Welcome to the Centers for Medicare & Medicaid Services presentation, “Updates to the Hospice Item Set Manual Version 1.02.”

My name is Michelle Brazil, and I am the Hospice Quality Reporting Program lead at CMS. I’ll be presenting this Module, which is the first of four modules in this presentation. This module provides a background and overview of the Hospice Quality Reporting Program and the Hospice Item Set.

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

This presentation is intended to cover updates that were made to the Hospice Item Set Manual from V1.01 to V1.02, and to provide clarifications of item set definitions and expectations for use. The presentation will consist of several modules, which will cover a general background of the Hospice Quality Reporting Program, as well as updates that were made to each Chapter and Section of the Hospice Item Set (or "HIS") Manual.

Since this presentation includes only updates that were made to the HIS Manual from V1.01 to V1.02, this presentation is not intended to provide a comprehensive overview of how to complete the Hospice Item Set. For a more comprehensive overview of the HIS, providers should view the "Data Collection Training for the Hospice Item Set." Providers can access the "Data Collection Training for the Hospice Item Set" on the "Hospice Item Set" portion of the CMS website at the web address presented on the slide.

HQRP and HIS Background

Michelle Brazil, CMS

In this section of the presentation, we will present some background information related to the Hospice Quality Reporting Program (or “HQRP”), as well as some background information on the Hospice Item Set.

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

Section 3004 of the Patient Protection and Affordable Care Act authorized the establishment of the HQRP. The Affordable Care Act specifies that, for fiscal year 2014 and each subsequent fiscal year, hospice programs shall submit to the Secretary data on quality measures. The Affordable Care Act also describes measure endorsement requirements for any measures specified by the Secretary. The Affordable Care Act requires that, beginning with the fiscal year 2014, failure to comply with HQRP requirements for any given year will result in a 2 percentage point reduction to the Annual Payment Update (or "APU") for that fiscal year. To comply with Affordable Care Act requirements, the Centers for Medicare & Medicaid Services (or "CMS") implemented the HQRP in the Fiscal Year 2012 Hospice Wage Index Final Rule. CMS implemented the Hospice Item Set as part of the HQRP in the Fiscal Year 2014 Hospice Wage Index Final Rule. Hospices began data collection using the Hospice Item Set on July 1, 2014. Current HIS requirements mandate that hospice providers submit an HIS-Admission and an HIS-Discharge record for each patient admission to their hospice from 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

Currently, there are just over 4,000 Medicare-certified hospices. All Medicare-certified hospices must submit HIS data to CMS.

Both an HIS-Admission and HIS-Discharge are submitted for all patient admissions to a Medicare-certified hospice program on or after July 1, 2014, regardless of payer source, patient age, or location of the receipt of hospice services. This means that HIS reporting requirements apply to every patient of a Medicare-certified hospice, including Medicare, Medicaid, and private pay patients; both adults and children; and patients receiving hospice services at home, in a nursing home, assisted living facility, or freestanding hospice.

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

Reporting eligibility and requirements for new hospice providers are addressed by CMS through rulemaking. Whether or not a new hospice is required to report quality data to CMS depends on when that hospice receives their CMS Certification Number (or "CCN") notification letter from CMS.

In the Fiscal Year 2015 Hospice Wage Index and Payment Rate Update final rule, CMS finalized that any hospice that receives its CCN notification letter on or after November 1 is excluded from any payment penalty for quality reporting purposes for the APU determinations for that particular reporting year cycle.

Under current requirements, a new hospice that received their CCN notification letter on November 2, 2015 would not be required to submit quality data on patient admissions occurring during Calendar Year 2015 (which would affect the Fiscal Year 2017 APU). In this instance, at the latest, the hospice would begin HIS data collection and submission on patient admissions occurring on or after January 1, 2016. For more information on requirements for new hospice, providers can view proposed and final rules for hospice at the web address listed on this slide.

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

Now that we've discussed the requirements of the HQRP and HIS reporting, let's go over some details about the HIS itself. The HIS is a patient-level data collection tool that collects information about care processes completed during the initial and/or comprehensive assessment period. Hospice providers complete HIS records, and HIS data is submitted to CMS. CMS then uses HIS data to calculate provider-level performance on seven quality measures, which are outlined on this slide.

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	—

There are six sections in the Hospice Item Set.
Three sections -- Section A – Administrative Information, Section I – Active Diagnoses, and Section Z – Record Administration -- contain administrative items that are primarily used for record-matching and patient identification.
The other three sections -- Section F – Preferences, Section J – Health Conditions including Pain and Dyspnea, and Section N – Medications -- contain care process items that reports whether and when specific care processes took place. The data captured in these three sections serves as the main data source for the quality measure calculations. However, data from the administrative sections, such as date of admission, are also used in the quality measure calculation.

