

**HOSPICE
QUALITY REPORTING PROGRAM (QRP)
PROVIDER TRAINING**

Participant Questions from Provider Training

**HQRP: UNDERSTANDING THE COMPOSITE QUALITY
MEASURE WEBINAR**

On June 2, 2021

Current as of June 2021



Acronym List

Acronym	Definition
CASPER	Certification and Survey Provider Enhanced Reports
CMS	Centers for Medicare & Medicaid Services
FY	Fiscal Year
HCI	Hospice Care Index
HIS	Hospice Item Set
HQRP	Hospice Quality Reporting Program
HVLDL	Hospice Visits in the Last Days of Life
NQF	National Quality Forum
PHE	Public Health Emergency
QIES	Quality Improvement and Evaluation System
QM	Quality Measure
QTSO	QIES Technical Support Office

#	Topic	Question	Response
Quality Measures (QMs)			
1	Low Scores	Our Comprehensive Pain scores are low on Care Compare. We seem to be doing everything that is required for the Hospice Item Set (HIS), and we cannot understand why our scores are still low.	<p>Your Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure (QM) Patient Stay-Level Report will give you information about which patients triggered the seven individual measures vs. which patients triggered the Hospice Comprehensive Assessment Measure. This is an “all or none” measure, meaning that the measure reports the percentage of hospice patients who received all seven HIS care processes for which they are eligible at admission to a hospice.</p> <p>One of the best resources for more information about this measure is this printable fact sheet, entitled Hospice Comprehensive Assessment Quality Measure (QM) Background and Methodology Fact Sheet (NQF #3235). It can be found on the Hospice Quality Reporting Program (HQRP) Current Measures page of the Centers for Medicare & Medicaid Services (CMS) HQRP website and is noted in the resource section of this presentation slide deck.</p>
2	Denominator Triggers	<p>We have a question about the Hospice Comprehensive Assessment HIS Measure.</p> <p>We do not understand why we sometimes have many patients with a “b”—not triggered under this measure.</p> <p>Can you help to clarify?</p>	<p>To be included in the denominator of the Hospice Comprehensive Assessment Measure, patients must meet all the criteria for the measure. If you see a “b” on the Patient Stay-Level Report for your hospice, it means that the patient met the denominator criteria but not the numerator criteria for the measure. The hospice will not get credit for this measure for this patient. For example, a patient will not trigger the Hospice Comprehensive Assessment Measure (footnote “b”) if the hospice did not complete one or more of the seven care processes needed to trigger the measure. This could be missing the pain screening or not asking a patient about treatment preferences or beliefs and values.</p> <p>The CASPER QM Patient-Stay Level Report provides you with information about which patients triggered the seven individual measures vs. which patients triggered the Hospice Comprehensive Assessment Measure. Details and specifications for the data that is included in each of the various quality measures can be found in the HQRP Quality Measure User's Manual Version 3.00. You can find this manual in the Downloads section of the HQRP Current Measures page. A revised version of the current manual will be posted soon.</p>

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3	Pain Assessment: NO Active Problem	In our hospice, we have the nurses doing a full “comprehensive pain assessment” even if pain is not an active problem, as we feel it is a good way to fully evaluate if the patient has pain. Do we get credit for those on the Comprehensive Pain assessment measure?	<p>The HIS does not replace a thorough and ongoing assessment of each patient as required by the Medicare Hospice Conditions of Participation, nor does it replace standard clinical practice and judgment. The HIS is a standardized set of items intended to capture patient-level data on each hospice patient admission; these items can be used to calculate the QM.</p> <p>According to the measure specifications, if documentation in the patient’s clinical record indicates that pain is not an active problem for the patient, the nurse would select 0 and answer “NO” to J0905 (Active Problem). For the purposes of completing the HIS, they would skip item J0910, the Comprehensive Pain Assessment. Patients are included in the measure if the patient was screened for pain within 2 days of the admission date and reported that they had no pain, however (J0900C = [0]).</p>
4	Low Scores	Our hospice overall percentage for “Assessment of All Seven HIS Quality Measures” is 77.4 percent. But then if I look at the percentages for each of the seven measures, our scores are all way above 77.4 percent. Can you explain this?	<p>The Hospice Comprehensive Assessment Measure is an “all or none” measure. The composite measure captures whether all seven care processes were conducted for each patient, but it also considers the circumstances in which patients were not eligible for one of the conditional care processes but should still receive credit towards the measure calculation.</p> <p>For example, if a patient screened negative for pain, they are not eligible for the individual component pain assessment measure. However, in the composite measure, that patient would be counted toward the numerator. The numerator of the composite measure would include patients who screened positive for pain and received a comprehensive pain assessment, but also patients who screened negative for pain and did not qualify for a comprehensive pain assessment.</p> <p>Your CASPER QM Patient-Stay Level report will provide you with information about which patients actually triggered the seven individual measures vs. which patients triggered the Hospice Comprehensive Assessment Measure.</p>
Reports			
5	Footnote: Short Time Period	Our pain scores have a number five (5) by the scores which says, “results are based on a shorter time period than required.” What does this mean?	<p>Those numbers are the “footnotes” and are just informational. These do not negatively impact your hospice scores. Footnote #5 (Results are based on a shorter time period than required) means that the results were based upon less than 12 months of data.</p> <p>More detail about footnotes is located in the last few pages of the Hospice Data Dictionary that can be found in the Provider Data Catalog on the Care Compare website.</p>

