H1. Hospice FY 2023 Final Payment Rule

Presented by:
Leslie Heagy, RN, COS-C, Director of Clinical Services,
Healthcare Provider Solutions, Inc.
Objectives:
- Review the FY 2023 Hospice Final Wage Index & Payment Rule
- Review the hospice payment update percentage and Aggregate Cap amount
- Discuss the changes with the Hospice Quality Reporting Program (HQRP)
- Provide an overview of the New STAR rating for Hospice
- Update for the Hospice HOPE assessment tool
The Final Rule for the FY2023 Hospice Wage Index and Payment Rate Update was published on July 27, 2022, from the Centers for Medicare & Medicaid Services (CMS). The new regulations will be effective on October 1, 2023.

CMS state the overall economic impact of this final rule is estimated to be $825 million in increase payments to hospices for FY2023.

The Hospice FY2023 Final Payment Update includes:
- The Hospice payment update percentage and Aggregate Cap amount.
- Permanent 5% Cap on Wage Index Decreases
- Updates to the Hospice Quality Reporting Program (HQRP)
- Update on Hospice Survey Reform
- Request for information on health equity
- Advancing Health Information Exchange
The FY2023 Final Rule acknowledges higher inflationary trends and their anticipated impact on prices over the coming months and finalizes a 3.8 percent update for hospice payments for FY2023, which is a significant increase over the proposed 2.7% update.

- The FY 2023 hospice payment update percentage of 3.8% is an estimated increase of $825 million in payments from FY 2022.
- This is a result of the 4.1% market basket percentage increase reduced by a 0.3 percentage point productivity adjustment.
- Payment rates for hospices that fail to meet the Hospice Quality Reporting Program obligations will be subject to a 2 percent reduction in their payment rates for FY2023. (Increasing to 4% reduction beginning FY2024 using CY2022 data)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>FY2022 Payment Rates</th>
<th>FY 2023 Proposed Hospice Update</th>
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<th>FY 2023 Final Hospice Payment Update</th>
<th>FY 2023 Payment Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>656</td>
<td>General Inpatient Care</td>
<td>$1,068.28</td>
<td>1.027</td>
<td>$1,098.88</td>
<td>× 1.038</td>
<td>$1,110.76</td>
</tr>
<tr>
<td>655</td>
<td>Inpatient Respite Care</td>
<td>$473.75</td>
<td>1.027</td>
<td>$486.88</td>
<td>× 1.038</td>
<td>$492.10</td>
</tr>
<tr>
<td>652</td>
<td>Continuous Home Care Full rate = 24 hour of care</td>
<td>$1,462.52 ($60.94 per hour)</td>
<td>1.027</td>
<td>$1,505.61</td>
<td>× 1.038</td>
<td>$1,522.04 ($63.42 per hour)</td>
</tr>
</tbody>
</table>
## THE HOSPICE FY2023 FINAL PAYMENT RULE

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>651</td>
<td>Routine Home Care (days 1-60)</td>
<td>$203.74</td>
<td>1.027</td>
<td>$209.14</td>
<td>X 1.038</td>
<td>$211.34</td>
</tr>
<tr>
<td>651</td>
<td>Routine Home Care (days 61+)</td>
<td>$160.74</td>
<td>1.027</td>
<td>$165.25</td>
<td>X 1.038</td>
<td>$167.00</td>
</tr>
</tbody>
</table>

## FY 2023 FINAL HOSPICE PAYMENT RATES

For agencies that **DO** submit the required quality data

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>FY 2022 Payment Rates</th>
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</tr>
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<tbody>
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</tr>
</tbody>
</table>
FY 2023 FINAL HOSPICE PAYMENT RATES

