Administrator Program
Wednesday, November 16, 2022
9:30am-10:30am

H2. Deep Dive into Hospice Quality Reporting Program (HQRP)

Presented by:
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Healthcare Provider Solutions, Inc.
Deep Dive Into Hospice Quality Reporting Program
HQRP

Presenter: Leslie Heagy RN, COS-C

Objectives

- Understand the components for the Hospice Quality Reporting Program (HQRP)
- Discuss the financial impact for Hospice providers who are noncompliant with the reporting requirements
- Learn the changes to the HQPR finalized in the Hospice FY 2022 final payment update
What is HQRP?

The Hospice Quality Reporting Program (HQRp) was established under section 1814(i)(5) of the Social Security Act. The HQRP includes data submitted by hospices:
- Through the Hospice Item Set (HIS) data collection tool,
- Data from Medicare hospice claims, and

All Medicare-Certified Hospice Providers Must comply with these reporting requirements to avoid percentage-points reduction to the Annual Payment Update (APU) for the corresponding Fiscal Year (FY).

The HQRP is currently “pay-for-reporting,” meaning it is the timely submission and acceptance of complete data that determines compliance with HQRP requirements.

The data source for the claims-based measures is Medicare claims data that are already collected and submitted to CMS.

HQRp Timeline

- **2014** – Data Collection began with the Hospice Item Set (HIS) and included the 7 HIS-based Quality Measures (QMs)
- **2017** – Data Collection for visits – (HVWDII) and Section O added to HIS and QM for the Hospice and Palliative Care Composite Process Measure. CMS Launched Hospice Compare with the original 7 HIS QM
- **2018** – CAHPS measures were added to Hospice Compare
- **2020** – Care Compare replaced the Hospice Compare Website
- **2021** – The Office of Management and Budget approved the New HIS, which replaced the HVWDII measure with the claims-based version and resulted in the HIS Manual V3.00. This change officially removed Section O from the Discharge HIS which was used to calculate the HVWDII measure.
- **2022** – CMS finalized in the FY 2022 Final Payment Rule 2 new claims-based measures HVLDL and HCI that will use 8 quarters of data in order to report on more hospices. Removed the 7 HIS process measures from public reporting.
Current Quality Measures for Hospice Quality Reporting Program (HQRP)

- The HQRP currently uses 3 data sources to calculate performance on Quality Measures (QMs)
  1. Hospice item Set (HIS)
  2. Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  3. Medicare Claims Data

Current Quality Measures for HQRP

<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>1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided</td>
</tr>
<tr>
<td>2. Gaps in Skilled Nursing Visits</td>
</tr>
<tr>
<td>3. Early Live Discharges</td>
</tr>
<tr>
<td>4. Late Live Discharges</td>
</tr>
<tr>
<td>5. Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission</td>
</tr>
<tr>
<td>6. Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital</td>
</tr>
<tr>
<td>7. Per-beneficiary Medicare Spending</td>
</tr>
<tr>
<td>8. Skilled Nursing Care Minutes per Routine Home Care (RHC)-day</td>
</tr>
<tr>
<td>9. Skilled Nursing Minutes on Weekends</td>
</tr>
<tr>
<td>10. Visits Near Death</td>
</tr>
</tbody>
</table>

Hospice Quality Reporting Program (HQRPM)

HQRPM = HIS (NQF #3235) + CAHPS® + Administrative Data Claims (HV/LDL & HCI)

HQRPM now combines sources of data from HIS, CAHPS Hospice Survey and Medicare Claims.
HQRP Quality Measure Overview

HIS Data is used to calculate 1 composite measure
- Hospice and Palliative Care Composite Process Measure – HIS Comprehensive Assessment at Admission (NQF #3235)
- Includes 7 Measures from the HIS admission

CAHPS® Hospice Survey data
- Can be used to calculate eight NQF-endorsed patient experience measures (NQF #2651)

Medicare claims data
- Hospice Visits in the Last Days of Life (HVLDL)
- Hospice Care Index (HCI)

HQRP Quality Measure Summary

- **HIS Comprehensive Assessment Measure at Admission (NQF #3235)**: The proportion of patients for whom the hospice performed all seven care processes as applicable.

