

# Hospice Quality Reporting Program Provider Training



## Hospice Quality Reporting Program FAQs

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**Date:** January 18, 2017

# Objectives

- Describe when a Hospice Item Set (HIS) is required.
- Discuss the recommended timing for completion and submission of an HIS.
- Articulate how to address updated payer information on the HIS.
- Explain how a hospice can discuss the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey with decedents/caregivers.
- Define a “no publicity” decedent/caregiver.

# FAQs Regarding the HIS and Hospice Quality Reporting Program (HQRP)



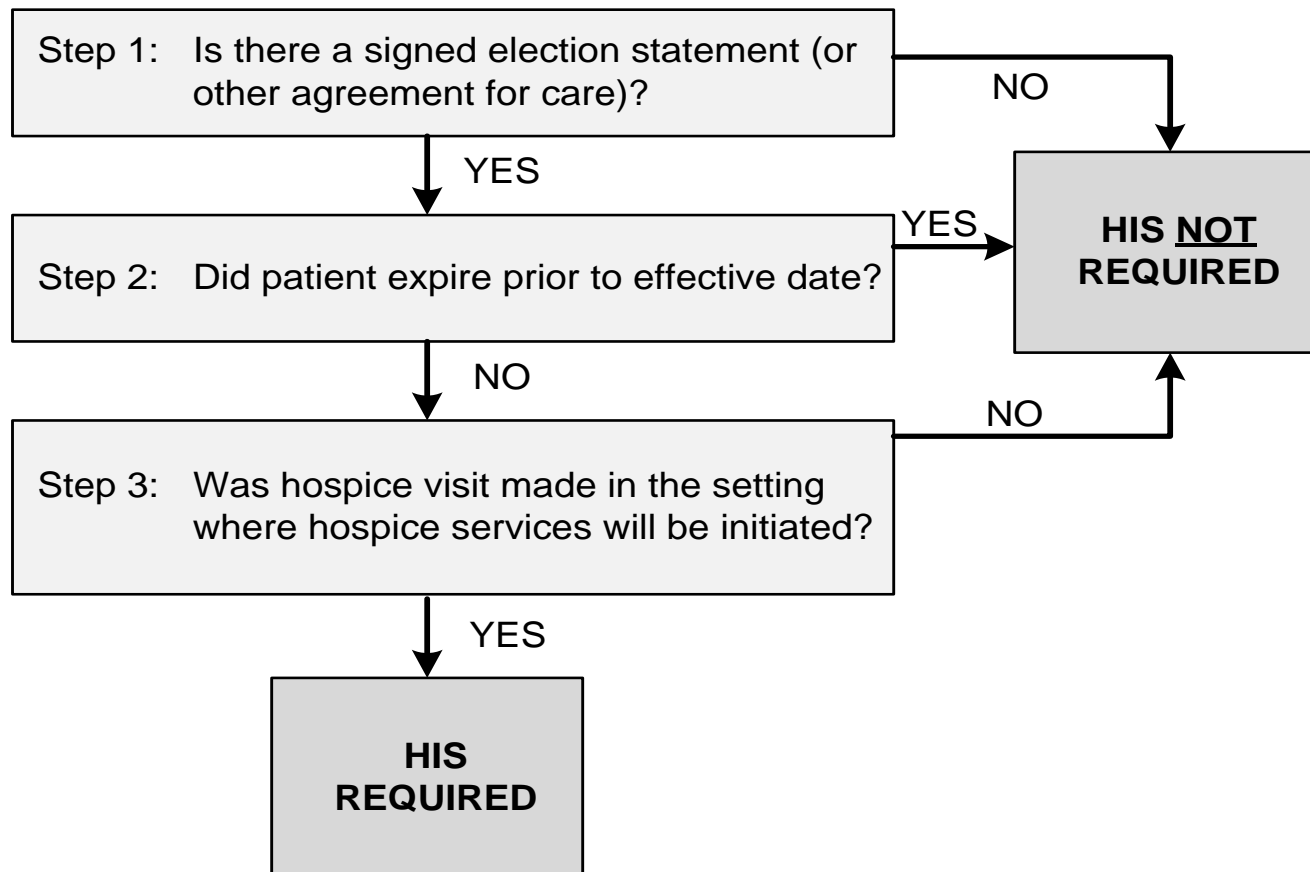
# When is an HIS record required?

