Overview

- Identify the current and 2017 CMS Hospice Quality Reporting Requirements.
- Identify the financial risk of failure to report.
- Identify how to validate submissions.
- Identify how to use quality reporting as part of the QAPI program.
History of HQRP: HIS

Initiated in 2014 as part of the Affordable Care Act

- Hospice Item Set
  - Standardized data collection tool used to capture patient information that is integral to quality care delivery
  - Medicare certified agency are required to collect on all patients regardless of age, site of care or payer source
  - Occurs on admission and discharge
  - The HIS does not replace a comprehensive physical assessment

History of HQRP: CAHPS

- Consumer Assessment of Healthcare Providers and Systems – CAHPS Hospice
  - CAHPS initially started 1995 for hospital systems
  - Overseen by the U.S. Agency for Healthcare Research and Quality
  - Hospice initiated CAHPS on April 2015
  - All Hospice providers with >50 or more survey-eligible patients must participate
  - Third party vendor must distribute surveys

Financial Impact of HQRP

- HIS data must be Submitted and Accepted within 30 calendar days of the event
  - Failure to comply will result in a 2% reduction in the Annual Payment Update
    - FY 18 includes records 1/1 to 12/31/16 with 70% submission threshold
    - FY 19 includes records 1/1 to 12/31/17 with 80% submission threshold
    - FY 20 and beyond requirement is 90% submission threshold
  - CAHPS FY 2018 Requirement
    - Monthly data collection on surveys started 1/1/16
    - Failure to submit 12 months of survey data 2016 will result in a 2% reduction in Annual Payment Update in FY18
HOSPICE ITEM SET CURRENT AND 2017

Current HIS

- Includes the following items:
  - Patients treated with Opioids with bowel regimen
  - Pain Screening
  - Pain Assessment
  - Dyspnea Screening
  - Dyspnea Treatment
  - Treatment Preferences
  - Beliefs/Values Addressed

Current HIS

- Includes admission data set and discharge data set
- Admission data must be completed in 14 days of admission and discharge data within 7 days of discharge.
- Each HIS must be submitted and accepted within 30 days of the event
- Requirement in 2016 was 70% compliance
Current HIS – Calculation

HIS Submission Threshold Calculation %:
- % of HIS Records submitted and accepted within the 30 day submission deadline / % of all successfully submitted records within a target date (1/1 to 12/31)
- Example:
  - Agency cared for 190 patients with 300 HIS records submitted BUT only 250 were on time
  - 250/300=83%

Validation of Submission

- Data submitted via QIES
- Online confirmation of submission is not proof of acceptance
- Final Validation Report (FVR) in CASPER reporting application
- Validation Folder labeled: state code, Hospice ID, VR example: PA Hospice 1234567 VR
- FVR are labeled by submission date, time and submission ID
- FVR will include number of files processed, accepted or rejected
- Rejected files will have an error message number and type of warning
  WARNING FVR ARE AUTOMATICALLY DELETED EVERY 60 DAYS

Common Validation Fatal Errors

- Workflow:
  - Duplication error – submitting same HIS record after it has been accepted
  - Submitting HIS data under another provider code
  - File not in ZIP file format
- Data Entry:
  - Entering incorrect value for item
  - Out of range responses, inconsistent skip pattern
  - Ignoring or overriding warnings about inconsistent data
  - Loading incorrect information into software (ex: incorrect facility number)
2017 HIS Requirements

- Requirement is now 80% compliance
- Includes all previous HIS item sets plus
- Two new measures added effective April 1, 2017
  - Percentage of patients receiving at least one visit from an RN, physician, nurse practitioner or physician assistant in the final 3 days of life
  - Percentage of patients receiving at least two visits from SW, chaplain or spiritual counselor, LPN, Hospice Aide or any combination of these disciplines in the final 7 days of life

Abt study identified 28.9% did not receive skilled visit last day of life
Deaths during weekday, patients with short LOS, and patients 84 years and younger were more likely to receive skilled visits in last 2 days of life
Address gap of no HQRP beyond comprehensive assessment
Data collected via HIS in 4 new questions added to HIS-discharge

Hospice and Palliative Care Composite Process Measure-Comprehensive Assessment at Admission
- Composite measure assess which identify number of care processes completed on admission
- Measure of how many of the HIS items are completed on admission
  - RTI International found 90% compliance however much lower % had documentation that all care processes were completed on admission
CAHPS - Hospice

Requirements

- Full submission started April 2015
- All providers with CY census > 50 survey qualified patients
  - Caregiver is over the age of 18
  - Died during hospice care
  - Died 48 hours after latest hospice admission
  - Has a qualifying caregiver (non-familial legal guardian does not qualify)
  - Resides in US or US territory
  - Has not asked to be excluded from survey
- Third party vendor approved by CMS

UTILIZING QUALITY REPORTING IN QAPI PROGRAM
QAPI: Spanning The Entire Organization

- Data Driven Resources:
  - Medicare claims data
  - Documentation in clinical record
  - Infection control reports
  - Incident or Adverse event reports
  - Complaint logs
  - HIS
  - CAHPS Hospice
  - PEPPER report
  - Federal reports: example OIG, CMS

QAPI: HIS

Potential HIS data points:

- Submission and Acceptance rate
- % of No responses to HIS to following:
  - Treatment preference including CPR, hospitalization, spiritual/existential concerns
  - Pain Screening or Standardized Pain Screening Tool
  - Pain Assessment and Severity level
  - Dyspnea Assessment and Treatment
  - Bowel Regimen with opioids ordered

CAHPS Hospice - QAPI

Potential CAHPS data points:

- Hospice Team Communication
  - Family informed of care
  - Hospice team listened carefully
- Getting Timely Care
  - After hour response
  - Services provided when needed
- Treating Family Member with Respect
  - Treated patient with respect
  - Hospice cared about patient
CAHPS Hospice - QAPI

Potential CAHPS data points:
- Providing Emotional Support
- During hospice care
- Bereavement
- Getting Help for Symptoms
- Pain Management
- Dyspnea Management
- Bowel Management
- Anxiety or Sadness managed

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Thank you.