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.

Hospice providers are required to submit two HIS records for each patient admission to hospice – an HIS-Admission record and an HIS-Discharge record.

The HIS-Admission record contains items from all 6 sections of the Hospice Item Set, including the administrative sections (Sections A, I, and Z), and the care process sections (Sections F, J, N).

The HIS-Discharge record is much more limited in scope, and contains only a subset of administrative items from Sections A and Z.

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

Hospices can collect HIS data using either a real-time clinical approach, or a retrospective clinical record abstraction approach. HIS data collection can be done by the assessing nurse selecting responses to HIS items concurrent with patient assessment activities. Alternatively, HIS responses can be selected through a process of data abstraction, where a member of the hospice team reviews the paper or electronic clinical record and selects responses to the HIS items based on clinical documentation. Any member of the hospice team may collect or abstract HIS data including a nurse, social worker, hospice aide, or volunteer. Hospices are free to use either or both of these data collection approaches, based on organization preference and policy.

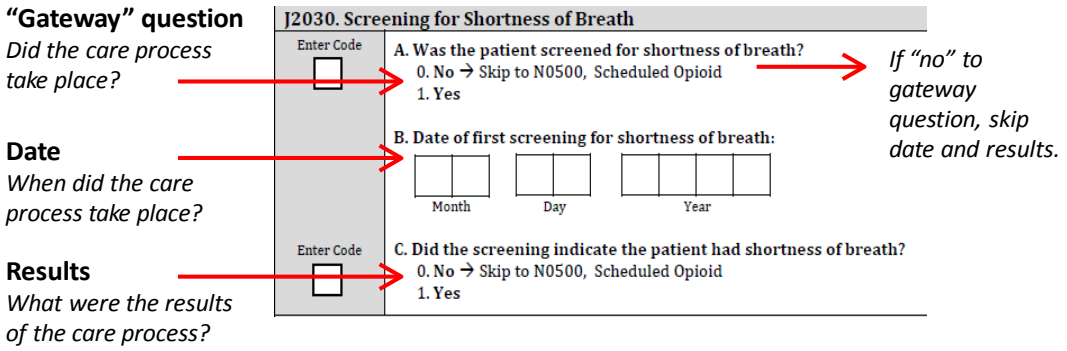
CMS sought feedback from hospice providers on their experiences with HIS implementation. Strategies that providers reported were helpful to implementation efforts include establishing a core team of "HIS experts" within the organization, developing cross-discipline teams (including representation from IT), establishing audit and feedback practices (making sure to use the data to improve!), and staying informed of any CMS changes and continuing education for the clinicians and other members of the "HIS team".

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?

As previously mentioned, it is primarily data from the HIS care process items in Sections F, J and N that are used to calculate HIS quality measure scores.
Specifically, HIS care process items capture data about whether or not a care process took place, when the care process took place, and in some instances, what the result of that care process was.

Structure of Care Process Items



Each care process item shares a general structure, capturing similar information about care processes delivered to the patient. Let's look at an example of a care process item to learn more about their structure and the information captured by these items.

This slide shows Item J2030, which is the Screening for Shortness of Breath item. This item is divided into three parts: A, B, and C.

Part A is the "gateway component"; the gateway question is always a "yes" or "no" question and tells whether or not a care process took place. We refer to this type of question as a "gateway" question because it acts like a gatekeeper: answering "yes" to the gateway question "opens the gate" allowing you to continue to Parts B and C of the item. If you answer "no" to a gateway question, you will skip the "date" and "results" portions of the item, and move on to the next series of items in the HIS.

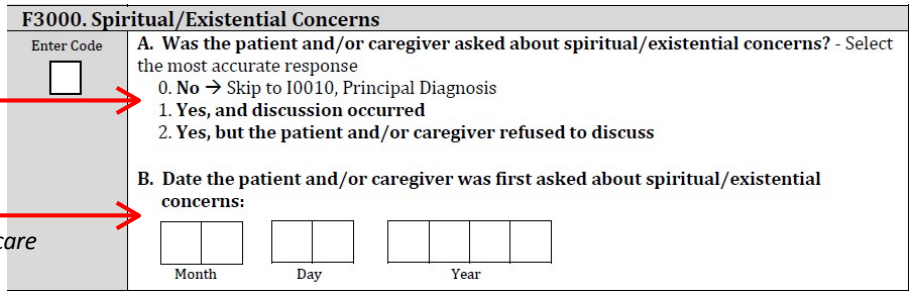
For the item presented on this slide, the gateway question asks "Was the patient screened for shortness of breath?" The HIS data collector would answer the gateway question in part A during the assessment process, or retrospectively, using clinical record documentation. If a screening for shortness of breath did take place, the data collector would respond "yes" to J2030A, and then complete Parts B and C of the item as well. If no screening was conducted or there is no documentation of a screening, the data collector would respond "no" to the gateway question. In this situation, the gate remains "closed" and the data collector would not complete parts B and C of the Item. Part B of the item is the "date" component and reports when the relevant care process took place. In this example, the date of the dyspnea screen would be recorded in J2040B.