# HIS Completion Requirements

- The determination of whether an HIS is required is based on whether the patient was admitted to the hospice.
- For the purposes of completing the HIS, a patient is considered admitted to a hospice if the following conditions are met:
  1. There is a signed election statement (or other agreement for care for non-Medicare patients).
  2. The patient did not expire before the effective date of the election or agreement for care.
  3. The hospice made a visit in the setting where hospice services are to be initiated.
- If all three conditions are met, an HIS-Admission and an HIS-Discharge record are required.

# HIS Completion Requirements

## Determining Whether an HIS-Admission Record is Required





**Is an HIS required for all hospice patients or only for those patients whose care is covered by Medicare?**

# HIS Completion Requirements

- HIS-Admission and HIS-Discharge records are required for all patients admitted to a Medicare-certified hospice regardless of:
  - Length of stay.
  - Payer source.
  - Age.
  - Where the hospice care is delivered.





# What happened to the requirements for completion deadlines for the HIS?

# Timing of HIS Completion and Submission

- In the Fiscal Year (FY) 2016 rule, the Centers for Medicare & Medicaid Services (CMS) clarified that the completion deadlines continue to reflect CMS guidance only.
- These guidelines are not statutorily specified and are not designated through regulation.
- The guidelines are intended to offer clear direction to hospices with regard to the timely submission of HIS-Admission and HIS-Discharge records.

# Timing of HIS Completion and Submission

- The recommended completion deadline for the HIS-Admission record is defined as the Admission Date + 14 calendar days.
- The recommended completion deadline for the HIS-Discharge record is defined as the Discharge Date + 7 calendar days.

# Timing of HIS Completion and Submission

- Although it is at the discretion of the hospice to develop internal policies for completing HIS records, CMS recommends that hospices complete and attempt to submit HIS records early, prior to the 30-day submission deadline.
- Completing and attempting to submit records early allows hospices ample time to address technical issues encountered in the submission process and still comply with the 30-day submission deadline.



**If a patient receives a Medicare or Medicaid number after the HIS-Admission record has been submitted, should we complete a modification?**

# Addressing Updated Demographic Information on the HIS

- A modification is not needed if a patient receives a Medicare or Medicaid number after the HIS-Admission record has been submitted.
- Rather, if the hospice is notified after the record has been submitted that the patient does have a Medicaid or Medicare number, the number should be included in the next record.
- This is also true for a newly identified Social Security number.



**If a patient's payer source changes, should the hospice complete an HIS-Discharge record (and a new HIS-Admission record)?**

# Addressing Updated Demographic Information on the HIS

- Provided there is no interruption in care, when the patient's payer source changes (e.g., from private payer to Medicare), the hospice does not need to complete an HIS-Discharge record and subsequent new HIS-Admission record.
- The hospice will submit an HIS-Discharge record once the patient is no longer receiving services from the hospice or in the event of an interruption in care.
- The HIS is specifically related to the collection of quality data. If the patient had only a payer change, there is no need to submit a new HIS.