- **HVLDL (Claims-based)**: The proportion of patients who have received in-person visits from a registered nurse or a medical social worker on at least 2 out of the final 3 days of life.

- **HCI (Claims-based)**: A single measure comprising ten indicators calculated from Medicare claims.

- **CAHPS® Hospice Survey (NQF #2651)**: All eight of the CAHPS® Hospice Survey measures are endorsed under NQF #2651.
Quality of Care

NQF #3235 Quality Measure Calculated using the Hospice Item Set (HIS)

- All Medicare-certified hospice providers are required to submit:
  - HIS Admission records (Completed within 14 days of admission)
  - HIS Discharge records (Completed within 7 days of discharge)
- HIS data is collected and submitted on all patient admissions, regardless of the payer, patient’s age, or location of the receipt of hospice services
  - CMS will cut out patients under 18 and length of stay less than 7 days but data is still required to be collected and submitted
- Displayed publicly on Care Compare (Formerly Hospice Compare)
Quality Measure Calculated using the Hospice Item Set (HIS)

HIS Submission Requirements

- 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.

Where does the HIS data come from? 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.

Who is allowed to complete the HIS? Any hospice staff member, including trained volunteers, contractors, and affiliates, may complete the HIS.

Who is responsible for the accuracy and completeness of the HIS? The hospice is responsible for the accuracy and completeness of information in the HIS.

It is at the discretion of the hospice to determine who can accurately complete the HIS.
Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission

<table>
<thead>
<tr>
<th>NQF Number</th>
<th>Measure Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3235</td>
<td>Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission</td>
<td></td>
</tr>
</tbody>
</table>

- Hospice and Palliative Care—Treatment Preferences
- Beliefs/Values Addressed (if desired by the patient)
- Hospice and Palliative Care—Pain Screening
- Hospice and Palliative Care—Pain Assessment
- Hospice and Palliative Care—Dyspnea Screening
- Hospice and Palliative Care—Dyspnea Treatment
- Patients Treated with an Opioid Who Are Given a Bowel Regimen

HIS Composite Measure - Comprehensive Assessment at Admission

- The HIS Comprehensive Assessment at Admission measure (NQF #3235) captures, in a single measure, the proportion of patients for whom the hospice performed all seven care processes, as applicable, at the time of the hospice admission.
- The chart documentation must support questions on the HIS answered with “Yes”.
- Patients are excluded if:
  - They did not expire in hospice care as indicated by reason for discharge
  - PAIN assessment and follow up interventions
  - Gave patient choices and preferences
  - Dyspnea assessment and follow up interventions
  - Opioids and bowel regimen
HQRP – Removal of the Seven Hospice Item Set Process Measures

CMS finalized in the FY 2022 Final Payment Rule to:

- Remove the seven individual Hospice Item Set (HIS) measures from 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.
- These will be effective no earlier than the May 2022 refresh.

There are 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.

Quality of Care – Claim Based
Quality Measure Calculated using Medicare Claims
Hospice Visits in Last Days of Life (HVLDL)

- The Hospice Visits in the 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 than three days
- CMS will no longer report HVWDII with patient discharges and will start publicly reporting HVLDL no earlier than May 2022.
Calculating the HVLDL Measure

\[
\text{Numerator} = \frac{\text{The number of patient stays in the denominator in which the patient and/or caregiver received in-person visits from registered nurses or medical social workers on at least 2 of the final 3 days of the patient's life, as captured by hospice claims records.}}{\text{Denominator}} = \text{All Medicare hospice decedents discharged to death within the reporting time period.}
\]

Quality Measure Report Phase Out of the HVWDII measure scores

- The QM Reports and the Review and Correct Reports align with the Hospice Item Set (HIS) V3.00, which removes Section O from the Discharge Assessment and ends data collection for the Hospice Visits When Death Is Imminent (HVWDII) measure pair.

- Because of this change to the HIS, the QM and Review and Correct reports display HVWDII measure scores only when hospice agencies select quarters before or including Q4 2020;

- When hospice agencies select quarters after Q4 2020, the reports will display a dash (-) for HVWDII.
Quality Measure Calculated using Medicare Claims
Hospice Care Index (HCI)

- 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 is intended to help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices.
- This measure will be publicly reported on Care Compare.