For agencies that **DO NOT** submit the required quality data

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
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<tr>
<td>651</td>
<td>Routine Home Care (days 1-60)</td>
<td>$203.74</td>
<td>$207.27</td>
</tr>
<tr>
<td>651</td>
<td>Routine Home Care (days 61 +)</td>
<td>$160.74</td>
<td>$163.78</td>
</tr>
<tr>
<td>652</td>
<td>Continuous Home Care Full Rate = 24 hours of care</td>
<td>$1,462.52 ($60.94 per hour)</td>
<td>$1,492.72 ($62.15 per hour)</td>
</tr>
<tr>
<td>655</td>
<td>Inpatient Respite Care</td>
<td>$473.75</td>
<td>$482.62</td>
</tr>
<tr>
<td>656</td>
<td>General Inpatient Care</td>
<td>$1,068.28</td>
<td>$1,089.36</td>
</tr>
</tbody>
</table>

THE HOSPICE FY2023 FINAL PAYMENT RULE

- The Hospice payment update includes a statutory aggregate cap that limits the overall payments per patient that is made to a hospice annually.
- The **Hospice Aggregate Cap Amount** for FY 2023 is **$32,486.92** (FY 2022 cap amount of $31,297.61 increased by 3.8%).
THE HOSPICE FY2023 FINAL PAYMENT RULE

Hospice Wage Index Update

- **Permanent 5% Cap on Wage Index Decreases**
  - CMS finalized changes to the hospice wage index within the FY 2021 final rule by adopting the revised Office of Management and Budget's (OMB) statistical area delineations published in their September 14, 2018, bulletin.
  - As a result, some counties moved from an urban designation to a rural, some from rural to urban and some moved from one urban CBSA to another urban CBSA.
  - CMS used the FY 2021 as a transitional year with a 5% cap applied to any decrease in a geographic area's wage index value compared to the prior fiscal year (FY2020).

THE HOSPICE FY2021 FINAL PAYMENT RULE

Result of FY 2021 Hospice Wage Index Changes

- 34 counties that were classified Urban changed to Rural
  - multiple states effected
- 47 counties that were classified Rural changed to Urban
  - multiple states effected
- 19 counties Changed from one Urban CBSA to a newly or modified CBSA
- 31CBSA designations had a CBSA Title change or a CBSA Number change.
Hospice Wage Index Update

- The Hospice Final Rule established, for FY 2023 and subsequent years, a permanent, budget neutral 5% Cap on any decrease to a geographic area’s wage index, so that a geographic area’s wage index would not be less than 95% of its wage index calculated in the prior FY regardless of the circumstances causing the decline.
- The Hospice Final Rule included that a geographic area’s wage index for FY 2023 would not be less than 95 percent of its final wage index for FY 2022, regardless of whether the geographic area is part of an updated CBSA, and that for subsequent years, a geographic area’s wage index would not be less than 95 percent of its wage index calculated in the prior FY.

Hospice Quality Reporting Program

The HQRP updates within the FY2023 Final Rule included:
- Beginning FY2024 and each subsequent year, hospice providers who do not comply with hospice quality reporting requirements will see a 4% reduction in their annual payment update (APU) that is based on CY 2022 quality data.
- Summary of new claims-based measures finalized in FY 2022 and update on the already-adopted measures. (No New Quality Measures)
- CAHPS Star Rating for Hospice
- Update to the HOPE assessment tool for Hospice
Current Quality Measures for Hospice Quality Reporting Program (HQRPM)

3 Data Sources are used to calculate performance on Quality Measures (QMs) for HQRPM:

1. Hospice item Set (HIS)
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS)
3. Medicare Claims Data


HQRPM Now Combines sources of data from HIS, CAHPS Hospice Survey and Medicare Claims
THE HOSPICE FY2023 FINAL PAYMENT RULE - HQRP

Current Quality Measures for Hospice Quality Reporting Program (HQR)

- All HQR measures in the past included data for all hospice patients regardless of payor however, because claims-based data available to CMS is only for Medicare hospice patients, Patient Visit Data in the last days of life for non-Medicare hospice patients will not be used in the HQR after January 1, 2021.
- All HQR measures that are not claims based will continue to be used for all hospice patients regardless of the payor.
QUALITY MEASURE CALCULATED USING THE HOSPICE ITEM SET (HIS)

THE HOSPICE FY2023 FINAL PAYMENT RULE - HQRP

Quality Measure Calculated using the Hospice Item Set (HIS)

- Remove the 7 individual Hospice Item Set (HIS) measures from the HQRP.
- No longer publicly report them as individual measures on Care Compare.
- No longer apply them to the FY 2024 APU and thereafter.
- Remove the “7 measures that make up the HIS Comprehensive Assessment Measure” section of Care Compare and from the Preview Reports but continue to have it publicly available in the data catalogue.