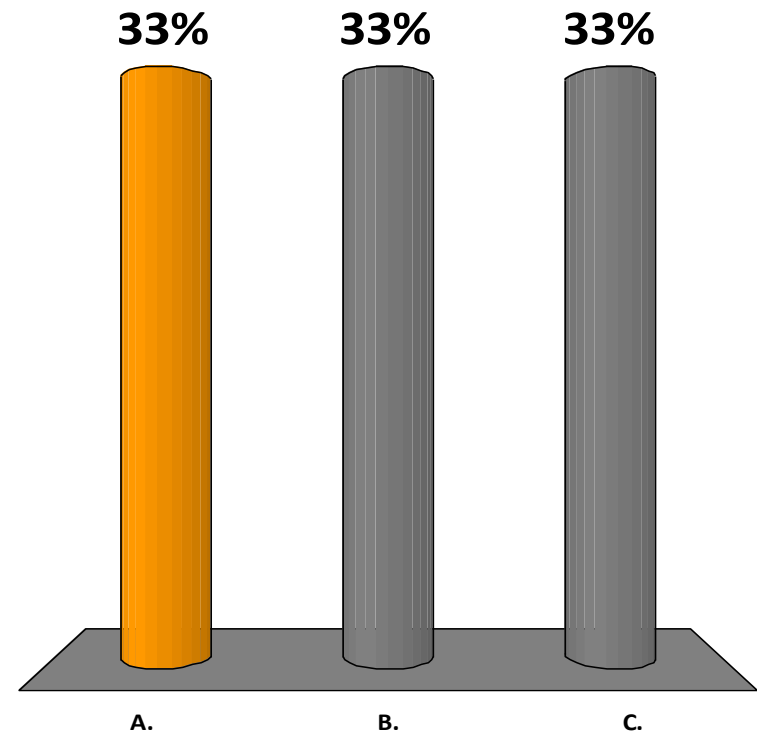


# Polling Scenario

- Mrs. Jameson wants to pursue aggressive therapy outside the hospice plan of care.
- Her prognosis has not changed.
- She will be discharged from hospice.

# What reason for discharge should be coded in item A2115, Reason for Discharge for Mrs. Jameson?

- ✓ A. 02. Revoked
- B. 03. No longer terminally ill
- C. 06. Discharged for cause



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**If a hospice has fewer than 50 admissions per year, is there an exemption for submission of data?**

# HIS Requirements for Small Hospices

- There is no exemption from HIS reporting due to size.
- All Medicare-certified hospice agencies must collect and submit data on all hospice admissions from July 1, 2014, onward.

# FAQs Related to the CAHPS Hospice Survey



# Who must participate in the CAHPS Hospice Survey?

# CAHPS Hospice Survey Participation Requirements

- The CAHPS Hospice Survey is administered to decedents/caregivers from all payer sources.
- All Medicare-certified hospices must participate in the CAHPS Hospice Survey in order to receive their full Annual Payment Update (APU).
- There are two exemptions (by the CMS Certification Number (CCN)) from this requirement, including one for size and another for newness.



# How does a hospice confirm that its CAHPS Hospice Survey data have been submitted to CMS?



# Confirming CAHPS Hospice Survey Submission

- Hospices are responsible for accessing and reviewing the CAHPS Hospice Survey Data Submission Reports.
- In order for a hospice to access and review its data submitted by a survey vendor, a login to the CAHPS Hospice Survey Data Warehouse (<https://kiteworks.rand.org/>) is required.

# Confirming CAHPS Hospice Survey Submission

- Hospices must submit a CAHPS Hospice Survey Data Warehouse Form located on the Technical Specifications page of the CAHPS Hospice Survey Web site ([www.HospiceCAHPSurvey.org](http://www.HospiceCAHPSurvey.org)).
- Hospices will have their own folders in the CAHPS Hospice Survey Data Warehouse.

# Confirming CAHPS Hospice Survey Submission

- After a file has been submitted to the CAHPS Hospice Survey Data Warehouse, the survey vendor and hospice will receive an automated email confirming the file submission.
- Successfully submitted files will be put through a series of edit checks.

# Confirming CAHPS Hospice Survey Submission

- Survey vendors and hospices will receive a second email indicating the reports are available for viewing in their respective folders on the CAHPS Hospice Survey Data Warehouse.
- Reports will be posted by 5 p.m. ET on the next business day after upload, and, for hospices, these reports will include information only for their hospice.

# Confirming CAHPS Hospice Survey Submission

- Survey vendors and hospices will need to review their CAHPS Hospice Survey Data Submission Reports to determine what errors were found in the files.
- Survey vendors will be required to resubmit a corrected survey data file.
- Each hospice will receive updated reports after new data are submitted for it, until its data set has passed all edit checks.



# Can a hospice discuss the CAHPS Hospice Survey with decedents/caregivers?

# Discussing the CAHPS Hospice Survey With Caregivers

- If a hospice wants to let caregivers know that they may receive a survey and to encourage them to complete it, then the hospice must tell all caregivers.
- However, the hospice must not attempt to influence the caregivers to answer the survey questions in any particular way.



# What is a “no publicity” decedent/caregiver?



# “No Publicity” Decedents/Caregivers

- “No publicity” decedents/caregivers are those who initiate or voluntarily request that the hospice not:
  - Reveal the patient’s identity.
  - Not survey him or her.
- Hospices must retain documentation of the “no publicity” request for a minimum of 3 years.



