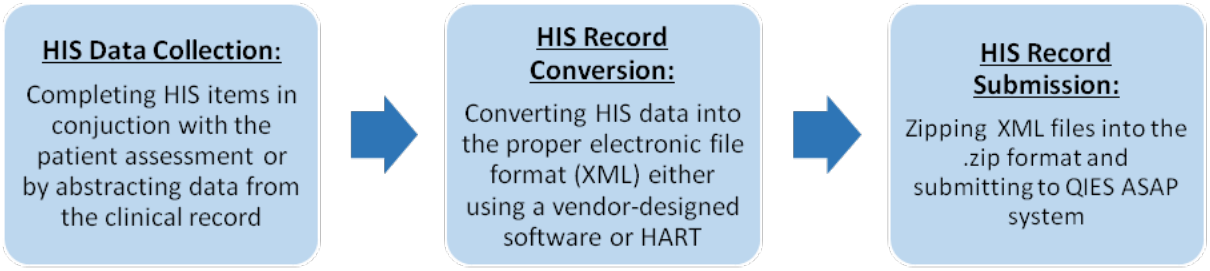
Getting Started with Hospice Item Set (HIS) Reporting: Checklist and Quick Tips

September 2015

This fact sheet outlines the three primary phases of Hospice Item Set (HIS) reporting and provides resources to help providers successfully execute each of these phases. Additionally, this fact sheet includes a brief list of tips and best practices which were compiled based on feedback received from the provider community following the implementation of the HIS.

As of July 1, 2014, all Medicare-certified hospices were required to submit an HIS-Admission record and HIS-Discharge record for each patient admission to their hospice. **This reporting is ongoing and constitutes a part of the Hospice Quality Reporting Program (HQRP)**. HIS reporting consists of 3 primary phases:



HIS Data Collection: HIS Data collection will consist of abstracting data from patient clinical records to complete HIS Items. Hospice providers are required to complete an HIS-Admission record for each patient admitted to their organization after 7/1/2014. Providers will also have to complete an HIS-Discharge record once each patient is discharged.

1. To ensure successful HIS data collection, providers should review materials available on the Hospice Item Set (HIS) portion of the CMS HQRP website, including:
    - Reading **the HIS Manual**, which provides instructions for choosing the correct response option for each HIS item, as well as examples based on sample clinical record documentation.
    - Watching **Video** recordings **of the Data Collection Training** for the HIS.

For questions about HIS data collection processes, providers should contact the Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov.

HIS Record Conversion and Submission: Once HIS data has been collected, providers will need to electronically convert into the proper electronic file format (XML) and submit all HIS records. Although electronic conversion and submission of HIS records is required, hospices *do not* need to have an electronic medical record to convert/submit HIS data. To convert HIS records into the proper file format, providers can use either the Hospice Abstraction Reporting

Tool (HART) software, which is free to download and use, or a vendor- designed software. Once HIS records are converted, the files will need to be submitted to CMS via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. General information on HIS record conversion and submission, including training modules, can be found on the HIS Technical Information portion of the CMS HQRP website.

1. To convert HIS records, providers should acquire the appropriate software (either HART or a vendor-designed software). The decision to use HART or a vendor software is a provider decision.
    - Providers who wish to use HART to complete HIS records can **download the software** here.
2. To submit HIS data to the QIES ASAP system, providers will need to register for two User IDs: a **CMSNet User ID** and a **QIES User ID**. More information on both of these registration processes can be found on the HIS Technical Information portion of the CMS HQRP website.
    - Providers can **register for the CMSNet User ID** here using the "Hospice CMSNet Online Registration" application link
    - Once successfully logged onto the CMS Network using the CMSNet User ID, providers can **register for a QIES User ID**. Further information on registering for the QIES User ID can be here found under "QIES User ID"

For questions about HIS Record completion and submission processes, providers should contact the Technical Help Desk at (877)-201-4721, or by email at help@qtso.com.