Quality Measure Calculated using Medicare Claims
Hospice Care Index (HCI)

This single measure includes 10 indicators of quality that are calculated from claims data.
1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided Beliefs/Values (NQF #1647)
2. Gaps in Nursing Visits
3. Early Live Discharges
4. Late Live Discharges
5. Burdensome Transitions (Type 1) - Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
6. Burdensome Transitions (Type 2) - Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
7. Per-beneficiary Medicare Spending
8. Nurse Care Minutes per Routine Home Care (RHC) Day
9. Skilled Nursing Minutes on Weekends
10. Visits Near Death
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 will result in the hospice's HCI 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 providers with fewer than 20 discharges over the 2 years of data collection will not have a HCI calculated for public reporting.

Quality Measure Calculated using Medicare Claims Hospice Care Index (HCI)

- Claims data will be extracted to calculate claims-based measures at least 90 days after the last discharge date in the applicable period, which will be use for quality measure calculations and public reporting on Care Compare.
- **CMS 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, CMS would create the data extract on approximately March 31, 2023, at the earliest. That data would then be used to calculate and publicly report the claims-based measures for the CY2022 reporting period.
Hospice Care Index Indicators

<table>
<thead>
<tr>
<th>HCI Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Home Care (CHC) or General Inpatient (GIP) Provided</td>
<td>The percentage of hospice service days that were provided at the CHC or GIP level of care.</td>
</tr>
<tr>
<td>Gaps in Skilled Nursing Visits</td>
<td>The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.</td>
</tr>
<tr>
<td>Early Live Discharges</td>
<td>The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.</td>
</tr>
<tr>
<td>Late Live Discharges</td>
<td>The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.</td>
</tr>
<tr>
<td>Burdensome Transitions (Type 1)</td>
<td>The percentage of all live discharges from hospice that were followed by hospitalization within two days and followed by hospice readmission within two days of hospital discharge.</td>
</tr>
<tr>
<td>Burdensome Transitions (Type 2)</td>
<td>The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.</td>
</tr>
</tbody>
</table>
### Hospice Care Index Indicators

<table>
<thead>
<tr>
<th>HCI Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-beneficiary Medicare Spending</td>
<td>Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.</td>
</tr>
<tr>
<td>Skilled Nursing Care Minutes per Routine Home Care (RHC) Day</td>
<td>Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.</td>
</tr>
<tr>
<td>Skilled Nursing Minutes on Weekends</td>
<td>The percentage of skilled nurse minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.</td>
</tr>
<tr>
<td>Visits Near Death</td>
<td>The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient’s life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).</td>
</tr>
</tbody>
</table>

### Hospice Care Index Indicator Scoring

1. **Continuous Home Care (CHC) or General Inpatient (GIP)** - % of CHC and GIP level of care days reflected on the Medicare claims during the reporting period. *(Need to be greater than 0%)*
2. **Gaps in Nursing Visits** - Number of Medicare Elections that had Gaps in Nursing Visits greater than 7 days within a 30-day period. *(Need to be < 90%)*
3. **Early Live Discharges** - % of Early Live Discharges within 7 days of admission compared to other hospice providers. *(Need to be < 90%)*
4. **Late Live Discharges** - % of Late Live Discharges on or after 180 days from the hospice admission compared to other hospice providers. *(Need to be < 90%)*
5. **Burdensome Transitions (Type 1)** - % of Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission. *(Need to be < 90%)*
6. **Burdensome Transitions (Type 2)** - % of Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital. *(Need to be < 90%)*
Hospice Care Index Indicator Scoring

7. **Per-beneficiary Medicare Spending** compared to other hospice providers - Calculate by the total # of payments, Medicare paid to hospice providers divided by the total # of hospice beneficiaries served. (Need to be < 90%)

8. **Nurse Care Minutes per Routine Home Care (RHC) Day** - Average SN Care Minutes per RHC Day compared to other hospice providers (Need to be Greater than 10%)

9. **Skilled Nursing Minutes on Weekends** - SN Minutes on the Weekends (Saturday & Sunday) out of all SNV during RHC services days (Need to be Greater than 10%)

10. **Visits Near Death** - The number of Visits Near Death reflected on the Medicare claims compared to other hospice providers. The % of beneficiaries receiving at least one visit by a SN or social worker during the last three days of the patient’s life (Need to be Greater than 10%)
    - A visit on the date of death, the date prior to the date of death, or two days prior to the date of death).

