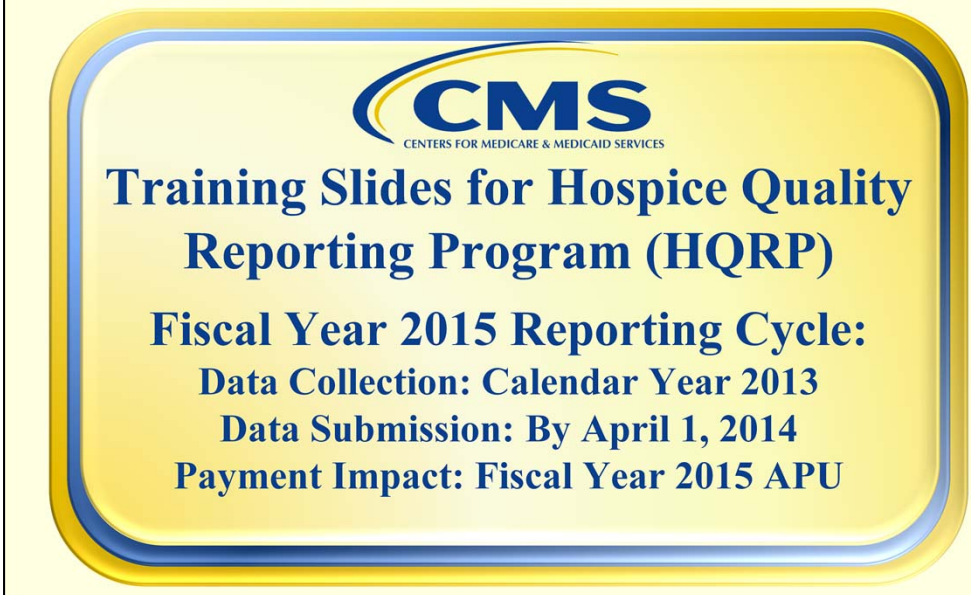
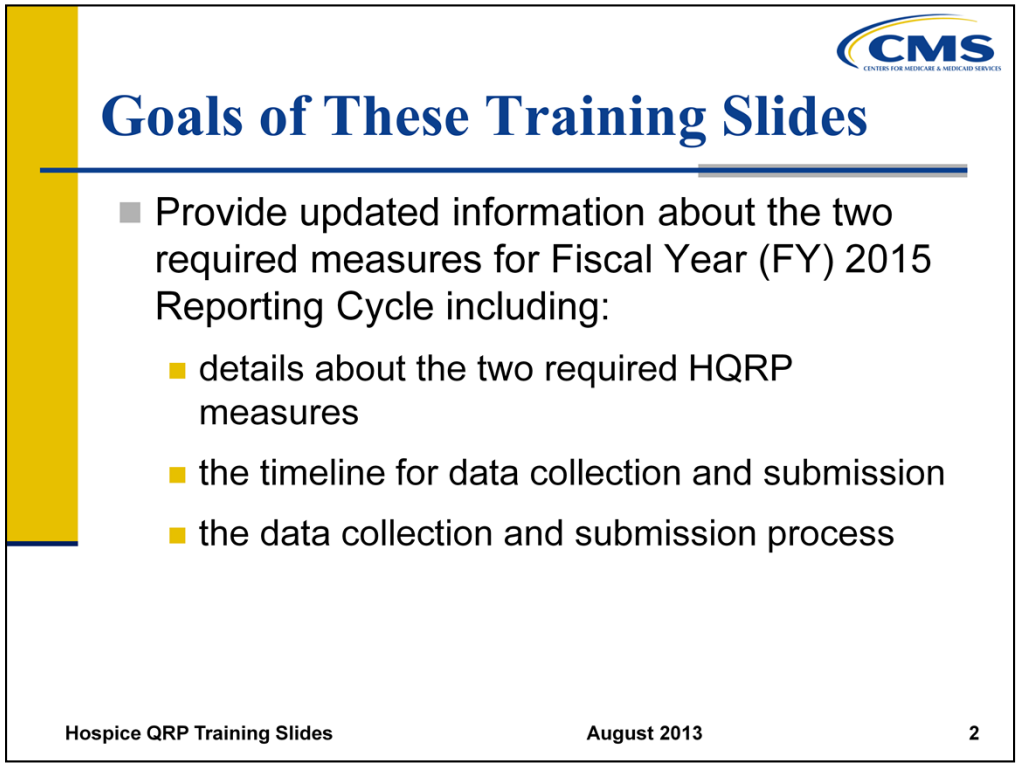
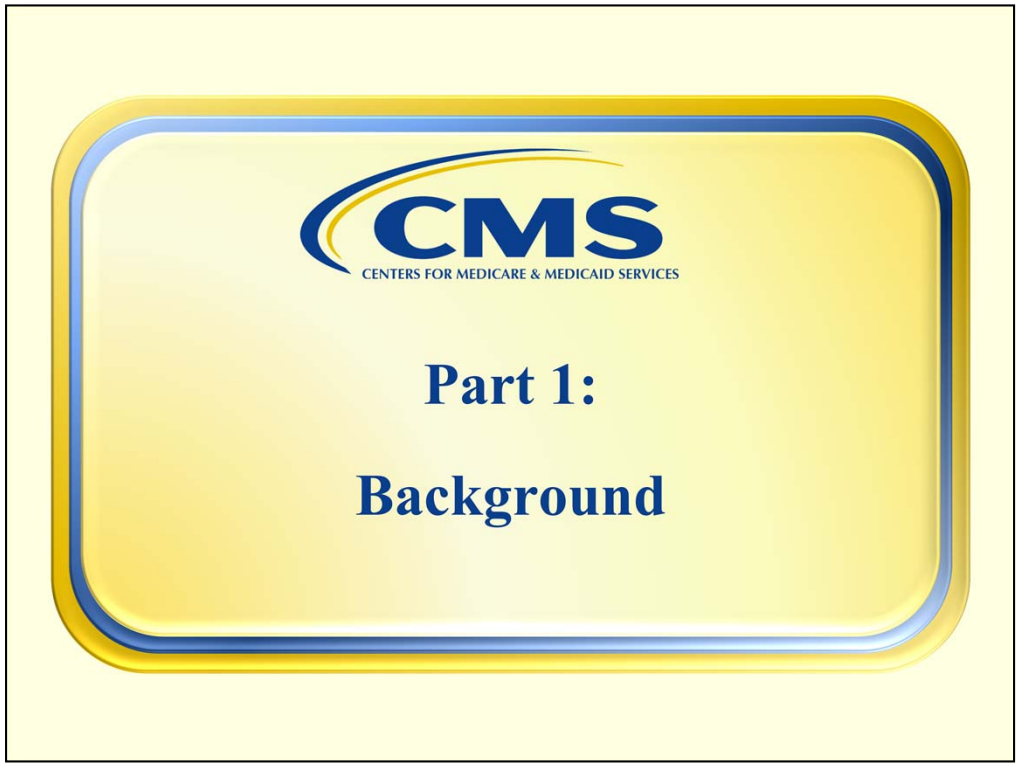

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
Training Slides for Hospice Quality Reporting Program (HQRP)
Fiscal Year 2015 Reporting Cycle:
Data Collection: Calendar Year 2013
Data Submission: By April 1, 2014
Payment Impact: Fiscal Year 2015 APU



These slides are intended to provide an overview of FY 2015 Reporting Cycle quality measure requirements. To fully understand reporting requirements for FY 2015 Reporting Cycle, providers must also read the "User Guide for Hospice Quality Reporting Data Collection" available on the Data Collection portion of the CMS Hospice Quality Reporting website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.html.

Organization of These Slides

- Part 1: General background and information about the Hospice Quality Reporting Program (HQRP) requirements
- Part 2: Information about what hospices should do to prepare for the FY 2015 Reporting Cycle required reporting
- Part 3: Information about the Structural Measure (SM)
- Part 4: Information about the NQF #0209 Pain Measure
- Part 5: General information about data submission



This part of the slide presentation covers general background and information about the Hospice Quality Reporting Program (HQRP) requirements and the two measures required for the FY 2015 Reporting Cycle.

Hospice Quality Reporting Program

- Mandated as part of the Affordable Care Act
- Requires that all Medicare-certified hospices submit quality data to CMS
- Failure to report for a given reporting cycle will result in a 2 percentage point reduction in the Annual Payment Update (APU) for the fiscal year associated with that reporting cycle.

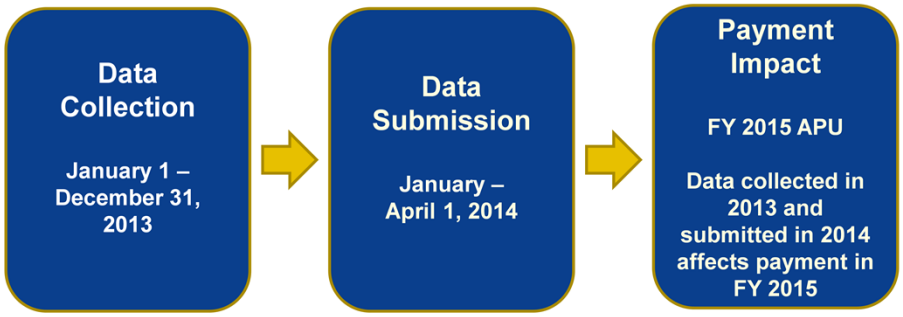
Hospice Quality Reporting Program (cont'd)

- The Hospice Quality Reporting Program is "pay for reporting".
  - It is the act of submitting data that determines compliance with the reporting requirements
  - Level of performance on the two measures is not a factor in determining the APU for FY 2015

FY 2015 HQRP Reporting Cycle

- The cycle impacting FY 2015 consists of:
  - Data Collection in CY 2013
  - Data Submission in 2014
  - Payment Impact in FY 2015
- So the data you're collecting in 2013 is for the FY 2015 APU.