# How does a hospice change CAHPS Hospice Survey vendors?

# Changing CAHPS Hospice Survey Vendors

- If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so only at the beginning of a calendar quarter.
- Note: A quarter is based on the calendar year (CY) and will correspond to the month of patient death.
- For example, Quarter 1 2017 begins with January 2017 patient deaths (caregivers to be surveyed April 2017).

# Changing CAHPS Hospice Survey Vendors

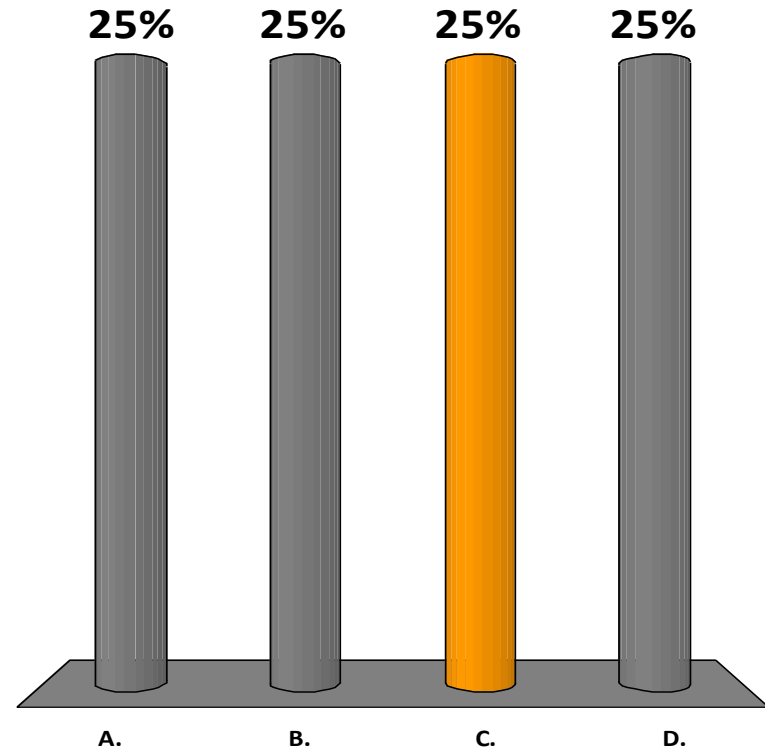
- In order to change a survey vendor, the hospice's CAHPS Hospice Survey Administrator must:
  - Complete the Authorization Form for Changing Survey Vendors found on the Technical Specifications page of the CAHPS Hospice Survey Web site ([www.HospiceCAHPSSurvey.org](http://www.HospiceCAHPSSurvey.org)).
  - Submit the form to the RAND Corporation at least one calendar quarter (90 days) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by the new survey vendor. The form must be signed and dated in the presence of a notary public and notarized.

# Changing CAHPS Hospice Survey Vendors

- When completing the Authorization Form for Changing Survey Vendors pertaining to multiple hospice agencies, it is appropriate to attach a list of all of the hospices' names and CCNs to the form.
- In this case, check the box on the form indicating that a separate document is attached, and indicate the number of hospices listed on the separate sheet. The list must be signed and dated by the Survey Administrator.

# When will the initial contact aimed at administering the CAHPS Hospice Survey be made with a caregiver if the patient dies in December 2016?

- A. January 1, 2017
- B. February 1, 2017
- C. March 1, 2017
- D. April 1, 2017



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# How does a hospice confirm if its Participation Exemption for Size Form has been approved?

# Confirming an Exemption for Size

- The CAHPS Hospice Survey Project Team will confirm receipt of the Participation Exemption for Size Form.
- Confirmation of receipt does not constitute approval or denial of this request.
- CMS will determine the eligibility for size exemption for the CY 2017 CAHPS Hospice Survey data collection and reporting requirements in 2018 when CMS reviews all hospices' data to see if they meet the FY 2019 APU.
- Any hospice whose exemption is accepted will not face a 2-percent reduction.



# Confirming an Exemption for Size

- If CMS data indicate that the hospice served at least 50 survey-eligible patients in 2016, the hospice would not qualify for the exemption and would face the reduction.
- It is the responsibility of the hospice submitting the Participation Exemption for Size Form to ensure accuracy when:
  - Indicating that the hospice serves fewer than 50 survey-eligible decedents/caregivers for CY 2016.
  - Providing the number of patients who died while in hospice care and the count of patients who fell in the categories listed on the form.

# Questions and Answers