### Hospice Care Index Indicator Scoring

<table>
<thead>
<tr>
<th>Indicators (Hospice Score Units)</th>
<th>Index Earned Point Criteria</th>
<th>Points Earned?</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided CHC/GIP (% days)</td>
<td>Hospice Score Above 0%</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Gaps in skilled nursing visits (% elections)</td>
<td>Below 90 Percentile Rank</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Early live discharges (% live discharges)</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Late live discharges (% live discharges)</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Burdensome transitions, Type 1 (% live discharges)</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Burdensome transitions, Type 2 (% live discharges)</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Per-beneficiary Medicare spending (U.S. dollars, $)</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Skilled nursing care minutes per RHC day (minutes)</td>
<td>Above 10 Percentile Rank</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Skilled nursing minutes on weekends (% minutes)</td>
<td>Above 10 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
<tr>
<td>Visits near death (% decedents)</td>
<td>Above 10 Percentile Rank</td>
<td>Yes</td>
<td>+1</td>
</tr>
</tbody>
</table>

**HCI Total Score = 8**
### Hospice Care Index Indicator Scoring Example

<table>
<thead>
<tr>
<th>Name (Hospice Score Code)</th>
<th>Numerato r</th>
<th>Denomina to r</th>
<th>Hospital Observ ed Score</th>
<th>National Average Score</th>
<th>Percentile Rank Among Hospitals Nationally</th>
<th>Index Earned Point Criteria</th>
<th>Points Earned</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider CPOCI (%) days</td>
<td>48</td>
<td>3,904</td>
<td>1.2%</td>
<td>0.9%</td>
<td>83</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Length of Stay (%) visits</td>
<td>12</td>
<td>104</td>
<td>11.1%</td>
<td>5.9%</td>
<td>94</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early line discharges (%) line discharges</td>
<td>3</td>
<td>27</td>
<td>11.1%</td>
<td>7.7%</td>
<td>74</td>
<td>Below 90 Percentile Rank</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Late line discharges (%) line discharges</td>
<td>14</td>
<td>27</td>
<td>51.9%</td>
<td>37.3%</td>
<td>84</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Burden/transition, Type 1 (%) line discharges</td>
<td>4</td>
<td>27</td>
<td>14.8%</td>
<td>8.7%</td>
<td>77</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Burden/transition, Type 2 (%) line discharges</td>
<td>0</td>
<td>27</td>
<td>0.0%</td>
<td>2.7%</td>
<td>1</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Per-Beneficiary Medicare spending (U.S. dollars)</td>
<td>$2,322,657</td>
<td>256</td>
<td>$0,073</td>
<td>$12,959</td>
<td>22</td>
<td>Below 90 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nurse care minutes per routine home care day</td>
<td>44,100</td>
<td>6,985</td>
<td>6.3</td>
<td>16.0</td>
<td>2</td>
<td>Above 10 Percentile Rank</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Skilled nursing minutes on weekend (%) minutes</td>
<td>9,090</td>
<td>157,230</td>
<td>5.8%</td>
<td>9.4%</td>
<td>17</td>
<td>Above 10 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Visits near death (%) decedents</td>
<td>147</td>
<td>151</td>
<td>97.4%</td>
<td>94.5%</td>
<td>46</td>
<td>Above 10 Percentile Rank</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Hospice Care Index Total Score: 8

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### HQRP Measures

- All HQRP 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 HQRP after January 1, 2021.
- All HQRP measures that are not claims based will continue to be used for all hospice patients regardless of the payor.
Family Experience of Care

Quality Measure Calculated using CAHPS Hospice Survey-NQF #2651

- 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
Quality Measure Calculated using CAHPS Hospice Survey-NQF #2651

