-Admission record can be submitted?

- A. November 25, 2016
- B. November 29, 2016
- ✓ C. December 11, 2016
- D. December 15, 2016



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Hospice Quality Reporting Program (HQRP) Compliance

- Hospice providers that fail to comply with the quality data submission requirements will have their market basket update (also known as APU) reduced by 2 percentage points.



HQRP Reporting Cycle

- The HIS reporting cycle spans 3 years.
- For example, the FY 2019 reporting year consists of data collected and submitted in Calendar Year (CY) 2017, compliance determinations in 2018, and payment impact for the FY 2019 APU.
- Thus, a provider's APU would be decreased in FY 2019 if it fails to meet HIS submission requirements between January 1, 2017 and December 31, 2017.

HIS Submission Requirements

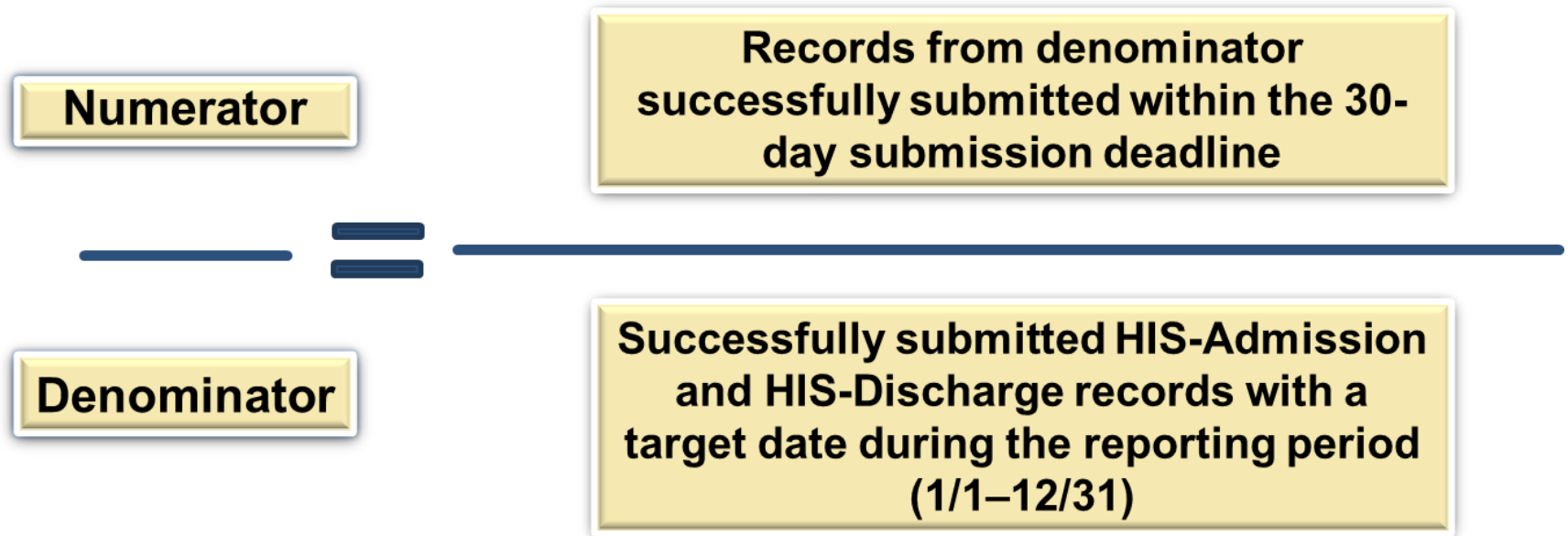
Reporting Year	Includes HIS Records From	Submission Threshold
FY 2018	1/1/16–12/31/16	70%
FY 2019	1/1/17–12/31/17	80%
FY 2020 and beyond	1/1/18–12/31/18	90%

HIS Submission Threshold Calculation

% of HIS Records Submitted on Time =

The number of HIS records in the numerator divided by the number of HIS records in the denominator, multiplied by 100, rounded to the nearest whole number.