There were no changes to the requirement to submit the HIS admission assessment. Hospices that do not report HIS data used for the HIS Comprehensive Assessment Measure will not meet the requirements for compliance with the HQRP.
The HIS data for Admission and Discharge must be submitted for all patients within 30 days of the event or target date.

- The act of submission does not equal acceptance.
- The submission date is defined as the date on which the completed record was submitted and accepted by the QIES ASAP system.

It is recommended that hospices submit data within 7–14 days to be sure of acceptance by the 30-day deadline.
QUALITY MEASURE CALCULATED USING THE CAHPS HOSPICE SURVEY

THE HOSPICE FY2023 FINAL PAYMENT RULE - HQRP

Quality Measure Calculated using CAHPS Hospice Survey

- The 47-question survey is used to measure and assess the experience of hospice patients and the experiences of their informal primary caregivers
- Incorporates questions for all patient locations
- Data collection year runs from January to December
- Displayed publicly on Care Compare
  - Need to have 30 completed and returned surveys for data to be displayed
- All Medicare-certified hospice providers must participate
- New Hospice Providers are allowed a one-time exemption the first year but MUST request an exemption annually thereafter.
  - This Does NOT apply to the HIS submission
THE HOSPICE FY2023 FINAL PAYMENT RULE - HQRP

Quality Measure Calculated using the Hospice Item Set (HIS)

TABLE 5: Quality Measures finalized in the FY 2022 Hospice Wage Index Final Rule and in Effect for FY 2023 for the Hospice Quality Reporting Program

<table>
<thead>
<tr>
<th>CAHPS Hospice Survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2651</td>
<td></td>
</tr>
<tr>
<td>CAHPS Hospice Survey</td>
<td></td>
</tr>
<tr>
<td>1. Communication with Family</td>
<td></td>
</tr>
<tr>
<td>2. Getting timely help</td>
<td></td>
</tr>
<tr>
<td>3. Treating patient with respect</td>
<td></td>
</tr>
<tr>
<td>4. Emotional and spiritual support</td>
<td></td>
</tr>
<tr>
<td>5. Help for pain and symptoms</td>
<td></td>
</tr>
<tr>
<td>6. Training family to care for the patient</td>
<td></td>
</tr>
<tr>
<td>7. Rating of this hospice</td>
<td></td>
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<tr>
<td>8. Willing to recommend this hospice</td>
<td></td>
</tr>
</tbody>
</table>

CAHPS Hospice Survey Submission Requirements

TABLE 6: Size Exemption Key Dates FY 2023 Through FY 2026

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Data collection year</th>
<th>Reference year</th>
<th>Size exemption form submission deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2023</td>
<td>CY 2021</td>
<td>CY 2020</td>
<td>December 31, 2021</td>
</tr>
<tr>
<td>FY 2024</td>
<td>CY 2022</td>
<td>CY 2021</td>
<td>December 31, 2022</td>
</tr>
<tr>
<td>FY 2025</td>
<td>CY 2023</td>
<td>CY 2022</td>
<td>December 31, 2023</td>
</tr>
<tr>
<td>FY 2026</td>
<td>CY 2024</td>
<td>CY 2023</td>
<td>December 31, 2024</td>
</tr>
</tbody>
</table>

