

Eli's Hospice Insider

Hospice Item Set: Focus On Accuracy Of New HIS O Items

4 of the 7 new HIS items can be checked against your claims.

As you get used to the revamped Hospice Item Set that took effect April 1, take particular care with the items on visits in the last days of life.

Reminder: The **Centers for Medicare & Medicaid Services** finalized the new HIS items and their data specs last August, and the changes take effect on April Fool's Day. Some of the changes will support one of the two new quality measures adopted for 2017 ☐ "Hospice Visits When Death is Imminent." CMS lists the changes in its HIS data specs and supporting documents:

- A0550, Patient zip code
- A1400, Payer information
- J0905, Pain active problem
- O5000, Level of care final 3 days
- O5010, Number of hospice visits final 3 days
- O5020, Level of care final 7 days
- O5030, Number of hospice visits final 7 days

The O items are in a new section, Service Utilization, notes software vendor **Delta Health Technologies** on its website. "The new Section O ☐ Service Utilization focuses on the visits made within the last days of life based on two criteria," Delta Health says. "1. The patient's reason for discharge is due to death (A2115 = 01 Expired)" and "2. The patient did not receive Continuous Home Care, General Inpatient Care or Respite Care during any of the final 3 or final 7 days of life."

Warning: Don't be content with guesstimates for the new items on number of visits in the last 3 days (5010) and 7 days (O5030). It will be easy for Medicare contractors or surveyors to check on the accuracy of that information. "Because the Service Utilization Items are similar to data submitted on the Hospice claim, it is prudent to avoid data discrepancies," Delta Health recommends.

In CMS's March 22 Open Door Forum for hospice providers, a hospice caller asked why Medicare was collecting the payer information in A1400. A few days before implementation, CMS said it didn't have staff on the call to answer that question.

However: The **National Association for Home Care & Hospice** "understands that the payer information must be collected because this information will assist in record matching and management," the trade group offers in its member newsletter.

The HIS updates are only one of many quality-related changes Medicare is making this year for hospices (see Eli's Hospice Insider, Vol. 10, No. 2 for a list and links to related resources).

Note: See links to HIS v2.00.0 materials at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html.