Finally, some care process items will ask about the "results" of that care process – this is part "C" of the screening for shortness of breath item. For J2040C, we want to know the results of the relevant care process -- in this case, whether the patient had shortness of breath or not. A "results" component does not appear on all HIS care process items.

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 ☐

A. Was the patient and/or caregiver asked about spiritual/existential concerns? - Select the most accurate response

0. **No** → Skip to I0010, Principal Diagnosis
1. **Yes, and discussion occurred**
2. **Yes, but the patient and/or caregiver refused to discuss**

B. Date the patient and/or caregiver was first asked about spiritual/existential concerns:

☐☐ Month ☐☐ Day ☐☐☐☐ Year

As mentioned on the previous slide, not all care process items have a results component or "Part C."

For example, the care process item listed on this slide, Item F3000, does not have a "Part C" or "results" component.

F3000 begins with the gateway question (Part A, or F3000A). For Part A, the data collector reports if the specific care process occurred -- in this case, whether the patient and/or caregiver were asked about spiritual or existential concerns. If the answer is "yes", then the "gate is open" and the data collector would move on to Part B, the date component. For F3000B, the data collector would report the date the patient and/or caregiver was first asked about spiritual or existential concerns. All care process items will have the yes/no gateway question, described as Part A, followed by the date component, described as Part B. However, not all care process items have Part C, the results component. The previous slides provided an overview of the HIS and the structure of certain types of HIS items. Subsequent modules in this presentation will cover updated guidance for completing specific HIS items.

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

It is important for hospice providers to have the most up-to-date information on HIS and HQRP requirements. There are several resources providers can use to stay informed of new guidance and requirements.

First, providers should visit the CMS HQRP website. The web address for the CMS HQRP website is listed in the first bullet on this slide. The CMS HQRP website has many resources providers may find helpful. For information specific to the HIS, providers should visit the "Hospice Item Set (HIS)" Section of the CMS HQRP website. The "Hospice Item Set" section of the CMS HQRP webpage contains information specific to Hospice Item Set use. This webpage also contains important HIS resources, including the HIS Manual, Quarterly HIS Updates, and the HIS Data Collection Training Video links. We recommend that providers bookmark the CMS HQRP webpage and visit it regularly for updates and announcements pertinent to the HQRP and the HIS.

Providers can also sign up for two listservs to receive updates related to the Hospice Quality Reporting Program: the MLN Connects eNews listserv and the Home Health, Hospice, and Durable Medical Equipment Open Door Forum (or "ODF") listserv. Providers can sign up for these listservs at the webaddresses listed under the second bullet on this slide.

Another resource which may be helpful is the Federal Register website, which is listed on the third bullet on the slide. Rulemaking is the process by which new program requirements are proposed and finalized by CMS. The Federal Register website contains all proposed and final rules. Typically, proposed rules for hospice are released late spring, and final rules are released late summer.

Contact Information and Help

- Quality Help Desk: HospiceQualityQuestions@cms.hhs.gov
  - Use for general questions about HQRP including which hospices are required to report, questions about quality measures and reporting deadlines, questions about completing HIS items
- Technical Help Desk: help@qtso.com or by phone: 1-877-201-4721
  - Use for questions related to the HART tool, QIES ASAP, or other technical assistance information, including error messages or record rejections

There are also HelpDesks available where providers can submit HIS-related questions. Providers can submit questions related to the Hospice Quality Reporting Program to the Hospice Quality Help Desk at the email address listed in the first bullet of this slide. This helpdesk is specifically provided to serve the educational needs of hospice providers and other interested stakeholders who have questions about the HQRP, the HIS, hospice quality measures and specifications, and any materials posted on the "Hospice Item Set" portion of the CMS HQRP website. For technical questions related to the Hospice Abstraction Reporting (or HART) tool, the QIES ASAP system, or other technical assistance information, including error messages or record rejections, providers can contact the Technical Help Desk (also know as the QTSO or "cute-so"). The phone number and email address for the QTSO Help Desk is listed in the second bullet on this slide.

Thank you for your attention. Please review the other modules in this presentation for more detailed information on updates to the HIS Manual V1.02.