CAHPS survey data that will impact the FY2024 APU is being collected now in CY 2022 (January 1, 2022, thru December 31, 2022) and will result in a 4%-point reduction in the APU if the HQRP requirements are not met.
<table>
<thead>
<tr>
<th>Sample months (month of death)*</th>
<th>CAHPS Quarterly Data Submission Deadlines**</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2023 APU</td>
<td></td>
</tr>
<tr>
<td>CY January-March 2021 (Quarter 1)</td>
<td>August 11, 2021</td>
</tr>
<tr>
<td>CY April-June 2021 (Quarter 2)</td>
<td>November 10, 2021</td>
</tr>
<tr>
<td>CY July-September 2021 (Quarter 3)</td>
<td>February 9, 2022</td>
</tr>
<tr>
<td>CY October-December 2021 (Quarter 4)</td>
<td>May 11, 2022</td>
</tr>
<tr>
<td>FY 2024 APU</td>
<td></td>
</tr>
<tr>
<td>CY January-March 2022 (Quarter 1)</td>
<td>August 10, 2022</td>
</tr>
<tr>
<td>CY April-June 2022 (Quarter 2)</td>
<td>November 9, 2022</td>
</tr>
<tr>
<td>CY July-September 2022 (Quarter 3)</td>
<td>February 8, 2023</td>
</tr>
<tr>
<td>CY October-December 2022 (Quarter 4)</td>
<td>May 10, 2023</td>
</tr>
<tr>
<td>FY 2025 APU</td>
<td></td>
</tr>
<tr>
<td>CY January-March 2023 (Quarter 1)</td>
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<td>CY April-June 2023 (Quarter 2)</td>
<td>November 8, 2023</td>
</tr>
<tr>
<td>CY July-September 2023 (Quarter 3)</td>
<td>February 14, 2024</td>
</tr>
<tr>
<td>CY October-December 2023 (Quarter 4)</td>
<td>May 8, 2024</td>
</tr>
</tbody>
</table>

* Data collection for each sample month initiates 2 months following the month of patient death (for example, in April for deaths occurring in January).

** Data submission deadlines are the second Wednesday of the submission months, which are the months August, November, February, and May.
The Hospice Visits in Last Days of Life (HVLDL) claims-based measure replaces the information previously collected in Section O of the HIS-Discharge.

- The HIS V3.00 became effective on February 16, 2021 and expires on February 29, 2024.
- This is a re-specified, claims-based version of the Hospice Visits when Death is Imminent (HVWDII) measure pair.

The HVLDL QM indicates the hospice provider’s proportion of patients who have received visits from an RN or MSW (non-telephonically) on at least two out of the final three days of the patient’s life receiving RHC Level of Hospice Care captured on the hospice claim.
Quality Measure Calculated using Medicare Claims

**Hospice Visits in Last Days of Life (HVLDL)**

- The last three days are defined as: (Day 1) the day of death, (Day 2) the day prior to death, (Day 3) the day two days prior to death.
- Any visits occurring after the time of the patient’s death will not count towards the measure score.
- Patients are excluded if:
  - They did not expire in hospice care as indicated by reason for discharge
  - They received CHC, Respite, or GIP care in the final three days of life
  - If hospice care was fewer then three days
- CMS will no longer report HVWDII with patient discharges and will start publicly reporting HVLDL no earlier than May 2022.
The Hospice Care Index (HCI) captures care processes occurring throughout the hospice stay, between admission and discharge.

- The HCI is a single measure comprising 10 indicators calculated from Medicare claims data.
- The index design of the HCI simultaneously monitors all 10 indicators.
- Collectively these indicators represent different aspects of hospice service.
- The HCI will help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices.

<table>
<thead>
<tr>
<th>Administrative Data, including Claims-based Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>3645</td>
</tr>
<tr>
<td>Pending endorsement</td>
</tr>
<tr>
<td></td>
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</table>
Quality Measure Calculated using Medicare Claims - **Hospice Care Index (HCI)**

- The indicators represent different aspects of hospice care and aim to convey a comprehensive characterization of the quality of care furnished by a hospice.
- The sum of the points earned from meeting the criterion of each indicator results in the hospice's HCI score, with 10 as the highest hospice score.
- Each indicator equally affects the single HCI score.
- **Numerator** – A hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators. The sum of the points earned from meeting the criterion of each individual indicators results in the hospice's HCI score.
- **Denominator** - The HCI score is calculated as the total number of points earned across ten indicators. The potential range of scores is from 0 to 10.
- Hospice with fewer than 20 discharges over the 2 years of data collection will not have a HCI calculated for public reporting.
Quality Data Submission Reporting Requirements for HIS and CAHPS

