

## Eli's Hospice Insider

### Hospice Item Set: Watch Out For Noncompliance With HIS Completion Date

**Ready or not, the Hospice Item Set requirement is upon you.**

Whether you worked diligently on Hospice Item Set preparation all year or put it off in hopes of a delay, the rubber hit the road July 1.

If you fail to collect HIS data for admissions July 1 and after, the **Centers for Medicare & Medicaid Services** will reduce your 2016 reimbursement rates by 2 percent, CMS said in the 2014 hospice payment final rule published in the Aug. 7, 2013 Federal Register.

HIS includes 27 items at admission and 13 questions at discharge (including the signature of the person verifying record completion). It will take hospices 19 minutes to complete the admission HIS and 10 minutes for the discharge HIS, CMS estimated in its Paperwork Reduction Act paperwork for the requirement. Hospices, however, expect the completion time to be much greater, depending on how difficult it is to extract the information from the clinical record. (For HIS sections and the quality measures HIS will support, see story below.)

CMS issued the HIS Manual in January and conducted HIS data collection training in February, although it issued a new version of the manual (1.01) June 4. (For links to these resources, see story, p. 61). In a May 28 Open Door Forum for home care and hospice providers, hospices expressed frustration that the manual still wasn't out so close to the HIS implementation date.

CMS also conducted technical training on registration and submission last month. Final **Office of Management and Budget** approval of the HIS forms came in April, although they contained no changes from the forms that CMS proposed earlier.

Despite access to these education tools, many hospices weren't prepared for the HIS requirement July 1, feared consultant **Heather Wilson** with **Weatherbee Resources** in Hyannis, Mass., before implementation. In recent weeks, the "vast majority" of attendees at Wilson's HIS prep training sessions indicated that they were not ready. "This is worrisome at best," Wilson told Eli.

Consultant Charlene Ross with R&C Healthcare Solutions and Hospice Fundamentals in Arizona has "run into a few... that weren't even aware that it is coming," she related.

Many hospices had not heard from their electronic medical record vendors about what part of HIS they would support, Wilson said. Those who did may not have received much detail about it. Auto-abstraction of HIS data □ at least the demographic and administrative information if nothing else □ will make the HIS requirement much more do-able, experts say.

**Challenges:** The toughest part of complying with the new HIS requirement may be the completion deadlines, Wilson believes. Hospices have a month to submit their HIS records. But CMS gives hospices 14 days to complete the HIS-Admission and seven days to complete the HIS-Discharge.

**Pointer:** In a recently revised fact sheet about the completion date, CMS points out that there is a HIS Completion Date item to fill out (item Z0500B). That item "is the actual date on which the hospice completes the HIS record," CMS specifies.

Then there is a "Completion Deadline," which is the 14- and seven-day time limits for completing the HIS. In other words,

the date in the "Completion Date" item should be no later than the Completion Deadline □ but it can be before the Completion Deadline, CMS explains.

The Completion Deadline is "a nightmare," Wilson insists. "Given that they seem totally unnecessary makes it all the more frustrating."

Another significant challenge will be ensuring that the content of the clinical record supports the HIS items. In testing the tool, many hospices have reported finding that their records were missing information needed for the data collection tool. That requires training clinical staff to make sure to record the necessary information.

The time to extract that data from the clinical record is also a hindrance for hospices seeking HIS compliance.

Lack of communication from software vendors is another problem area. Before implementation, many hospices remained hazy on exactly what kind of support their EMR vendors would provide.

While there are some definite cons, there are also a few bonuses to the new HIS tool. For one, it's not an assessment tool, Ross points out □ it's a data collection tool culled from the patient's medical record. That makes it more straightforward to fill out and lends itself to more software help than an assessment tool like OASIS for home health agencies.

It's also significantly shorter than assessment tools like OASIS or the MDS for SNFs.

Note: CMS's HIS page, containing links to the tool, manual, and other resources, is at [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html).