An Overview of the Hospice Item Set Requirement

April 2015
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Background

In 2010 the Affordable Care Act authorized the creation of the Hospice Quality Reporting Program (HQRP) and the Centers for Medicare and Medicaid Services (CMS) was given jurisdiction over the program. The primary mission of the HQRP is to promote the delivery of high quality hospice services through the required reporting of quality and satisfaction outcome measures. Measures will be adopted that support and promote efficient and safe care, and must be endorsed by the National Quality Forum (NQF), except in unusual circumstances.

Hospices that do not comply with data submission requirements are subject to a 2% reduction in their annual payment update for the fiscal year.
Overview

- CMS requires hospices to report the HIS Data and they will calculate the NQF measures based on this information:
  - NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
  - NQF #1634 Pain Screening
  - NQF #1637 Pain Assessment
  - NQF #1638 Dyspnea Treatment
  - NQF #1639 Dyspnea Screening
  - NQF #1641 Treatment Preferences
  - Modified NQF #1647 Beliefs/Values Addressed (if desired by the patient)

- The best way to capture the data for these measures is through a standardized data collection instrument and contracted with RTI International to develop the Hospice Item Set (HIS).

- The HIS is a standardized data collection instrument that includes 64 patient-level data elements including demographic and patient assessment data.

- Two forms were developed:
  - HIS Admission Form – to be completed within 14 days and submitted within 30 days of the patient’s admission to hospice.
  - HIS Discharge Form – to be completed within 7 days and submitted within 30 days of the patient’s death or discharge from hospice.

- Data submission is required for all patients admitted to hospice on or after July 1, 2014, regardless of payer, age or location. This requirement continues into 2015 and beyond.

- Hospices are required to create electronic HIS submission files. For this purpose, CMS made available the Hospice Abstraction Reporting Tool (HART).

- CMS has released the Guidance Manual for Completion of the Hospice Item Set (HIS) that provides guidance on data collection and measure calculation.

- At this time, for purposes of calculating the 2% penalty, hospices are evaluated on whether or not they submit data for each patient, not on their performance level on the required measures.

- CMS will provide reports to individual hospices on their performance level for each of the NQF measures calculated from data submitted, however, it is unclear as to what the reports will include and how often they will be published.
For purposes of public reporting, CMS will analyze at least four quarters of the HIS data to establish reliability and validity of the data before making the data available to the public. The first two quarters of reporting (Q3 & Q4 of 2014) are considered a learning period, and that data will not be used in this analysis. Most likely, CMS will use the data from 2015.

Hospices will have the opportunity to review their data prior to it being made available to the public.

**Timeline**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action</th>
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<tbody>
<tr>
<td>August 7, 2013</td>
<td>CMS issued the Final Rule on the Hospice Item Set.</td>
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<tr>
<td>February 2014</td>
<td>CMS provided training on the data collection and submission process.</td>
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<tr>
<td>July 1, 2014</td>
<td>Hospices began collecting and reporting the HIS for every patient</td>
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<tr>
<td></td>
<td>admitted on or after July 1.</td>
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<tr>
<td>Jul 1 - Dec 31, 2014</td>
<td>CMS considers these first two quarters of reporting to be a learning</td>
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<td>period.</td>
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<tr>
<td>Jan 1 - Dec 31, 2015</td>
<td>Data from this timeframe will be analyzed by CMS to establish</td>
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<td>reliability and validity prior to public reporting.</td>
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<tr>
<td>FY 2018 (beg. 10/1/2017)</td>
<td>This is the earliest date that public reporting of data may occur, if</td>
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<td>ample time is allowed for data analysis, review of measures’</td>
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<td>appropriateness for public reporting and allowing hospices the</td>
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<td>required time to review their own data.</td>
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Hospices will have the opportunity to review their data prior to it being made available to the public.
Simplify CMS Compliance

Deyta’s Quality & Avoidable Events Actionboards provide hospices with a solution to ensure CMS compliance for HIS and build a robust QAPI program. Hospices will be prepared to meet ongoing HIS requirements with:

♦ Standardized data capture – whether manual entry or via a secure, HIPAA compliant connection with electronic medical record systems – of the 64 patient-level data elements required for reporting the HIS.
♦ Notification of errors and validation that admission and discharge records are complete prior to finalizing your data files for CMS submission.
♦ Simple, validated XML file packaging process of the HIS data elements for timely submission to CMS.
♦ Submission of HIS data to CMS for hospices that elect Deyta’s Submission Services.

Additional Resources

♦ National Quality Forum – search for endorsed measures by measure number (http://www.qualityforum.org/QPS/)
♦ Deyta’s Quality Actionboards (http://www.deyta.com/hospice/quality-and-compliance-improvement)
About Deyta

Deyta’s software and services for hospice, home health, and healthcare agencies provide high definition answers with precision guidance derived from mountains of data. We eliminate indecision and uncertainty to provide clarity on what is important and what to do about it. Our solutions for advanced analytics, business intelligence, satisfaction surveys, and success services enable agencies to:

- Better satisfy patients and their families.
- Attract more high-value referrals.
- Improve total operational and clinical quality.
- Create enterprise efficiencies and cost control.
- Elevate the success in every aspect of your organization.

Deyta’s solutions enhance existing systems within your organization by integrating silos of information across the enterprise to provide quick access to accurate, easy-to-understand information to optimize quality of care, caregiver satisfaction, financial growth, and regulatory compliance. Deyta can help your whole agency improve by bridging gaps in data, systems, knowledge, and processes to guide you to elevated results.