1) Communication With Family
2) Getting Timely Help
3) Treating Patient With Respect
4) Emotional and Spiritual Support
5) Help For Pain and Symptoms
6) Training Family To Care For Patient
7) Rating of This Hospice
8) Willing To Recommend This Hospice

Hospices **ARE allowed** to do the following:
- Inform caregivers about the survey
- Perform quality improvement initiatives such as assessing patient and family responses to questions asked by hospice staff to promote well-being

Hospice **are NOT** allowed to:
- Ask CAHPS Hospice Survey questions
- Influence or direct caregivers on how to answer the questions
- Offer incentives
CAHPS - Quality Measures

1. Communication with family
“The hospice team always listened carefully and kept the patient’s family informed”
- Staff could ask caregivers intermittently “Is our hospice team doing a good job of communicating, keeping you informed of how your (mom/dad) is doing?”
- Do you feel we listen to your concerns and address those?”

2. Getting timely help
“The hospice team always gave patients and families help when they needed it.”
- How are we doing at getting you help when you need it?
- Has there been any time recently when you called for help and our staff did not get help to you in enough time?

CAHPS - Quality Measures

3. Treating patient with respect
“The hospice team always treated the patient with dignity and respect.”
- Do you feel our staff listen and respond to your concerns?
- Please let us know if you feel someone is not listening to your needs.

4. Emotional and spiritual support
“The hospice team gave the right amount of emotional, spiritual, and religious support.”
- Please let us know if you feel you need additional spiritual and/or religious support.
CAHPS - Quality Measures

5. Help for pain and symptoms

“The hospice team always gave the patient as much help as needed for pain and other symptoms.”

- Do you feel we give (patient) as much help as they need for pain or (other symptom)?
- Is there any question you have about how to manage these symptoms when we are not here?

CAHPS - Quality Measures

6. Training family to care for patient

“The hospice team always gave family members the training and information they needed to care for the patient.”

- Ask caregivers if they feel they have had the training needed to care for the patient and if they feel comfortable providing the care the patient requires.
- This question should be asked often and when the patient’s condition changes.

7. Rating of hospice:

“Family caregivers who gave the agency a total rating of 9 or 10.”

8. Willing to recommend hospice:

“Family caregivers who would definitely recommend the hospice agency to friends and family.”
CAHPS – 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 7: CAHPS Hospice Survey Data Submission Dates for the APU in FY 2023, FY 2024, and FY 2025

<table>
<thead>
<tr>
<th>Sample months (month of death)*</th>
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</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.
CAHPS – Submission Requirements

Hospice CAHPS Survey Exemptions

- Patients under 18 at the time death
- Patients who died within 48 hours of admission to hospice care
- Agency is unable to locate caregiver or not available
- Primary caregiver has a foreign address listed
- Caregiver requests not to be contacted
  - Ensure documentation in record of this request

Quality Measure Calculated using CAHPS Hospice Survey-NQF #2651

CAHPS Hospice Survey – Exemption

Can request a size exemption from collection and reporting requirements of the CAHPS survey

- Fewer than 50 survey eligible decedents/caregivers in the reference year (January 1 – December 31)
- Only good for one year, must request every year to receive the exemption.

New Hospice Provider

- Only a one-time exemption
- You must request an exemption annually after the first year
  - For example - New Provider between 01/01/22-12/31/22 granted an automatic exemption from Hospice CAHPS data collection for the calendar year of 2023, which will impact the FY 2024 APU.
  - This DOES NOT apply to the HIS Submission, CAHPS ONLY.
Quality Data Submission Reporting Requirements

HQRP Exemptions Due to COVID-19 PHE

- Due to COVID-19 and the resulting Public Health Emergency, the CY 2020 data used for meeting the HQRP requirements included July 1 through December 31, 2020, as Q1 and Q2 of 2020 (January 1-June 30, 2020) were exempted.
- This means that even if a hospice submitted HIS and CAHPS® Hospice Survey data for Q1 and Q2 2020, CMS did not include any of that data for purposes of calculating whether a hospice meet HQRP requirements impacting FY 2022 payments.
- HIS submission deadline was not exempted due to the COVID-19 PHE.
- Timely submission and acceptance of HIS data were unchanged.
- Data submission must occur for all patients within 30 days of admission and discharge at least 90 percent of the time.
What is the HQRP Compliance Cycle?