FY 2015 HQRP Reporting Cycle (cont'd)



Who is Required to Report Data for FY 2015 Reporting Cycle

- All hospices that are Medicare-certified **and** have a valid CMS Certification Number (CCN).
- For the FY 2015 Reporting Cycle, providers that have a valid CCN as of March 3, 2014 must report to avoid a two percentage point reduction in their market basket update.
- If you are Medicare-certified on March 3, 2014 but did not have a valid CCN on that date, you are not required to report for the FY 2015 Reporting Cycle

What You Need to Report

- Structural Measure
  - Data collection: QAPI program review for CY 2013 (January 1 - December 31, 2013)
  - Data Submission: by April 1, 2014
- NQF #0209 Pain Measure
  - Data Collection: on all patients admitted January 1 - December 26, 2013
  - Data Submission: by April 1, 2014

When and How You Will Report

- Hospices must submit both measures by April 1, 2014
- CMS will provide a data entry website where you will enter and submit data
- No other data submission method will be available
- Availability of the data entry site will be announced on the CMS HQRP website

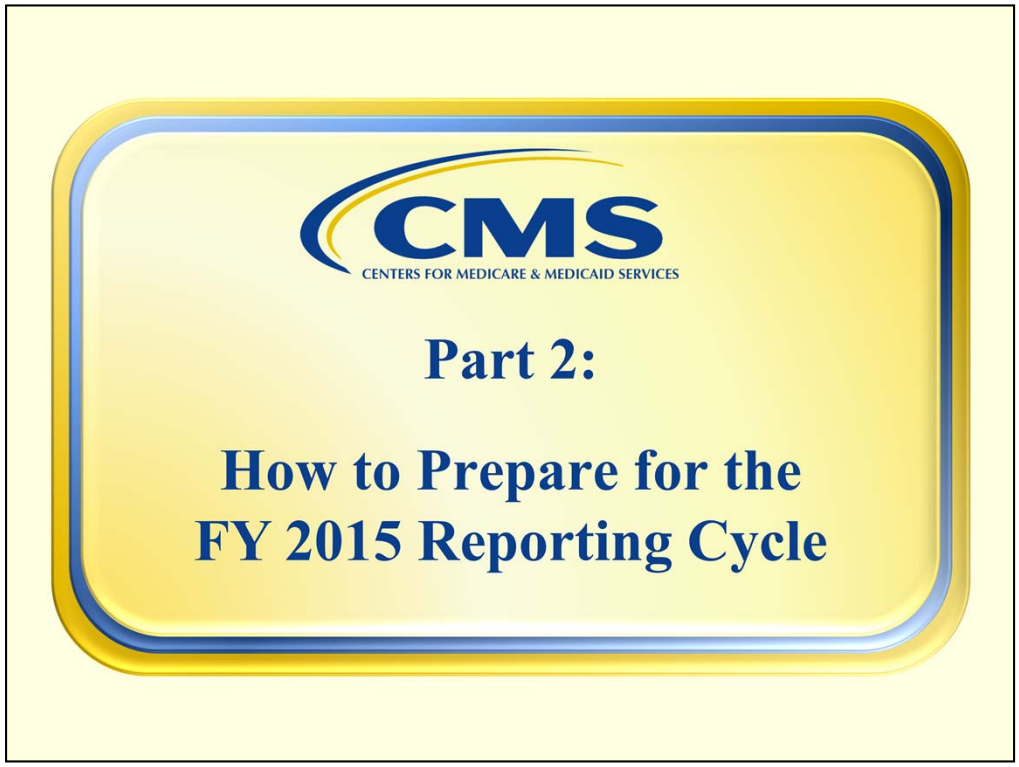
What happens if you don't report?

- To avoid a two percentage point reduction in the APU for FY 2015, you are required to report both measures by April 1, 2014.

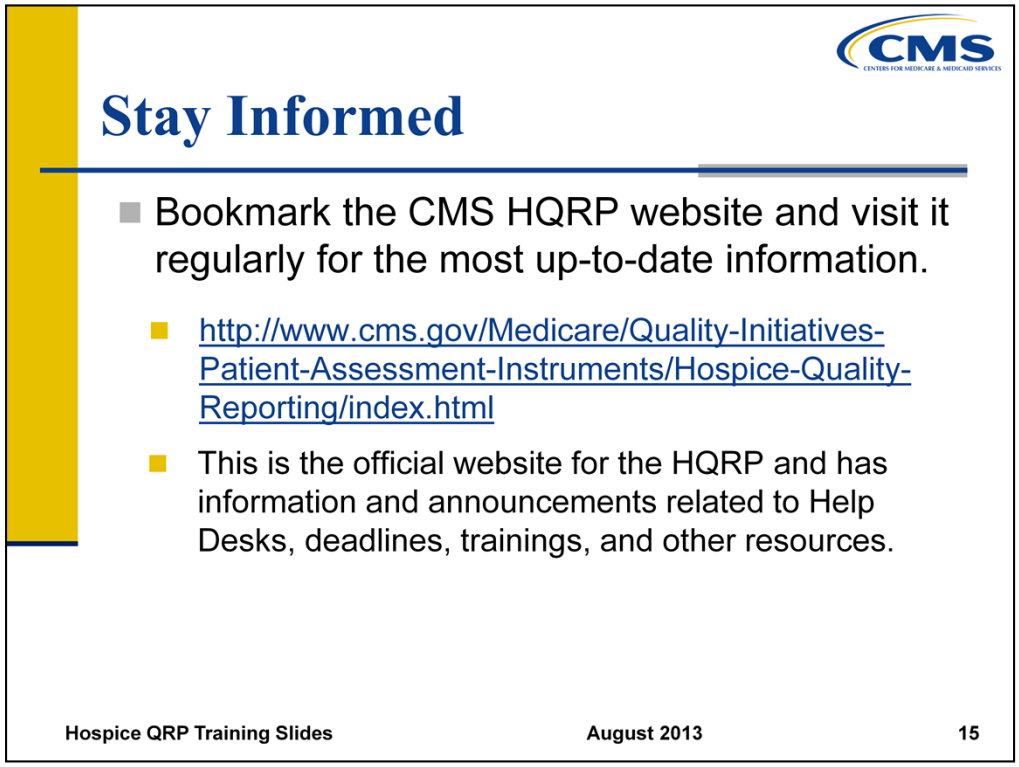
FAQ #1

Q: Am I required to report for the FY 2015 Reporting Cycle ?

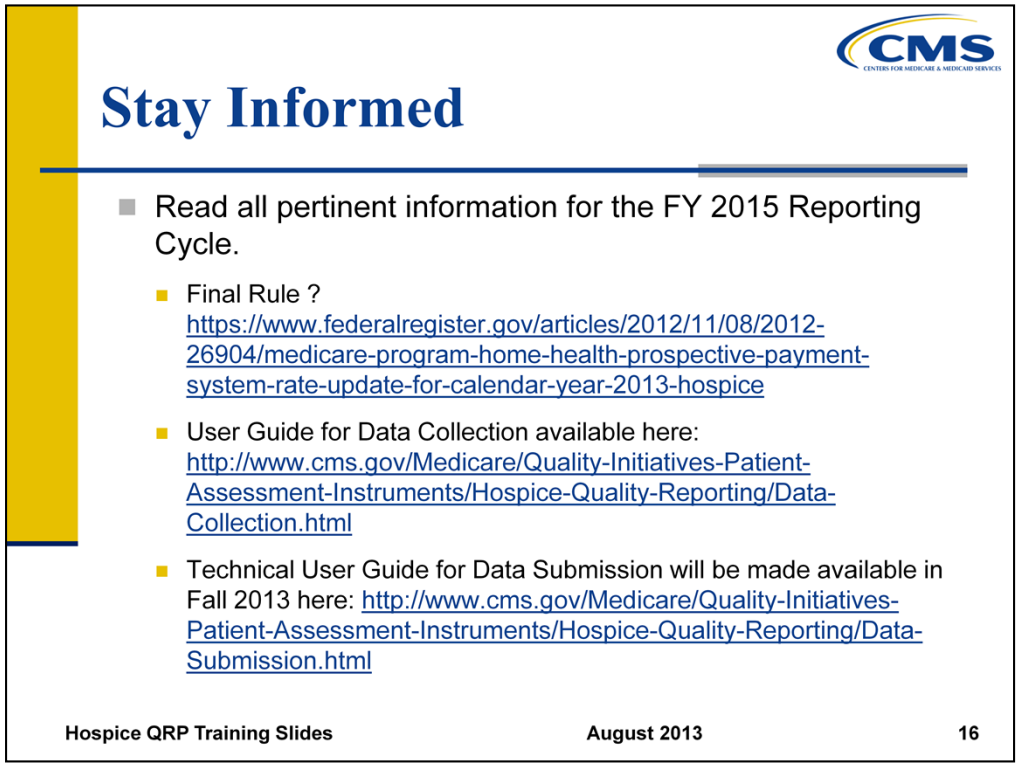
A: You are required to report if you have a valid CCN on March 3, 2014. It is possible you are Medicare-certified on March 3, 2014, but did not have a valid CCN on that date. In this scenario, you are not required to report.



This part of the slide presentation covers what you should be doing now to stay informed about the HQRP reporting requirements.



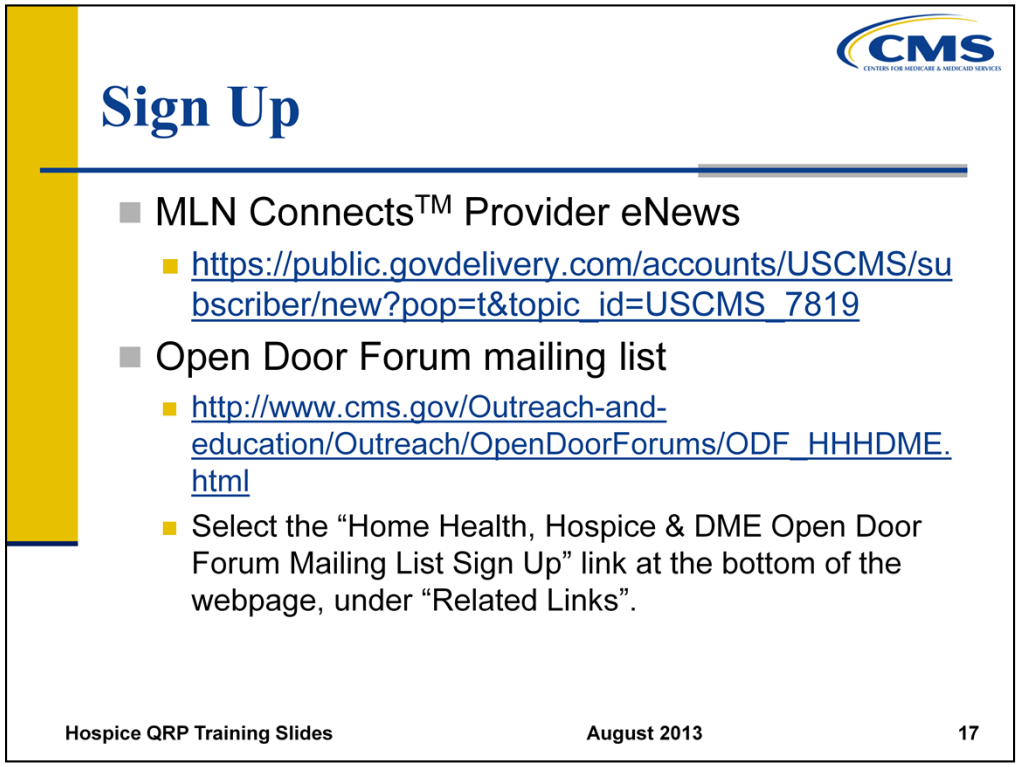
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html



https://www.federalregister.gov/articles/2012/11/08/2012-26904/medicare-program-home-health-prospective-payment-system-rate-update-for-calendar-year-2013-hospice