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6	Footnote: Small Sample Size	What does it mean when there is a footnote that says, “The number of patient stays doesn’t meet the required minimum amount for public reporting for this reporting period”?	This footnote, Footnote #1, indicates that these scores are not available because your hospice had too few patients that met the denominator criteria to report these measures (<20 patient stays in the reporting period). Hospices must have a minimum of 20 patient stays in the denominator of each measure to have these data appear on Hospice Compare. This is to ensure that scores presented on the site are a fair and reliable indication of hospice quality. Publicly displaying QM scores on the basis of small samples can potentially give users misleading information about quality of care. Hospices with small sample sizes will have their scores suppressed from public display.
7	Patients Not Included	Can you tell me why all of our patients do not show up on the Provider Preview reports?	The HIS Provider Preview Reports include only those patients discharged in the reporting period in the denominator. If a patient was admitted to hospice during the reporting period but discharged outside of it, for example, they would not be included in measure calculations for that period. If a patient was admitted outside of the reporting period but discharged within it, they would be included in measure calculations, however.
8	Tracking Progress	You mentioned the different reports that hospice can use; which one is the most important to make sure that we are on track for success?	<p>All of the available reports will help you stay on track. QM reports are not affected by the data correction deadlines and can be run on demand for the time frame of your choosing, however. The Hospice-Level Quality Measure Report will provide you with the following information:</p> <ul style="list-style-type: none"> • Numerator. • Denominator. • Hospice Observed Percent. • Comparison Group National Average for the same time period. • Comparison Group National Percentile for each measure. <p>The Hospice Patient Stay-Level Quality Measure Report, by comparison:</p> <ul style="list-style-type: none"> • Identifies each patient record that was included in the QM calculations for the selected report period. • Includes per patient per measure information such as whether: <ul style="list-style-type: none"> ○ The patient stay triggered the measure. ○ The patient stay did not trigger the measure. ○ The patient stay was excluded from the denominator. <p>The Provider Preview Reports allow hospice providers to review their HIS QM results and their facility-level Consumer Assessment of Healthcare Providers and Systems survey results. You will not be able to change the underlying data, however. Both the Review and Correct and Provider Preview Reports are affected by the data correction deadline.</p>

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9	Missing Provider Preview Reports	We have noticed that since September 2020, we are not seeing the Provider Preview reports to look at our QM results for the Composite measure. Why is this?	Due to the COVID-19 public health emergency (PHE), there was a temporary exemption to the HQRP data submission requirements to allow healthcare settings to respond to the PHE. The public reporting of hospice data was frozen after the November 2020 refresh. Following that refresh, the data publicly reported has been held constant and will remain so through the November 2021 refresh. No Provider Preview Reports will be issued for those refreshes that continue to display the constant or frozen data. You can find additional information on COVID-19 PHE data exemptions in the Hospice COVID-19 Public Reporting Tip Sheet (PDF) , also available from the Downloads section of the HQRP Requirements and Best Practices web page .
10	Provider Preview Reports	Are emails sent out when Provider Preview Reports and other system generated reports are available?	The CMS HQRP website provides important information and updates for providers, including regular announcements on the Announcements and Spotlight page . We recommend that you bookmark this page and visit it regularly. Providers can also sign up for a listserv to receive emails when announcements are posted. Visit the Provider and Stakeholder Engagement page to subscribe.
11	Public Reporting	What is the lag time for data that are publicly reported? For instance, when looking at the publicly reported data, are they reflective of the previous year? How do I access the CASPER reports? Is there a URL that you can share?	We suggest that you review the Public Reporting: Key Dates for Providers webpage on the CMS HQRP website. If you need assistance with accessing CASPER Reports, you can check out the CASPER – Hospice Reporting User's Guide on the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) website . For questions regarding error messages or other technical questions, contact the Technical Help Desk at QIES@cms.hhs.gov or 1 (877) 201-4721. The help desk operates Monday through Friday from 7 a.m. to 7 p.m., Central Time.
12	Reports	What should we do to correct the "c" shown in Admission Date in the Patient Stay Level Report? When will we see our correction effective and how—by re-generating the Patient Stay-Level Report in the next couple of days?	For questions regarding error messages or other technical questions (registration for User IDs, technical training for data transmission, etc.) contact the Technical Help Desk at QIES@cms.hhs.gov or 1 (877) 201-4721. The help desk operates Monday through Friday from 7 a.m. to 7 p.m., Central Time.