HQRP Compliance requires understanding 3 timeframes for both HIS and CAHPS: The Relevant Reporting Year, Payment FY and Reference Year

1. The “Reporting Year” - (HIS)/“Data Collection Year” (CAHPS). This timeframe is based on the calendar year. It is the same CY for both HIS and CAHPS. If the CAHPS Data Collection year is CY 2023, then the HIS reporting year is also CY 2023;

2. The “Payment FY” - The APU is subsequently applied to FY payments based on compliance in the corresponding Reporting Year/Data Collection Year; and

3. The “Reference Year” - For the CAHPS Hospice Survey, the Reference Year is the CY prior to the Data Collection Year. The Reference Year applies to hospices submitting a size exemption from the CAHPS survey (there is no similar exemption for HIS).
   — For example, for the CY 2023 data collection year, the Reference Year, is CY 2022. This means providers seeking a size exemption for CAHPS in CY 2023 will base it on their hospice size in CY 2022.

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What is the HQRP Compliance Cycle?

HQRP Compliance requires understanding 3 timeframes for both HIS and CAHPS: The Relevant Reporting Year, Payment FY and Reference Year

<p>| Table 8: HQRP Reporting Requirements and Corresponding Annual Payment Updates |</p>
<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.
What Is the HQRP Compliance Cycle?
The activities for the HQRP are on a cycle that spans a 2-year period. The graphic below shows how the Calendar Year data submission impacts a future fiscal year (FY) hospice payment.

**Figure 1. HQRP Compliance Cycle**

<table>
<thead>
<tr>
<th>January 1-December 31, 2022 (CY 2022)</th>
<th>During the First Half of CY 2023</th>
<th>October 1, 2023 (FY 2024)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice's Data Collection &amp; Submission (HIS and CAHPS)* CY 2022</td>
<td>CMS Determination</td>
<td>Payment Impact APU in Effect for FY 2024 (October 1, 2023-September 30, 2024)</td>
</tr>
<tr>
<td>CMS Sends Noncompliance Letters</td>
<td>Noncompliant Hospice Completes Reconsideration Requests Within 30 Days</td>
<td>CMS Delivers Reconsideration Results</td>
</tr>
</tbody>
</table>

* 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

Quality Data Submission Reporting Requirements

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.

- Most hospices that fail to meet HQRP requirements do so because they miss the 90 percent threshold.
## APU & Timeliness Threshold Requirements

### TABLE 9: HQRp Compliance Checklist

<table>
<thead>
<tr>
<th>Annual Payment Update</th>
<th>HIS</th>
<th>CAHPS</th>
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<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>
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<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>
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<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>
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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.

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## APU & Timeliness Threshold Requirements

### TABLE 7: CAHPS Hospice Survey Data Submission Dates for the APU in FY 2023, FY 2024, and FY 2025

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* 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.
Quality Data Submission Reporting Requirements

HQRP Compliance for CY 2022 Data / FY 2024 APU and Beyond

All hospices must meet the threshold requirements for HIS submission and participate in CAHPS® to avoid a reduction in their annual payment update (APU).

Beginning with the FY 2024 APU and for each subsequent year, the reduction will increase from 2 to 4 percentage points for hospices that do not comply with the HQRP for that FY.

<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>

Quality Data Submission Reporting Requirements

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.

Steps to Follow to Track Your HQRP Compliance:

1. Submit HIS data on time for the HIS Comprehensive Assessment at Admission (National Quality Forum (NQF) #3235).
2. Check the Final Validation Report (FVR) with each submission to confirm acceptance.
3. Monitor your performance in meeting the 90 percent threshold, utilizing the Timeliness Compliance report.
4. Access other available QM reports regularly and consider using these for quality improvement.
Calculating and Publicly Reporting Claim-Based Measure as part of HQRP

- 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.

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 considers the hospice claims data to be complete at this point for purposes of calculating the claims-based measures.