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.html

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Submission.html



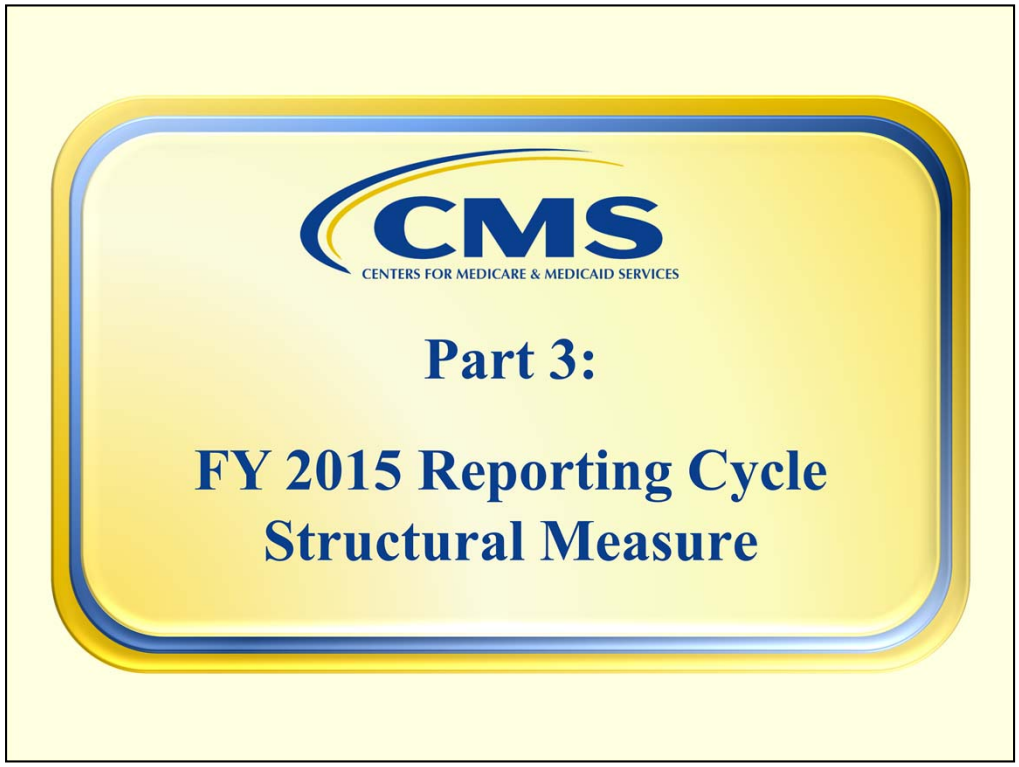
Important updates and announcements are shared via the Medicare Learning Network's MLN Connects™ Provider eNews and the Open Door Forum mailing list.

https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819

http://www.cms.gov/Outreach-and-education/Outreach/OpenDoorForums/ODF_HHHDME.html

HospiceQualityQuestions@cms.hhs.gov

help@qtso.com



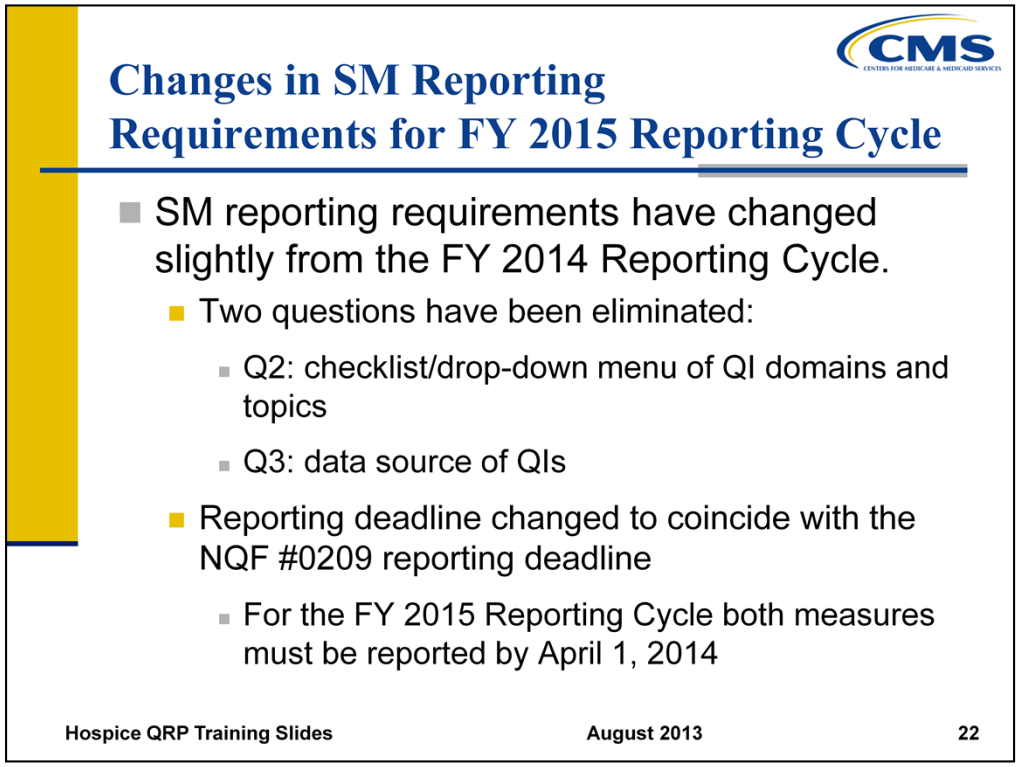
This part of the slides covers data *collection* and an overview of data you will submit for the Structural Measure. Additional data *submission* details will be made available in a Technical User Guide for Data Submission.

Structural Measure (SM) Description

- The SM provides information about your hospice's Quality Assurance and Performance Improvement (QAPI) program.
- SM reporting for the FY 2015 Reporting Cycle consists of answering a single yes/no question.
- No additional SM data is required for the FY 2015 Reporting Cycle.

The SM Question

- "Does your hospice have a Quality Assessment and Performance Improvement (QAPI) program that includes three or more quality indicators (QIs) related to patient care?"
  - Answer Yes or No



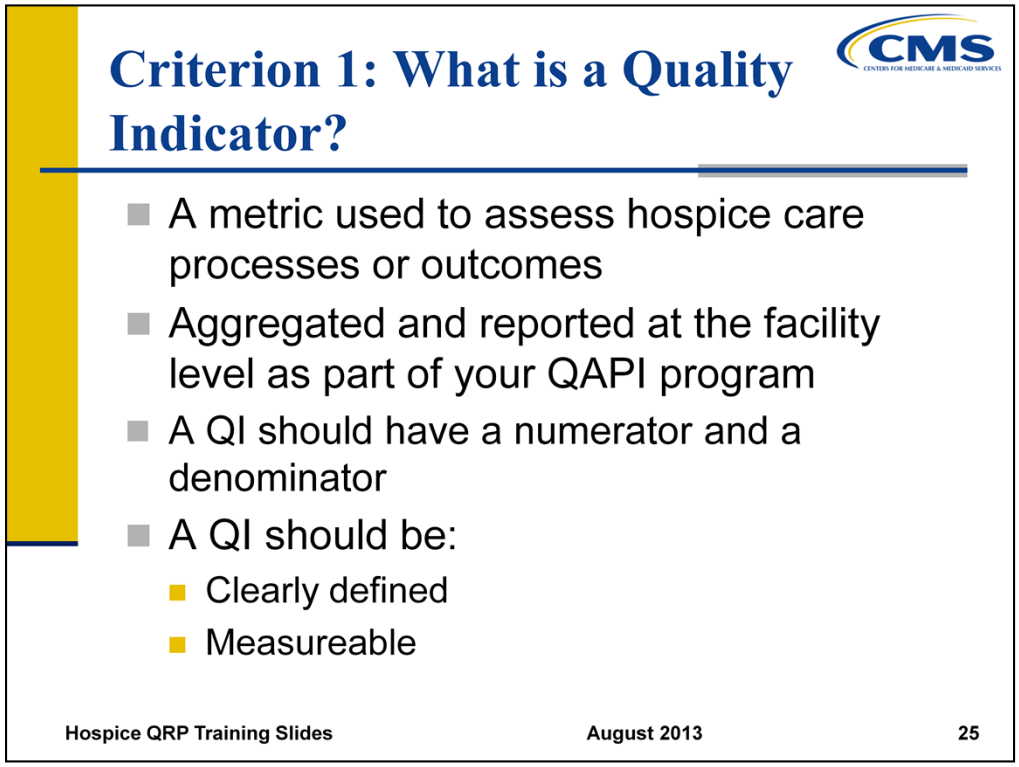
Providers that reported for the FY 2014 Reporting Cycle (data collected in the 4th quarter of 2012) may notice some changes in the structural measure since last year.

How do I collect data for the SM?

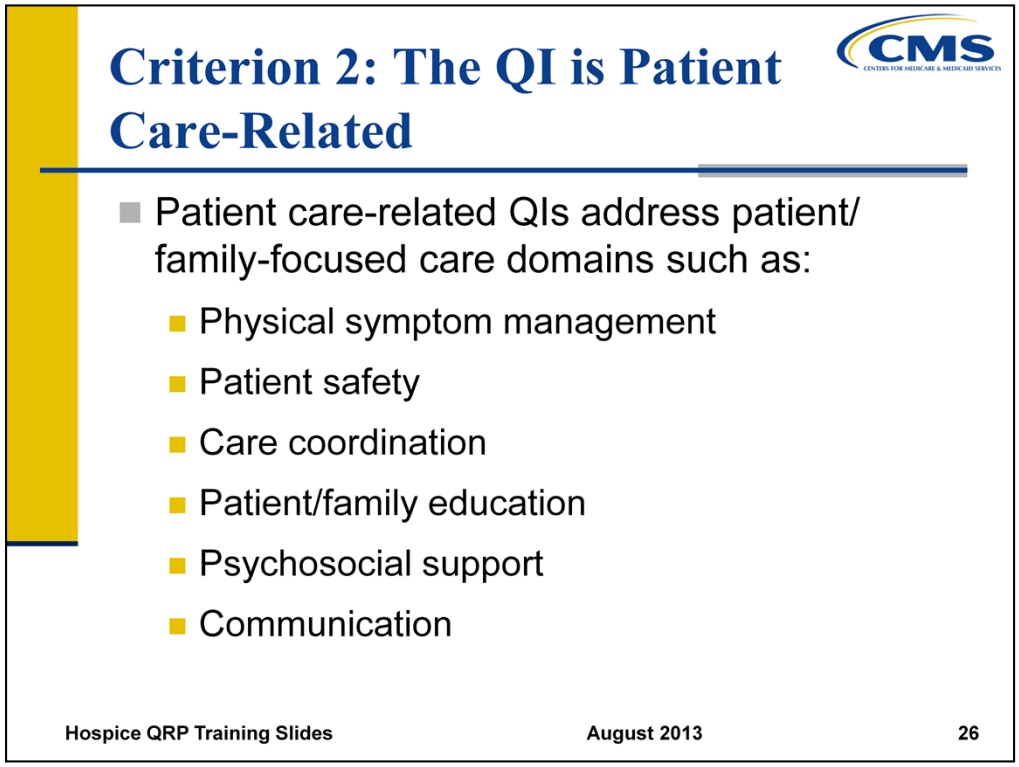
- "Data collection" for this measure consists of reviewing the Quality Indicators your hospice used in its QAPI program from January 1-December 31, 2013.
- Based on reviewing the Quality Indicators in your QAPI program, answer the Structural Measure question as "Yes" or "No".