- 90% of all required HIS records (admission or discharge) MUST be submitted and accepted within the 30-day submission deadline to avoid the statutorily-mandated payment penalty.
- To comply with CMS’ quality reporting requirements for CAHPS, hospices are required to collect data monthly using the CAHPS Hospice Survey.
- Hospices comply by utilizing a CMS-approved third-party vendor.
- Failure to meet the 90 percent threshold for HIS record submission during the collection year and participate in CAHPS monthly will impact payment in the FY 2 years later.
- Most hospices that fail to meet HQRP requirements do so because they miss the 90 percent threshold.

Figure 1. HQRP Compliance Cycle

* Since administrative data are collected from claims, hospices are automatically considered 100% compliant with submission of this data. Beginning with FY 2024 APU (CY 2022 data), the APU penalty increased from 2% to 4%.

Year 1: Data Collection and Submission
Year 2: Compliance Determinations
FY: APU in effect
### HQRP Submission Requirements for HIS and CAHPS:

**TABLE 8: HQRP Reporting Requirements and Corresponding Annual Payment Updates**

<table>
<thead>
<tr>
<th>Reporting Year for HIS and Data Collection Year for CAHPS data (Calendar year)</th>
<th>Annual Payment Update Impacts Payments for the FY</th>
<th>Reference Year for CAHPS Size Exemption (CAHPS only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2021</td>
<td>FY 2023 APU</td>
<td>CY 2020</td>
</tr>
<tr>
<td>CY 2022</td>
<td>FY 2024 APU*</td>
<td>CY 2021</td>
</tr>
<tr>
<td>CY 2023</td>
<td>FY 2025 APU</td>
<td>CY 2022</td>
</tr>
<tr>
<td>CY 2024</td>
<td>FY 2026 APU</td>
<td>CY 2023</td>
</tr>
</tbody>
</table>

* Beginning in FY 2024 and all subsequent years, the payment penalty is 4 percent. Prior to FY 2024, the payment penalty is 2 percent.

<table>
<thead>
<tr>
<th>Records From</th>
<th>HIS Submission Threshold</th>
<th>CAHPS® Hospice Survey</th>
<th>Reporting Year</th>
<th>APU Reduction for Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2021</td>
<td>90%</td>
<td>Ongoing Monthly Participation</td>
<td>FY 2023</td>
<td>2%</td>
</tr>
<tr>
<td>CY 2022</td>
<td>90%</td>
<td>Ongoing Monthly Participation</td>
<td>FY 2024</td>
<td>4%</td>
</tr>
<tr>
<td>CY 2023</td>
<td>90%</td>
<td>Ongoing Monthly Participation</td>
<td>FY 2025</td>
<td>4%</td>
</tr>
</tbody>
</table>

### APU & Timeliness Threshold Requirements

**TABLE 9: HQRP Compliance Checklist**

<table>
<thead>
<tr>
<th>Annual Payment Update</th>
<th>HIS</th>
<th>CAHPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2023</td>
<td>Submit at least 90 percent of all HIS records within 30 days of the event date (patient’s admission or discharge) for patient admissions/discharges occurring 1/1/21 – 12/31/21.</td>
<td>Ongoing monthly participation in the Hospice CAHPS survey 1/1/2021 – 12/31/2021</td>
</tr>
<tr>
<td>FY 2024</td>
<td>Submit at least 90 percent of all HIS records or its successor instrument within 30 days of the event date (patient’s admission or discharge) for patient admissions/discharges occurring 1/1/22 – 12/31/22.</td>
<td>Ongoing monthly participation in the Hospice CAHPS survey 1/1/2022 – 12/31/2022</td>
</tr>
<tr>
<td>FY 2025</td>
<td>Submit at least 90 percent of all HIS records or its successor instrument within 30 days of the event date (patient’s admission or discharge) for patient admissions/discharges occurring 1/1/23 – 12/31/23.</td>
<td>Ongoing monthly participation in the Hospice CAHPS survey 1/1/2023 – 12/31/2023</td>
</tr>
</tbody>
</table>

