

## Eli's Hospice Insider

### Reimbursement: Data Reporting Burden Looms On Hospices' Horizon

**Medicare may provide a little room on new dataset implementation, at least.**

Hospice providers hoping for big changes to Medicare's quality data reporting plans -- or even just more specifics -- may be disappointed with the new home health prospective payment system final rule.

In the rule published in the Nov. 8 Federal Register, the **Centers for Medicare & Medicaid Services** finalizes its proposal to continue collecting two measures for 2014 (see related box, p. 91). But in the proposed rule back in July, CMS also floated a number of ideas and questions about its expansion of hospice quality data reporting in future years and received numerous passionate comments from industry members.

Most commenters were essentially fine with the two measures CMS is currently requiring hospices to collect data for. But they had a lot of constructive criticism regarding CMS's future plans.

CMS's brief section on hospice quality data reporting in the final rule leaves many commenters' concerns unaddressed for now. "Unfortunately, there just was not a lot of information" in the final rule, says **Judi Lund Person** with the **National Hospice & Palliative Care Organization**.

#### How Soon Will You Have A Hospice OASIS Tool?

CMS does seem responsive to at least one of commenters' chief complaints. Numerous hospices protested that implementing a standardized data collection tool in 2014 would be too soon. That could put implementation of the tool, which observers liken to home health agencies' OASIS assessment form, as early as next fall, points out **Holly Swiger** with **Weatherbee Resources** in Hyannis, Mass.

"This is a very aggressive timeline, especially given that the only testing of the item set proposed to take place is already underway and may be insufficient to identify burdens and barriers that hospices will encounter when rolling out the item set," the **Midwest Care Alliance** said in its comments on the proposed rule.

Hospices must have the dataset form well ahead of time "so that they can become familiar with the process, have adequate time to train staff, and integrate the data collection process into their software systems," stresses the **Hospice & Palliative Care Association of New York State**. "We urge CMS to make the hospice data submission form available as soon as possible."

Try this: "Because of the burden and challenges these changes will place on hospice providers (and their software vendors), we urge CMS to give more time for implementation and/or consider lowering the number of measures to be implemented in a given year," HPCANYS said.

VITAS Innovative Hospice Care suggested implementing new measures gradually, according to its comment letter.

CMS should consider limiting the number of measures required altogether, noted **Calvert Hospice** in Maryland. "For a small hospice with limited QAPI staff, the addition of 6 mandatory data collection items would essentially dictate our entire QAPI program, and would not allow for the flexibility to collect other data that is relevant to our particular patient population," it says in its comments.

CMS should be wary of "creating similar assessment and reassessment burdens that are inherent in the OASIS and MDS patient assessment tool and process," HAP warned. Creating data collection processes for five new measures at once would prove particularly burdensome, MCA believes.

"Although we do support a hospice patient-level data item set, CMS must take into consideration the appreciable burden and complexity for providers in the implementation of a system to support a patient-level item data set," VITAS said.

Access problem: "The burden of the requirement for electronic medical record and its maintenance, increased regulatory requirements, and the collection and reporting of data is onerous," says **Hospice Choice** and Life's Touch Palliative Care in Wisconsin. "Combine that with decreased hospice reimbursement and my fear is that since we are a small organization in rural Wisconsin, we will not be in business in 5 years."

CMS response: CMS uses the phrase "Starting with data collection in 2015" when talking about plans for future measures. That may mean it wouldn't implement the data collection tool until then.

Or maybe not. The rule's language on the data collection tool start date is very unclear, Person tells **Eli**. "They could roll it out in '14, but it seems much more likely" to be later, she allows.

Pushing back the start date for the tool would be very helpful for hospices. "Just as it has been for every other industry," such as long-term care providers with the MDS and HHAs with OASIS, "when the full data set gets added to our work load, it will be a challenging adjustment and definitely add to our work load," Swiger cautions.

P4P coming: But while hospices may get a little breathing room on a data collection tool, they definitely should expect it to come relatively soon. "CMS is certainly aiming to eventually get all providers onto a pay-for-performance system," Swiger says. "What they need for this is a data set for hospice."

CMS has concluded its pilot test of a data collection tool. Contractor **RTI** facilitated the pilot at nine hospice locations around the country.

"The main purposes of the pilot were to get a clear understanding of the process of implementation of the item set by the hospices and of the burden experienced by the hospices as they implemented the item set and collected data on patients," CMS explains in the final rule. "The quantitative and qualitative results of the pilot test will be used to inform the continued development of the item set."

Note: The final rule is at [www.gpo.gov/fdsys/pkg/FR-2012-11-08/pdf/2012-26904.pdf](http://www.gpo.gov/fdsys/pkg/FR-2012-11-08/pdf/2012-26904.pdf).