How do I answer the SM Question?

- Consider which of the indicators in your QAPI program meet the following three criteria:
  - Criterion 1: it is a QI
  - Criterion 2: the QI is related to patient care
  - Criterion 3: the QI was used in your QAPI program between 1/1/13 and 12/31/13



A QI is a metric used to assess hospice care processes or outcomes. It is aggregated from patient level data and reported at the facility level for monitoring as part of your QAPI program.

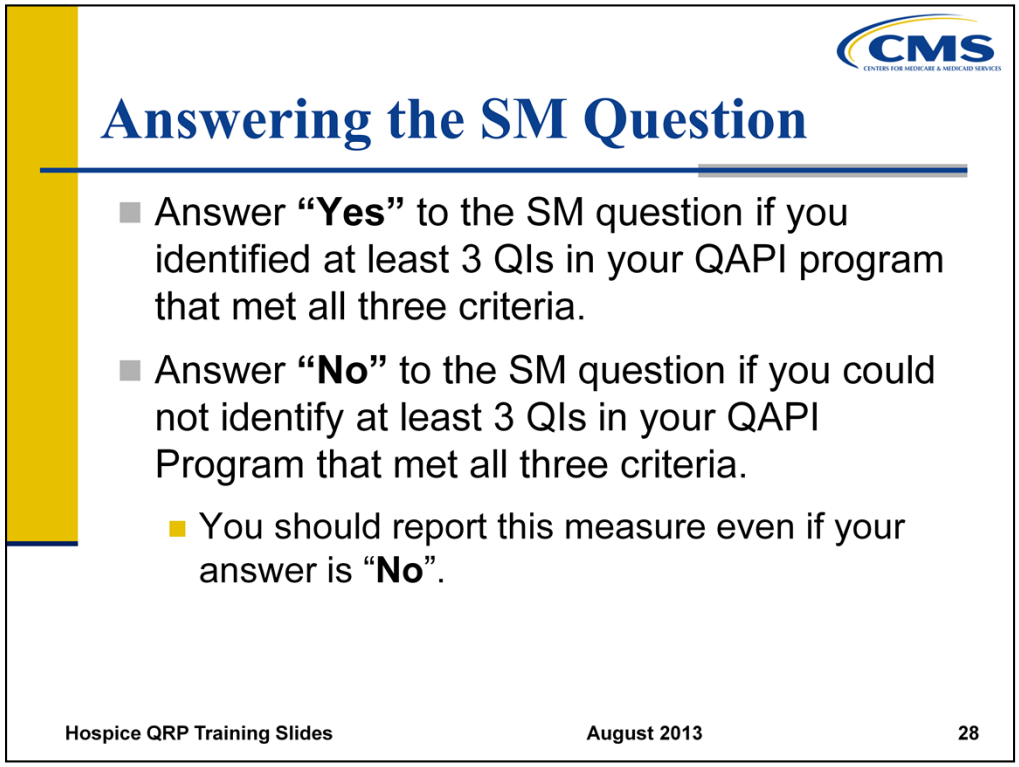


Patient care-related QIs do not address business or organizational goals. For example, indicators of staff turnover rates, employee training or certifications, patient length of stay, and patient diagnoses are not patient-care related QIs as defined in the HQRP.

Criterion 3: In place between January 1 – December 31, 2013

- Consider QIs used in your QAPI program *at any point* between January 1, 2013 and December 31, 2013.
- Do not consider:
  - QIs you stopped using before January 1, 2013

    OR
  - QIs you added to your QAPI Program after December 31, 2013

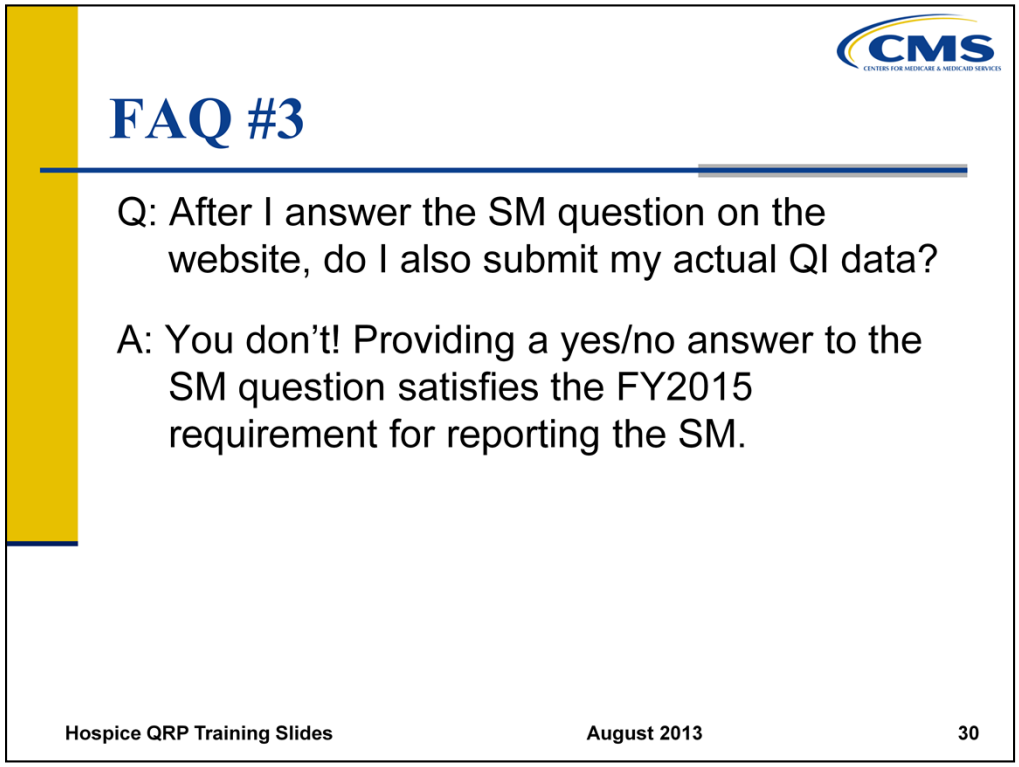


You should report this measure even if your answer is "No" because APU determination is based on whether or not you reported, not what you reported. In this case, reporting is simply answering the question "Yes" or "No".

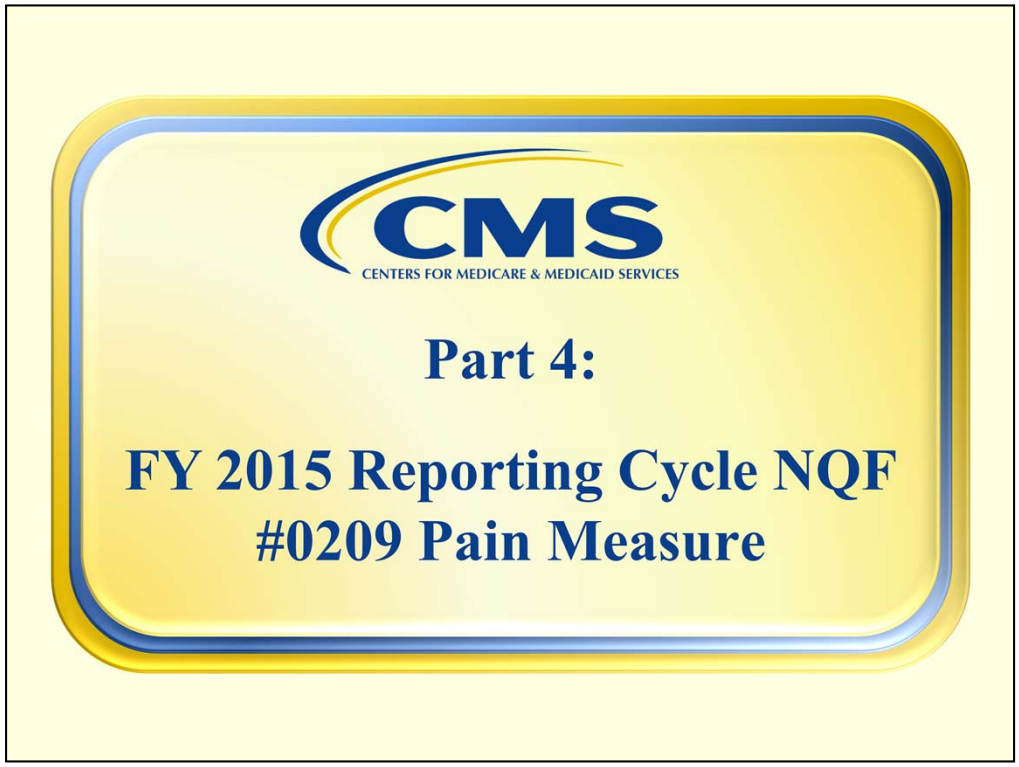
FAQ #2

Q: Can I include the NQF #0209/ Pain measure when considering my yes/no answer to the SM question?

A: Yes, you can consider it when answering the SM question. You will also report it separately as a required measure.



You should still collect data as part of the QAPI program to comply with the CMS Conditions of Participation (CoPs), but these data are NOT reported as part of the HQRP.



This part of the slide presentation covers the data *collection* for the NQF #0209 Pain Measure, and provides an overview of the data you will submit via the web-based data *submission* system. Additional details about data submission will be provided in the Technical User Guide for Data Submission.