PROVIDERS MUST VERIFY THAT ALL RECORDS WERE SUCCESSFULLY RECEIVED AND PROCESSED FOLLOWING SUBMISSION. Please find below instructions for using Final Validation reports to complete this additional step of verification.

Final Validation Reports: Please note that when an HIS file is uploaded to the QIES ASAP system, providers should receive two confirmation messages: an "Upload Completed" message and a "Submission Received" message. These confirmation messages only indicate that the file has been **submitted** to QIES; they do not indicate that the file has been successfully **processed and received** by CMS. Once a file is submitted, it may take up to 24 hours for processing to complete. When processing is complete, providers should return to the Hospice File Submission system to verify the status of the file and then proceed with locating the system-generated Hospice Final Validation report in the CASPER Reporting application to verify that all records were successfully processed without error. To demonstrate compliance with HIS reporting requirements, providers should print and retain Final Validation reports as evidence of successful submission and processing of HIS records. Please note that hospice reports are automatically removed from the CASPER Reporting application after 60 days. **If 1) a Final Validation report is not received following the submission of HIS records or 2) a Final Validation report is received with fatal errors listed, the submission and processing was not successful.** In these instances, the provider must correct any errors and resubmit relevant HIS records to the QIES ASAP system. For instructions detailing how to check the submission status of a file and access Final Validation reports, please refer to Appendix A of the CASPER Reporting Hospice Provider User's Guide.

For questions about verifying that a submission was successfully received and processed, please contact the QTSO Help Desk at help@qtso.com or at 1-877-201-4721 (Monday-Friday from 7:00 AM – 7:00 PM CT).

Lessons Learned and Best Practices for Hospices

Based on feedback from the provider community, received after the implementation of the HIS, we have compiled a list of best practices and tips to successfully execute all phases of HIS reporting. Please review these tips below.

1. **Take an active role to stay informed and up-to-date about CMS requirements: Keeping informed of the latest regulations gives hospices time to plan and prepare for upcoming requirements.**
    - Be proactive about staying up-to-date with CMS requirements – read proposed and final rules and check the CMS HQRP website often for updates. Also, sign up for CMS-specific list servs (MLNconnects eNews, ODF list serv).
    - Review Quarterly Q+A documents featuring answers to frequently asked HQRP HelpDesk questions and other information for providers. These documents are posted on the Hospice Item Set (HIS) portion of the CMS HQRP website.
2. **Choose a core team to execute HIS data collection and HIS record conversion and submission, based on the expertise needed for the task.**
    - Be sure to cross-train members of the core team and/or identify back-up staff to ensure HIS reporting requirements can be met, if the primary HIS staff member is unavailable. .
3. **Use the core team as experts and disseminate information to other staff on an "as-needed" basis:**
    - Filter out knowledge and expertise gained by the core team to others (e.g., clinicians) on an as-needed basis. This "filtered" approach helps avoid overwhelming other staff with information.
    - As the core team reviews various sources of knowledge and information, have them develop "best of the best" educational materials integrating the best information from multiple resources into a single resource.
4. **Establish audit and feedback processes to ensure accuracy and compliance:**
    - Establish processes and procedures to ensure accuracy and compliance with requirements. For HIS, many hospices developed an "accuracy" audit and feedback system, as well as a "timeliness" audit and feedback system.
    - For accuracy audits, a member of the HIS core team reviews responses to HIS items that are completed by clinicians, comparing HIS responses with clinical record documentation. Timeliness audits can be accomplished through system-generated reports which ensure that all HIS records are completed and submitted in a timely manner.
5. **Don't underestimate the importance of continuing education:**
    - One-on-one, small group, or targeted continuing education is essential for successful HIS data collection and submission.
    - The HIS core team can use continuing education as a way to answer frequently asked questions and ensure accuracy of data. For example, if an HIS item is completed incorrectly, the HIS core team might conduct continuing education (either one-on-one or as a group) with clinicians.