HIS Submission Threshold Calculation



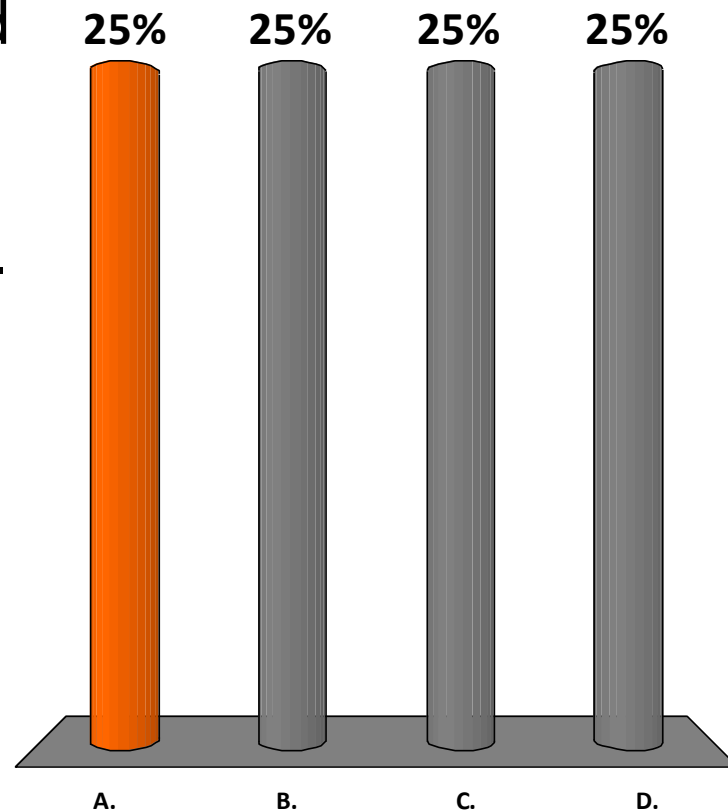
Example

- Hospice Agency A cared for 150 patients during CY 2016. Of the 300 admission and discharge HIS records submitted, 250 were submitted on time.
- Numerator = 250.
- Denominator = 300.
- Compliance Rate = $(250/300) \times 100$ or 83%.

Polling Scenario

Hospice Agency B cared for 200 patients during CY 2016. It submitted HIS records for all patients, but only 190 HIS-Admission records and 180 HIS-Discharge records were on time. What is the denominator?

- ✓ A. 400
- B. 200
- C. 370
- D. 190



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Extensions/Exemptions

- Hospices may request an extension or exemption from data reporting in the event of extraordinary circumstances beyond their control.
- Requests will not be granted for vendor failures, fatal error messages, or staff error.
- Requests must be submitted in writing via email to the HQRP mailbox within 30 calendar days.

Extensions/Exemptions Definitions

- **Extraordinary Circumstances:**
 - Natural or man-made disasters preventing timely submission of quality data.
 - A disaster may be widespread and affect multiple structures, or isolated and affect a single site only.
- **Extension:**
 - Submission deadline extended.
 - CMS can extend submission deadlines for the specified deadlines for 30 to 45 days beyond the scheduled due date applicable to other facilities.
- **Exemption:**
 - Submission deadline waived.
 - CMS can exempt a facility from submitting quality data for the specified deadlines without impact on APU.

Requirements for New Hospices

- New providers that receive their CMS Certification Number (CCN) Notification Letter on or after November 1 are excluded from a payment penalty for reporting for the relevant FY.
- Example: A hospice provider:
 - Received its CCN Notification Letter on November 2, 2017, and therefore is not required to submit HIS data in 2017.
 - Is excluded from a payment penalty for failure to submit data for the relevant FY APU determination (FY 2019 APU determinations).
 - Must begin HIS submission no later than January 1, 2018, which affects FY 2020 APU determination.

For More Information

- CMS's Hospice Quality Reporting Web page:
<https://www.CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>.
- Hospices may submit questions related to the extensions or exemptions requirements to the following email address:
HospiceQRPreconsiderations@cms.hhs.gov.

Questions and Answers