NQF #0209 Description

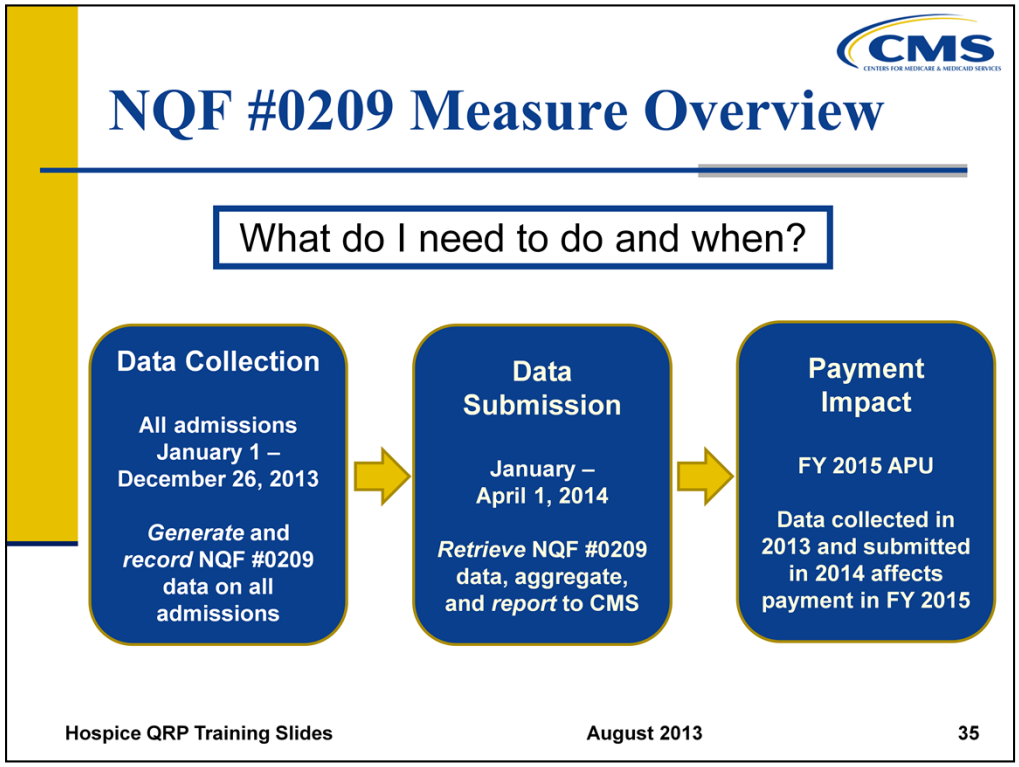
- Percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours.

NQF #0209 Background

- The measure developer is the National Hospice and Palliative Care Organization (NHPCO)
- National Quality Forum (NQF) initially endorsed the measure in 2006
- Received continued endorsement in 2012 through NQF measure maintenance process

Benefits of the NQF #0209

- Integrates patient choice for desired level of treatment by incorporating a patient's own pain goals and his/her own degree of comfort.
- Allows hospices to determine what percentage of their patient population is admitted with pain and how well that pain is managed in the early days of care.



There are three basic activities related to the NQF #0209: Data Collection, Data Submission, and payment impact. We provide a brief overview here, and then get into the details of each in subsequent slides.

NQF #0209 Data Collection

- *Generate* data by asking two comfort questions:
  - Initial comfort question: "Are you uncomfortable because of pain?" at initial assessment
  - Follow-up comfort question: "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?" 48-72 hours after asking initial question
- *Record* data in patient chart.

Data Collection

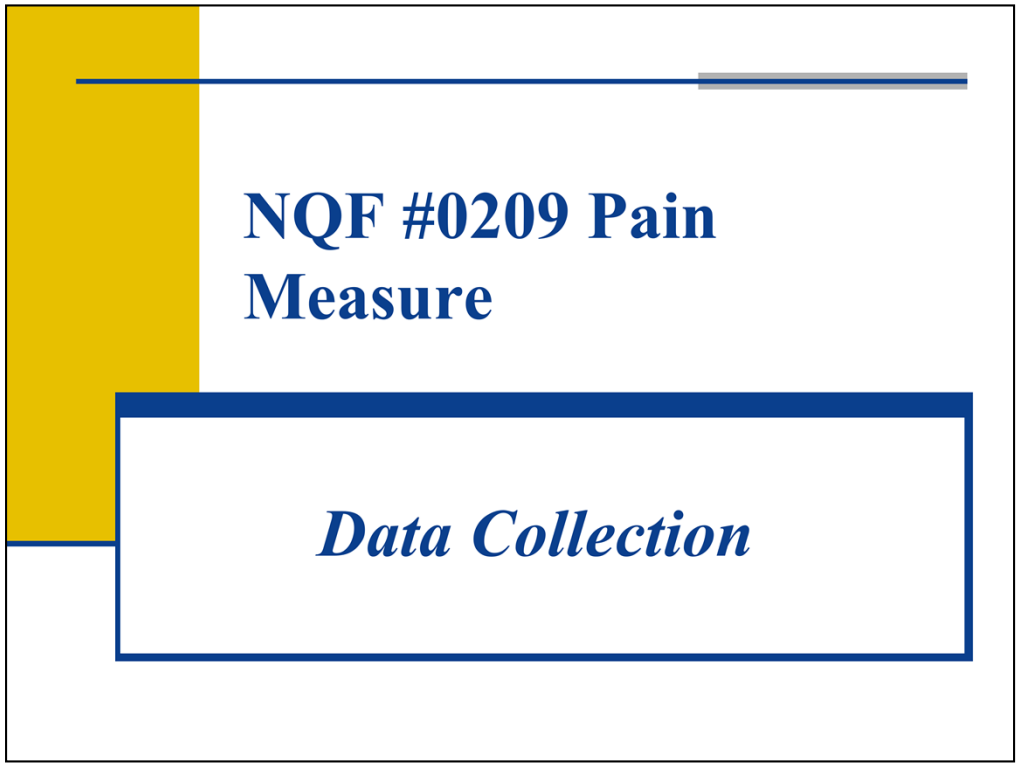
All admissions January 1 – December 26, 2013

NQF #0209 Data Submission

- *Retrieve* collected data.
- *Aggregate* collected data into 7 facility-level data elements.
- *Report* the 7 data elements to CMS via the data entry Web site by April 1, 2014.

Data Submission

January–April 1, 2014



Now we'll get into the details of data collection.

Data Collection: Which patients should I include?

- All admissions from Jan 1 – Dec 26, 2013
  - First time admissions
  - Re-admissions
  - Transfers
- All payers
  - Medicare
  - Medicaid
  - Private Payers
- All settings of care
  - Inpatient
  - Nursing home
  - Home care, etc.

Data Collection

- Part 1: Initial comfort question
  - Generate and record data on all patients *admitted* 1/1/13-12/26/13
- Part 2: Follow-up comfort question
  - Generate and record data on all patients *admitted* 1/1/13-12/26/13

Data Collection Part 1: Initial Comfort Question

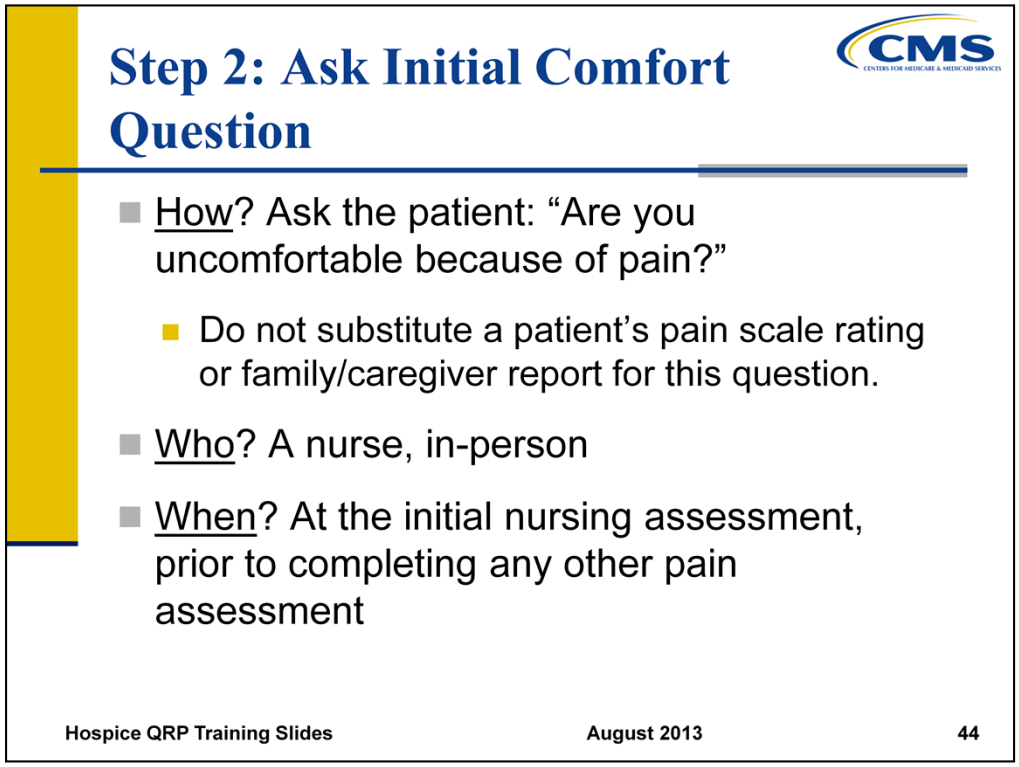
"Are you uncomfortable because of pain?"

Step 1: Determine Patient Eligibility

- Determine if the patient is eligible to be included for this measure.
- The patient must be:
  - 18 years of age or older
  - Able to self-report
  - Able to communicate and understand the language of the person asking the question

Ineligible Patients

- If a patient does not meet all 3 criteria, they should be excluded from the measure.
- Do not ask either the initial comfort question or the follow-up comfort question.
- Record why the patient was excluded from the measure and was not asked the initial comfort question
  - Patient under 18 years of age
  - Patient unable to self-report
  - Language or communication barrier



For patients who are eligible for the measure, you ask the initial comfort question.