It is important that hospices ensure the completeness and correctness of their claims prior to the claims “snapshot.”
Calculating and Publicly Reporting Claim-Based Measure as part of HQRP

- CMS will refresh the Claims-Based measures scores on Care Compare, in preview reports, and in the confidential CASPER QM preview reports annually.
- This period of updates aligns with most claims-based measures across PAC settings.
- HCI and HVLDL will be included in the Preview Reports used for the refresh planned no sooner than the May 2022 refresh.

* As with the HIS based measures, should a hospice believe there is an error with a claims-based measure calculation as displayed in their preview reports, they can request a review.

Hospice Quality Measure – Care Compare

- **NQF #3235**: The Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission based on the HIS-Admission data.
- **CAHPS®**: The eight CAHPS® measures created from the caregiver survey results. These can be found under the “Family Caregiver Experience.”
- **HVLDL**: A claims-based measure indicating visits in the last 3 days of life.
- **HCI**: A single score measure that combines the results of 10 claims-based indicators.
Hospice Quality Measures – Care Compare

Adding CAHPS Star Ratings to Public Reporting

- CMS finalized the proposal to introduce Star Ratings for public reporting of CAHPS Hospice Survey results on the Care Compare or successor websites no sooner than FY 2022.
- 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 be calculated based on “top-box” scores for each of the eight CAHPS Hospice Survey measures.
Adding CAHPS Star Ratings to Public Reporting

- Individual-level responses to survey items would be scored such that the most favorable response is scored as 100 and all other responses are scored as 0.
- A hospice-level score for a given survey item would then be calculated as the average of the individual-level responses, with adjustment for differences in case mix and mode of survey administration.
- For a measure composed of multiple items, the hospice-level measure score would be the average of the hospice-level scores for each item within the measure.
- CMS will calculate a summary or overall CAHPS Hospice Survey Star Rating by averaging the Star Ratings across the 8 measures with a weight of ½ for Rating of the Hospice and Willingness to Recommend the Hospice, and a weight of 1 for each of the other measures, then rounding to a whole number.

Adding CAHPS Star Ratings to Public Reporting

- Only the overall Star Rating be publicly reported.
- That hospices must have a minimum of 75 completed surveys in order to be assigned a Star Rating.
- Details of the Star Ratings methodology on the CAHPS Hospice Survey website.
- CMS is planning to provide opportunities for interaction with stakeholders to discuss our plans and methodology and to receive feedback prior to the start of star ratings display.
- CMS will also explore the feasibility of conducting a dry run of the star ratings with reporting to hospices via preview reports, which would occur prior to the start of the public display of the ratings.
Understanding Hospice CASPHER Quality Measure Reports

In the Certification and Survey Provider Enhanced Reporting (CASPER) application, two reports are available as Confidential Provider Feedback Reports:

- Hospice-Level Quality Measure Report
- Hospice Patient Stay-Level Quality Measure Report

These two reports fall under the class of CASPER reports known as “QM reports.”

CASPER QM reports are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered.

Reports are on-demand - Can be viewed at any time and for a reporting period of choice

Incorporate Error Details in hospice QA program to monitor timeliness and proper HIS submission sequence.

* Because of the change to the HIS, the QM and Review and Correct reports display HVWDII measure scores only when hospice agencies select quarters before or including Q4 2020, after Q4 2020 the reports will display a dash for HVWDII.
Hospice Outcomes & Patient Evaluation (HOPE) Update

- 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.
- HOPE is multidisciplinary, with the assessment instrument to be completed by nursing, social work, and spiritual care staff.
- It assesses patients in real-time, based on interactions with the patient.
- The HOPE 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.
- CMS anticipates that the HOPE will replace the HIS.
Hospice Outcomes & Patient Evaluation (HOPE) Update

- 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 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.
References


References
Hospice Care Index (HCI): https://www.youtube.com/watch?v=by68E9E2cZc


Care Compare: https://www.medicare.gov/care-compare/

The Provider Data Catalogue (PDC) – access via a link at the bottom of the main page of Care Compare or here: https://data.cms.gov/provider-data/

Thank You For Participating!

info@healthcareprovidersolutions.com