Note: The data source for the claims-based measures will be Medicare claims data that are already collected and submitted to CMS. There is no additional submission requirement for administrative data (Medicare claims), and hospices with claims data are 100-percent compliant with this requirement.
Calculating Claim-Based Measures for Quality Reporting

- The Hospice payment update percentage and Aggregate Cap amount.
- There is no additional submission requirements for the 2 claims-based quality measures HCI and HVLDL.
- The data source for the claims-based QMs will be Medicare claims data that are already collected and submitted to CMS for quality reporting.
- CMS will extract claims data to calculate claims-based measures at least 90 days after the last discharge date in the applicable period, which we will use for quality measure calculations and public reporting on Care Compare.

Example:

- If the last discharge date in the applicable period for a measure is December 31, 2022, for data collection January 1, 2022, through December 31, 2022, we would create the data extract on approximately March 31, 2023, at the earliest. Those data would be used to calculate and publicly report the claims-based measures for the CY2022 reporting period.

Calculating and Publicly Reporting Claim-Based Measures Finalized in FY2022

- The Timeframe for calculating & publicly reporting of the Claims-based Measure which allows for balance in providing timely information to the public with calculating the claims-based measures using as complete a data set as possible.
- The approximately 90-day “run-out” period is shorter than the Medicare program’s current timely claims filing policy under which providers have up to 1 year from the date of discharge to submit claims.
- Several months lead-time is necessary after acquiring the data to conduct the claims-based calculations.
- If CMS were to delay the data extraction point to 12 months after the last date of the last discharge in the applicable period, they would not be able to deliver the calculations to hospices sooner than 18 to 24 months after the last discharge.
Calculating and Publicly Reporting Claim-Based Measures Finalized in FY2022

- To implement this process, hospices would not be able to submit corrections to the underlying claims snapshot or add claims (for those claims-based measures) to this data set at the conclusion of the 90-day period following the last date of discharge used in the applicable period.
- CMS would consider the hospice claims data to be complete for purposes of calculating the claims-based measures at this point.
- It is important that hospices ensure the completeness and correctness of their claims prior to the claims “snapshot.”

CAHPS Star Ratings to Public Reporting finalized FY 2022

- The Hospice payment update percentage and Aggregate Cap amount.
- CMS finalized within the FY 2022 final rule that Star Ratings for public reporting of CAHPS Hospice Survey results on the Care Compare.
- The calculation and display of the CAHPS Hospice Survey Star Ratings will be similar to other CAHPS Star Ratings such as Hospital and Home Health CAHPS.
- The Stars will range from one star (worst) to five stars (best).
- The Stars will be calculated based on “top-box” scores for each of the eight CAHPS Hospice Survey measures.
CAHPS Star Ratings to Public Reporting

- The Hospice payment update percentage and Aggregate Cap amount.
- Only the overall Star Rating will be publicly reported.
- A Hospice must have a minimum of 75 completed surveys in order to be assigned a Star Rating.
- Star Ratings will be publicly reported on Care Compare on Medicare.gov beginning with the August 2022 refresh.
- A dry run of the Star Ratings with reporting to hospices via preview reports during the November 2021 and March 2022 preview periods for the February 2022 and May 2022 updates of Care Compare on Medicare.gov.
- The reporting period for the dry run covered data from Q4 2018 through Q4 2019 and Q3 2020 through Q1 2021.

Hospice Outcomes & Patient Evaluation (HOPE) Update

- Hospice Outcomes & Patient Evaluation (HOPE) Assessment Tool:
  - Is a tool intended to help hospices better understand care needs throughout the patient’s dying process and contribute to the patient’s plan of care.
  - Is multidisciplinary, with the assessment instrument to be completed by nursing, social work, and spiritual care staff
  - Assess patients in real-time, based on interactions with the patient.
  - Will support quality improvement activities and calculate outcome and other types of quality measures in a way that mitigates burden on hospice providers and patients.
Hospice Outcomes & Patient Evaluation (HOPE) Update

- Hospice Outcomes & Patient Evaluation (HOPE) Assessment Tool:
  - CMS anticipates that the HOPE will replace the HIS.
  - The HIS is a standardized mechanism for abstracting medical record data, it is not a patient assessment tool because HIS data are not collected during a patient assessment.
  - HIS data collection “consists of selecting responses to HIS items in conjunction with patient assessment activities or via abstraction from the patient’s clinical record.”
  - In contrast, HOPE is a patient assessment instrument, designed to capture patient and family care needs in real-time during patient interactions throughout the patient’s hospice stay, with the flexibility to accommodate patients with varying clinical needs.