Step 3: Record Data

- Record a “yes” or “no” response to the initial question
- Record the time the question was asked

  OR

- Record why the patient was excluded from being asked the initial comfort question
  - Patient under 18 years of age
  - Patient unable to self-report
  - Language or communication barrier

Patients that answer "no" to the initial comfort question

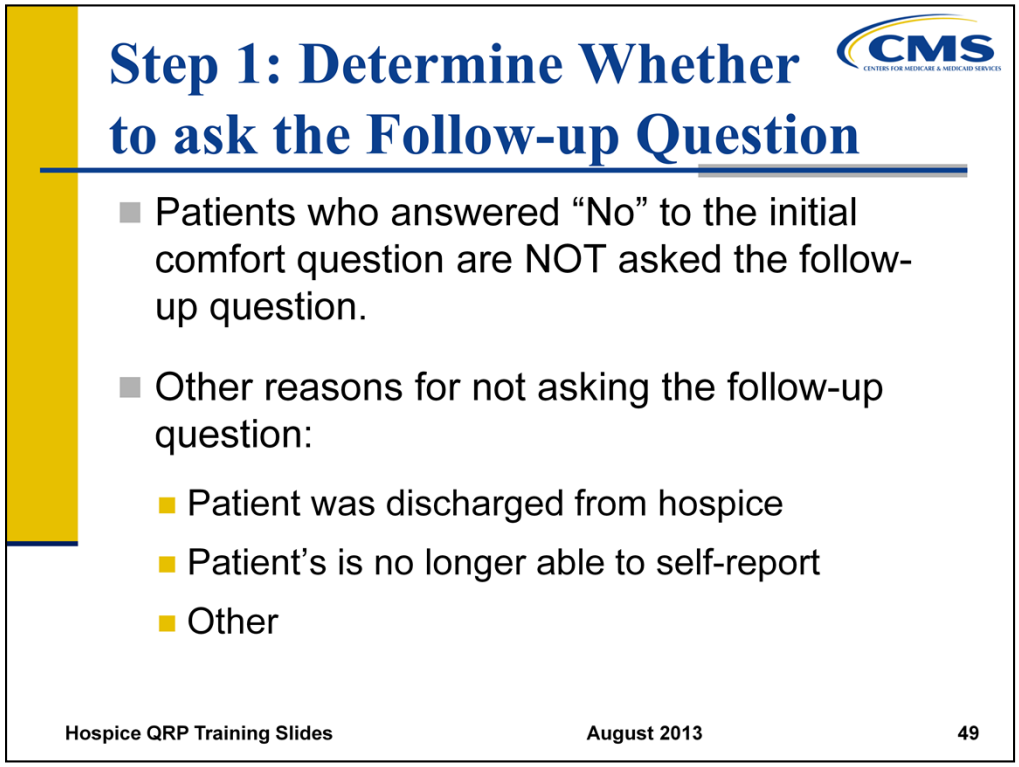
- Follow-up data for the NQF #0209 measure is not collected if a patient answers "no" to the initial comfort question
- Providers will still collect data for clinical purposes, but this data is not used for NQF #0209 reporting

Importance of Recording Complete Data

- It is important to record complete initial comfort question data to avoid missing data at the time of data retrieval and submission.

Data Collection Part 2: Follow-up Comfort Question

"Was your pain brought to a comfortable level within 48 hours of the start of hospice care?"

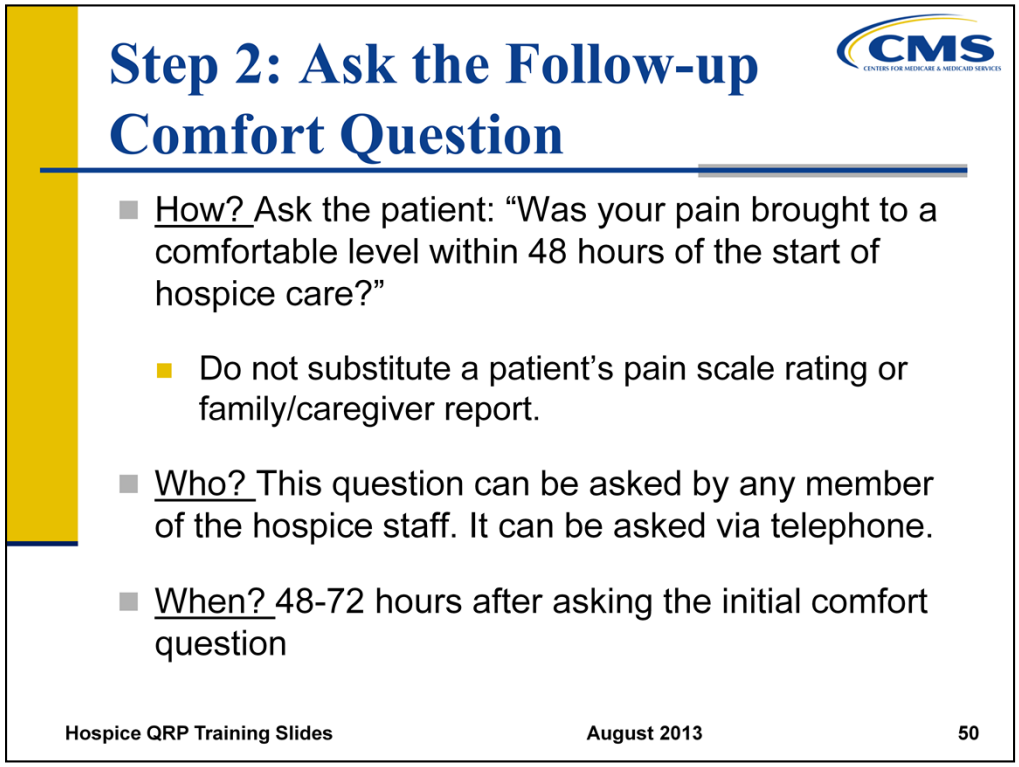


For purposes of the NQF #0209 data collection, you will only ask patients the follow-up comfort question if they answered "Yes" to the initial comfort question (indicating that they were uncomfortable due to pain).

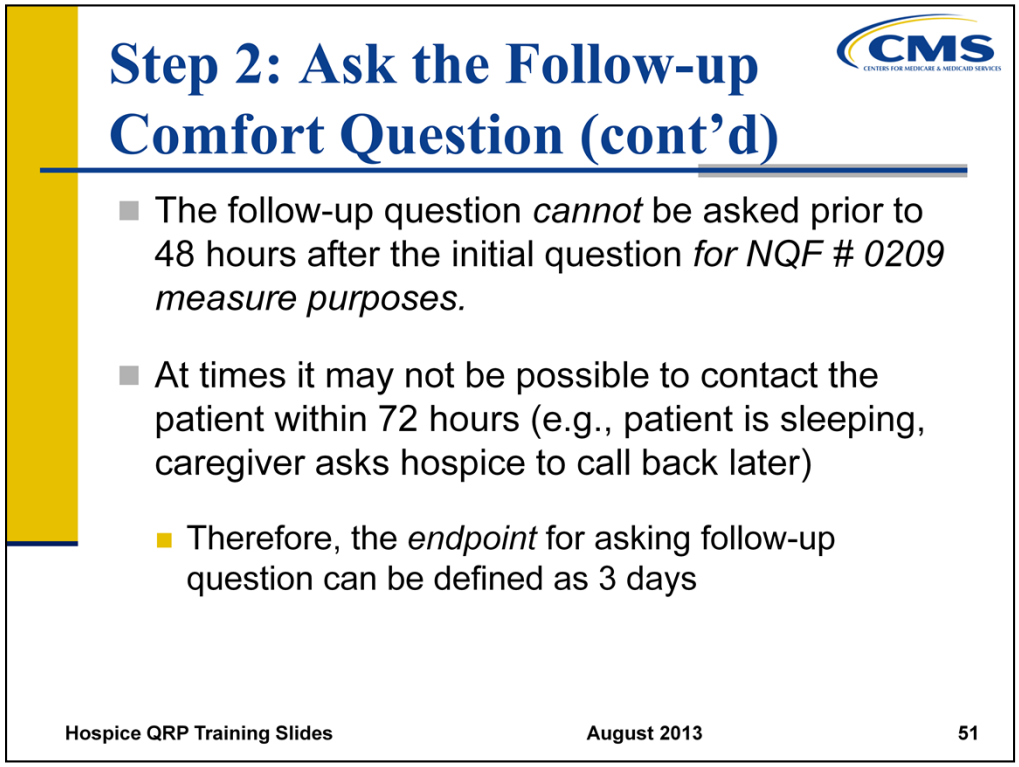
For patients who answered "yes" to the initial comfort question, there may be other reasons why they cannot respond to the follow-up question:

1. Patient was discharged from hospice – either live or due to death
2. Patient's condition has deteriorated and the patient is no longer able to self-report
3. Other – the provider made multiple attempts to contact the patient without success

In these 3 instances, you don't ask the follow-up question, but you do record the reason why the patient was not asked the question.

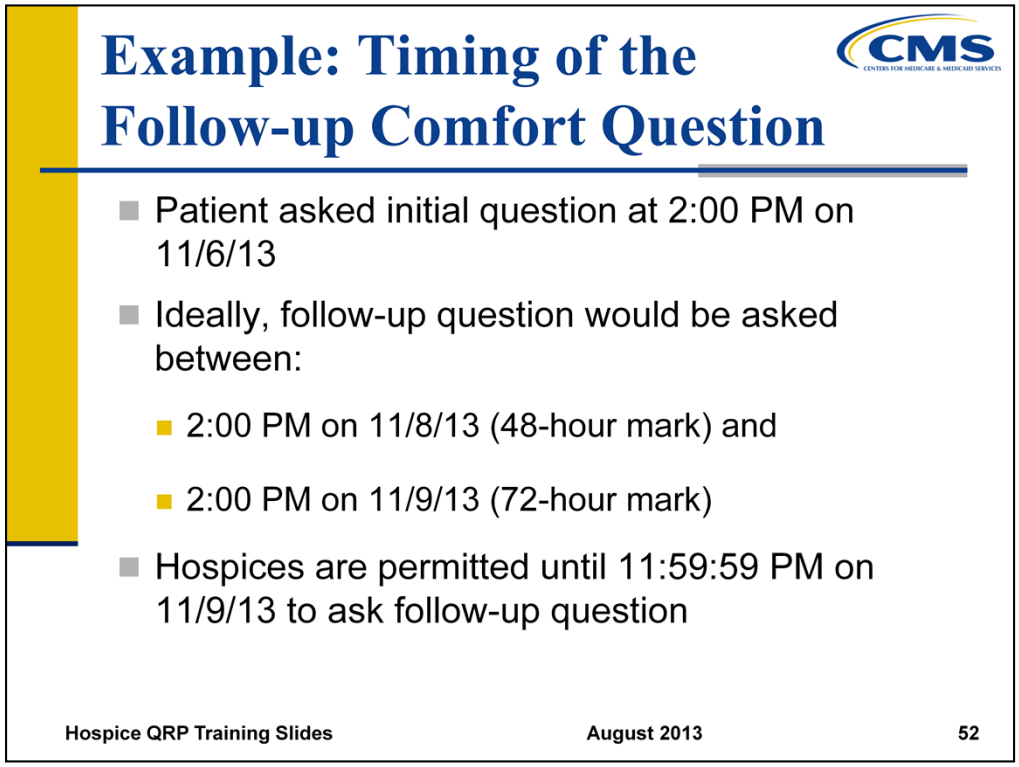


For patients that answered "yes" to the initial comfort question, and who you have determined should be asked the follow-up question, you should ask the follow-up question between 48-72 hours after asking the initial comfort question.