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Claims-Based Measures			
13	Hospice Care Index (HCI): New Measure	We understand from the proposed rule that there is a measure called HCI on the horizon. When does CMS plan to begin reporting on such a measure?	The HCI is a claims-based measure currently being proposed. Once finalized, CMS will begin to report on the HCI no sooner than May 2022. The full details of this measure and proposed implementation are included in the Fiscal Year (FY) 2022 Hospice Proposed Rule , which is available on the Announcements and Spotlight page on the CMS HQRP website. A video explaining the HCI measure is also available on YouTube.
14	Hospice Visits in the Last Days of Life (HVLDL)	When did the collection of claims data begin for HVLDL?	The full details of this measure and proposed implementation are included in the FY 2022 Hospice Proposed Rule .
15	HVLDL	Will the new HVLDL measure eventually be reported on the CASPER QM report? If so, when will this reporting begin?	Once finalized, CMS will begin to report on the HVLDL no sooner than May 2022. CMS will be adding this measure to Hospice-Level QM reports and Provider Preview Reports. You can find HQRP updates on the Announcements and Spotlight page on the CMS HQRP website. The full details of this measure and proposed implementation are included in the FY 2022 Hospice Proposed Rule .
16	HCI	Do you have planned webinars to discuss the proposed Hospice Care Index measures in the near future?	The HCI is a claims-based measure currently being proposed. Once finalized, CMS will begin to report on the HCI no sooner than May 2022. The full details of this measure and proposed implementation are included in the FY 2022 Hospice Proposed Rule . We encourage you to stay tuned to the Announcements and Spotlight page on the CMS HQRP website for future trainings once the rule is finalized. In the meantime, a video explaining the HCI measure is also available on YouTube.
17	HCI: Feedback to Hospice Providers	For this new HCI measure, will hospices be able to see their data prior to any public reporting?	To help hospices understand the HCI and their hospice's performance, CMS will revise the confidential QM Report to include claims-based measure scores. The QM Report will also include results of the individual indicators used to calculate the HCI score and will be available 6 months prior to public reporting. This is described in the proposed rule , also available through the Hospice Center webpage . You can easily locate this by going to the announcement posted on the Announcements and Spotlight page on the CMS HQRP website.
18	New Measures	Is claims-based data already being collected for HVLDL to be reported starting in May of 2022?	Once finalized, CMS will begin to report on the HVLDL no sooner than May 2022. You can find HQRP updates on the Announcements and Spotlight page . The full details of this measure and proposed implementation are included in the FY 2022 Hospice Proposed Rule .

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Quality Measures (QMs)			
19	QM Types	Can you review again the difference between an outcome measure and a process measure?	<p>A process measure is a measure that evaluates the rate of use for a specific care process, such whether a pain screening or discussion about patient preferences occurred. Process measures tend to focus on high-risk, high-volume, or problem-prone areas in healthcare. One example of this is “patients who got a timely and thorough pain assessment when pain was identified as a problem.”</p> <p>An outcome measure, on the other hand, measures the results of healthcare that was provided or experienced by the patient. An example of an outcome measure would be that a patient found to be in severe pain had their pain brought under control within 2 days.</p>
20	QM Scores	Why is there such a delay in the public reporting of our QM scores?	The delay is because QM scores are calculated based on 12 rolling months of data to ensure reliability and validity of the data publicly reported.
21	CASPER	Is there a limit on how many individuals in an organization can have access to CASPER?	We suggest that you review the Getting Started with the Hospice Quality Reporting Program document, specifically the section detailing HIS submissions. For information about the QIES Assessment Submission and Processing system, we suggest contacting QTSO .
22	CASPER	Please define the Comparison Group National Percentile on the Hospice-Level QM CASPER report.	<p>For each of the seven measures, the Hospice Level Quality Measure Report shows the Numerator, Denominator, Hospice Observed Percent, the Comparison Group National Average for the same time period, and Comparison Group National Percentile. The Comparison Group National Percentile indicates the hospice's rank nationally. For example, if the Pain Screening measure percentile is 29 on this report, this indicates that 29 percent of the hospices in the nation had a QM score that was less than or equal to this hospice—in other words, 29 percent of hospices nationwide performed the same as or worse than the selected hospice. Higher numbers are better.</p> <p>For more detailed information on CASPER Reports, you can check out the CASPER – Hospice Reporting User's Guide on the QTSO website. For questions regarding error messages or other technical questions, you can contact the Technical Help Desk at iQIES@cms.hhs.gov or 1 (877) 201-4721. The help desk operates Monday through Friday from 7 a.m. to 7 p.m., Central Time.</p>
23	QMs	Where can I obtain a list of the QMs in the FY 2022 proposed rule and target scores?	The details and specifications for the data that is included in each of the current QMs can be found in the HQRP QM User's Manual v. 3.00 . You can find this manual in the Downloads section of the HQRP Current Measures page . Once the FY 2022 Hospice Rule is final, new measures will be posted on this site. A revised version of the current manual will be posted soon.