- CMS included in the FY2023 Final Rule their objectives for HOPE are to:
  - Provide quality data for the HQRP requirements through standardized data collection;
  - Support survey and certification processes; and
  - Provide additional clinical data that could inform future payment refinements.

- The draft HOPE assessment has undergone cognitive, pilot and alpha testing (completed Jan 2021), and is undergoing beta field testing (late fall 2021 and continuing through 2022) to establish reliability, validity and feasibility of the assessment instrument.

- CMS anticipates proposing the HOPE in future rulemaking after testing is complete.
The Final Rule included an update on the beta testing and derivatives that will be achieved during this phase of testing, such as:

- Burden estimates
- Timepoints for collection
- Additional outreach efforts that will be conducted during and after beta testing and during the planned adoption process.

CMS also discusses potential future quality measures within the HQRP based on HOPE and administrative data, including:

- HOPE-based process measures
- Hybrid Quality Measures, which could be based upon multiple sources that include HOPE, claims and other data sources.

The Final Rule also includes a Request for Information related to the HQRP Health Equity initiative.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS received several comments in response to their request for information on the HQRP Health Equity initiative that included multiple questions.

Based on public response to questions, CMS will consider future structural composite measure that would address aspects of health equity and request public feedback.

- “Health Equity Structural Composite Measure”
Request for Information related to the HQRP Health Equity initiative

- CMS stated that they are interested in developing health equity measures based on information collected by hospices not currently available on claims, assessments, or other publicly available data sources to support development of future quality measures.
- CMS solicited public comments on the conceptual domains and quality measures for the QM:
  - Domain 1: Hospice commitment to reducing disparities is strengthened when equity is a key organizational priority.
  - Domain 2: Training board members, leaders, staff and volunteers in culturally and linguistically appropriate services (CLAS), health equity, and implicit bias is an important step hospices take to provide quality care to diverse populations.
  - Domain 3: Leaders and staff could improve their capacity to address disparities by demonstrating routine and thorough.
- CMS stated they will take these questions and suggestions into consideration when further refining the measure concept.

Advancing Health Information Exchange Update

- CMS requested public comment on initiatives to advance health information exchange. The comments included:
  - Request that CMS use its existing authority to support hospices’ ability to purchase, implement, and maintain HIT that facilitates interoperable data exchange across all care settings.
  - Recommended CMS begin to set more specific expectations for hospices (and other PAC providers), as well as HIT and EHR vendor organizations, regarding SDOH data collection and sharing, and
  - Work with ONC to develop more detailed guidance and education that explains the specific legal and operational protocols that can facilitate health information exchange between hospices and community based SDOH organizations.
- CMS responded appreciation for the comments provided on interoperability initiatives and will take these comments into consideration as it coordinates with Federal partners, including ONC, on these initiatives, and to inform future rulemaking.
The Consolidated Appropriations Act of 2021 required CMS to implement various hospice survey reforms.

- In the CY 2022 Home Health Prospective Payment System (HH PPS) final rule, CMS addressed these reforms, and as outlined in that final rule.
- CMS indicated in the FY2023 Hospice Proposed Rule that they intended to convene a Technical Expert Panel (TEP) on this topic and have the TEP’s work completed in time to include a proposed SFP in the FY2024 Hospice Proposed Rule.
- This proposed rule is CMS stated it would take into account comments received and work on a revised proposal, seeking additional collaboration with stakeholders to further develop the methodology for the Hospice Special Focus Program (SFP) that was part of the required hospice survey reforms of the Consolidated Appropriations Act of 2021.
References


Thank You
For Participating!

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