The follow-up question *cannot* be asked prior to 48 hours after the initial question *for NQF # 0209 measure purposes.* Remember that the measure does not replace clinical practice. You may ask the patient about their pain and comfort prior to the 48 measure "time window" for clinical purposes. However, no responses prior to the 48 hour mark should be used for purposes of reporting the measure.

There may be times where a hospice cannot contact the patient within the 48-72 follow-up time window. Hospices are permitted to continue following up until the end (11:59 PM) of the third day.



Here's an example. The patient was asked the initial comfort question at 2 pm on 11/6/13. For purposes of the NQF #0209 measure data collection, the follow-up question cannot be asked prior to 48 hours after the initial comfort question. In this case, the follow up question can be asked starting at 2 pm on 11/8/13. The 72 hour mark would be at 2 pm on 11/9/13. However, in special circumstances, hospices may ask the follow-up comfort question until the end of the third day, going beyond the 72-hour endpoint of the measure follow-up time window.

Step 3: Record Data

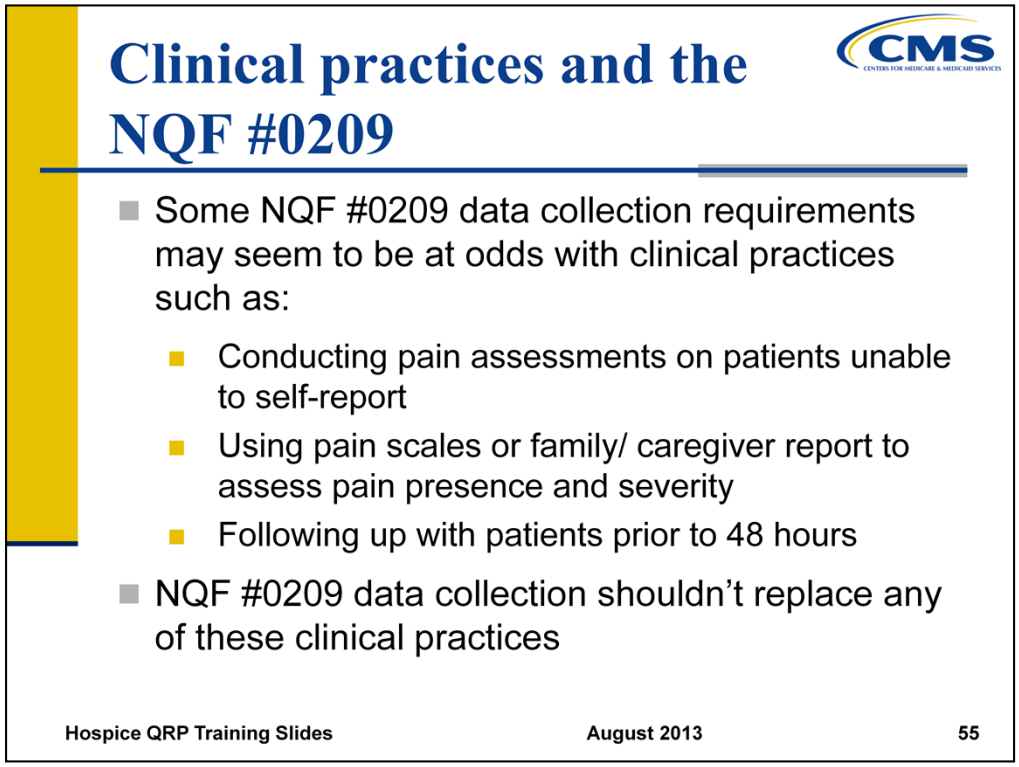
- Record a “Yes” or “No” response to the follow-up question
- Record the time

  OR

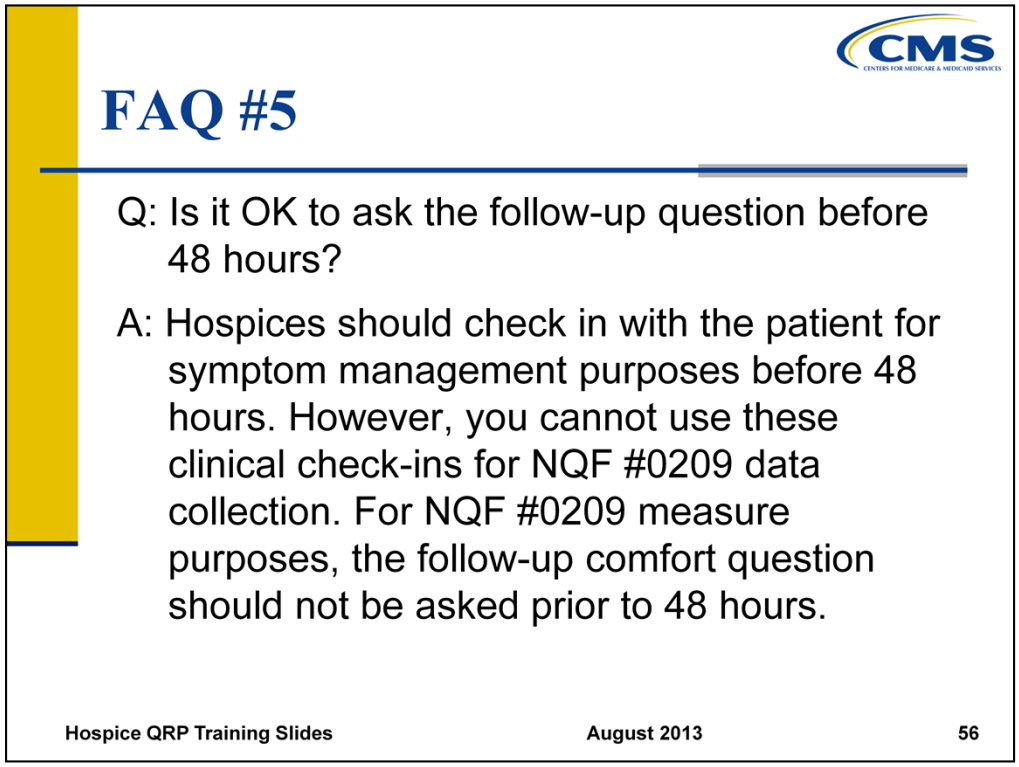
- Record why the patient was unable to answer the follow-up question
  - Discharge (live or due to death)
  - Condition deterioration (patient no longer able to self-report)
  - Other (with explanation)

Importance of Recording Complete Data

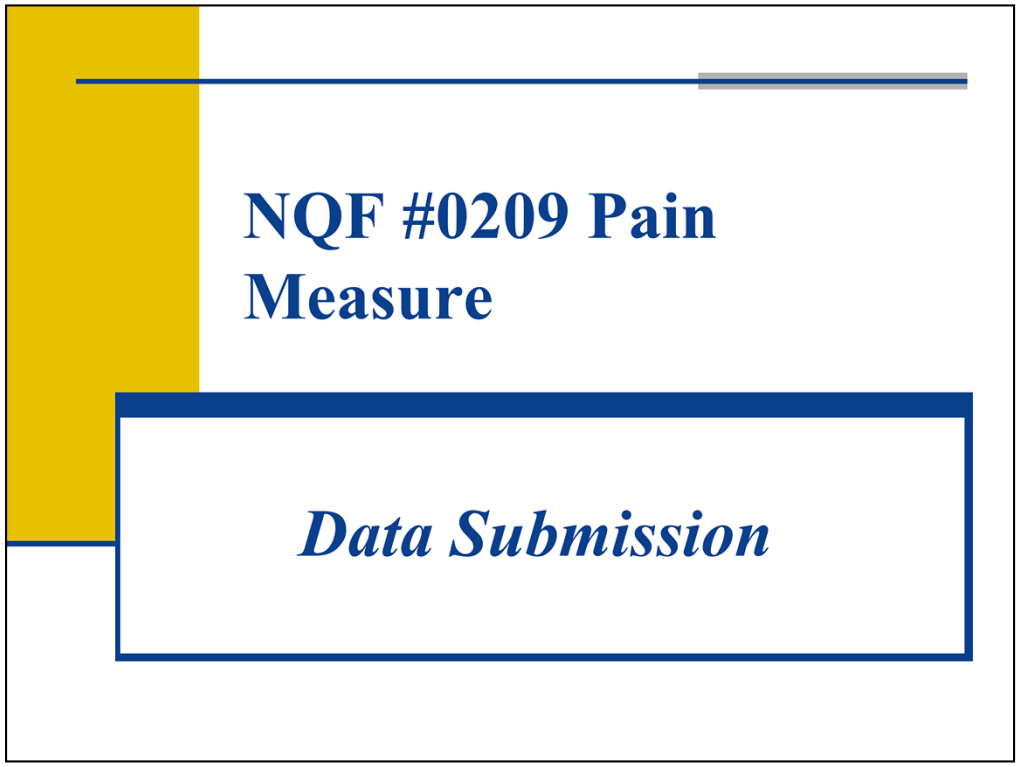
- It is important to record complete follow-up comfort question data to avoid missing data at the time of data retrieval and submission.



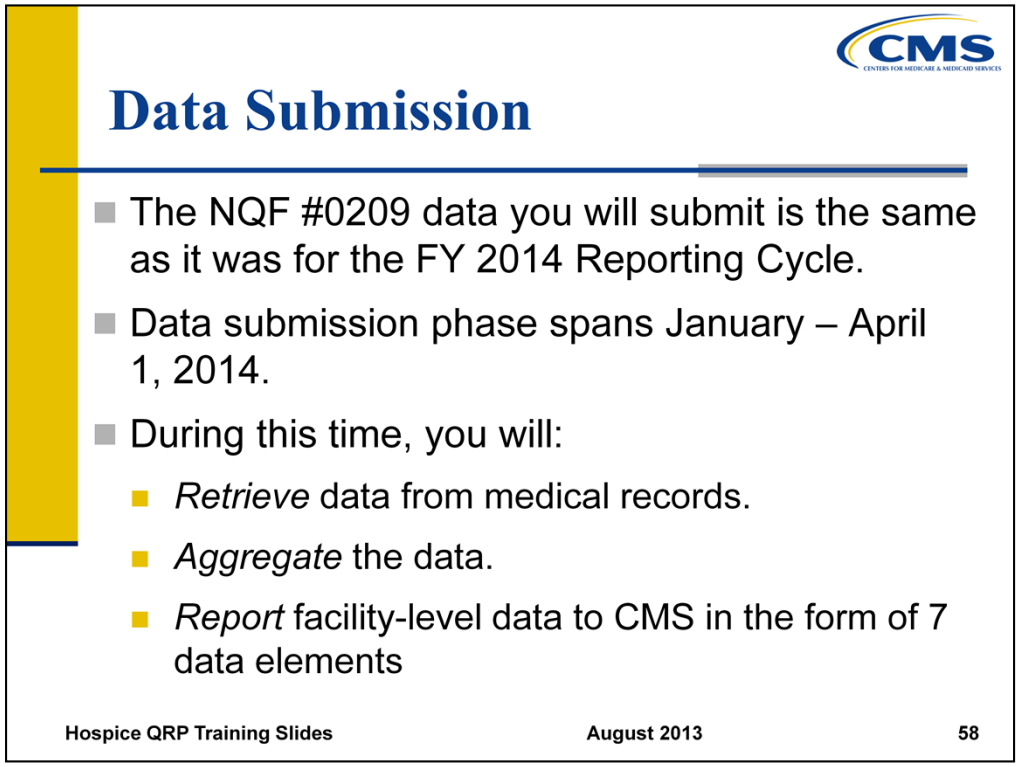
Some of the data collection requirements for the NQF #0209 may seem to be at odds with clinical practices. Remember that the measure does not replace clinical practice. For example, you may evaluate the presence and severity of pain in patients who are unable to self report by using proxy report of family members, or using a pain scale specifically developed for unresponsive patients. This is appropriate, usual clinical practice for hospice patients. However, you cannot use this data for NQF #0209 reporting. Here's another example: for clinical symptom management purposes, you may typically ask the patient about their pain and comfort prior to the 48 measure "time window". However, no responses prior to the 48 hour mark should be used for purposes of measure reporting.



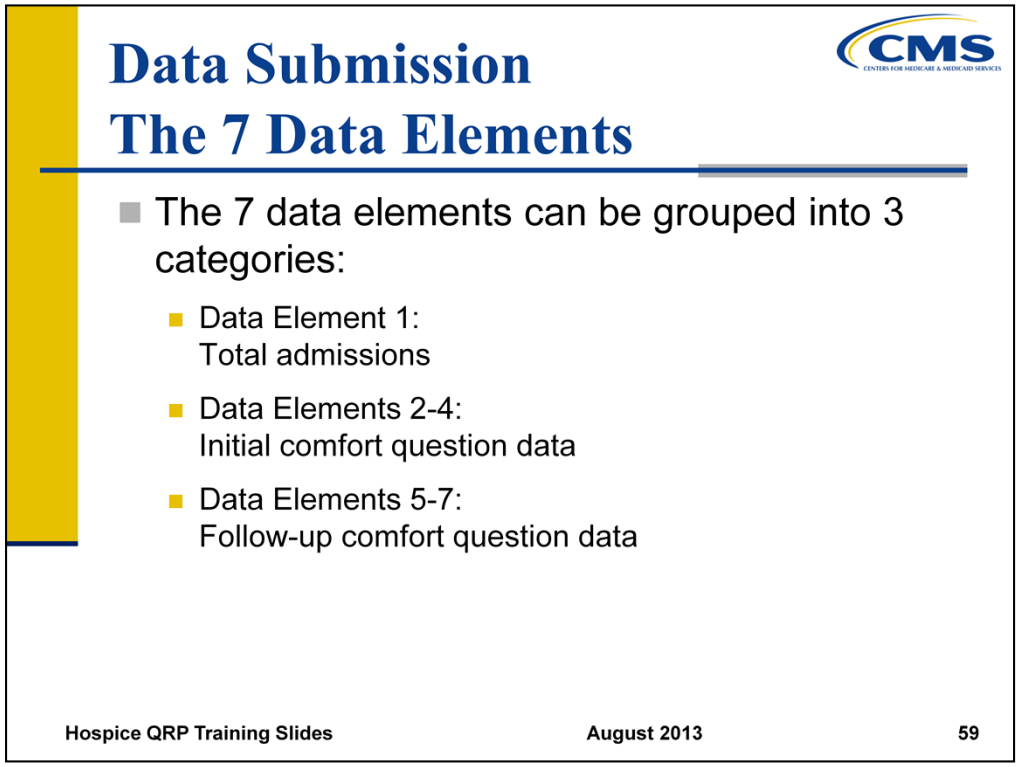
It is usual clinical practice to follow-up with patients experiencing pain prior to the 48-72 hour mark used for the NQF #0209 measure. Clinicians often assess pain daily or even more frequently by asking patients to rate pain, describe whether their pain is improving, worsening, or staying the same in response to treatment, or performing other appropriate clinical assessment. The NQF #0209 follow-up question does NOT replace clinical practice. In addition to these usual clinical practices, hospices will ask the patient the specified data collection follow-up question: “was your pain brought to a comfortable level within 48 hours?” during the 48-72 hour time window.



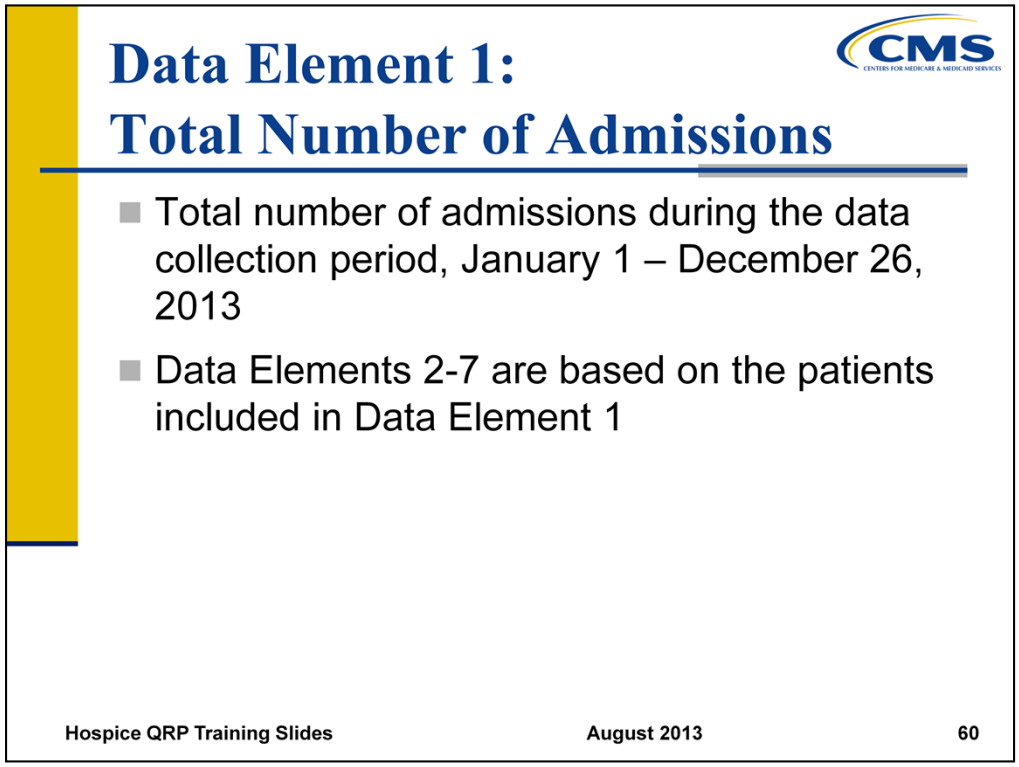
In this section we'll provide an overview of the data elements you will submit using the web-based data submission system. Details about the data submission process will be provided in the Technical User Guide for Data Submission.



For the FY 2015 Reporting Cycle, you will submit the same aggregated data elements as for the FY 2014 Reporting Cycle. Hospices can begin retrieving, aggregating, and reporting their data to CMS beginning January 2014, and must submit their data no later than April 1, 2014. We strongly encourage you to create your user account early, and begin the data entry and submission process. This will help you avoid unforeseen issues with data entry and submission.



We'll review each of the data elements in more detail next. Additional details and examples are in the User Guide for Data Collection, available on the Data Collection portion of the CMS website here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Data-Collection.html



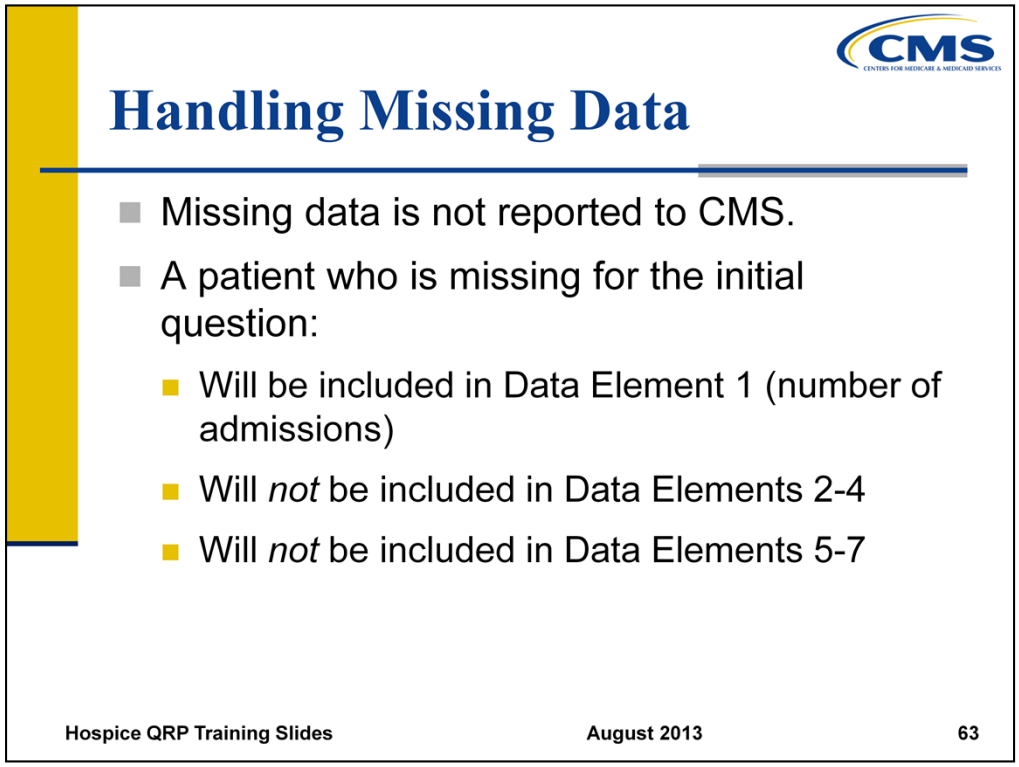
When you go to retrieve data for data element 1, include all patients admitted through December 26, 2013.

Data Elements 2-4: Initial Comfort Question Data

- Data Element 2
  - Number of patients who answered “yes” to the initial comfort question
- Data Element 3
  - Number of patients who answered “no” to the initial comfort question
- Data Element 4
  - Number of patients that were excluded from the measure

Missing Data
Initial Comfort Question

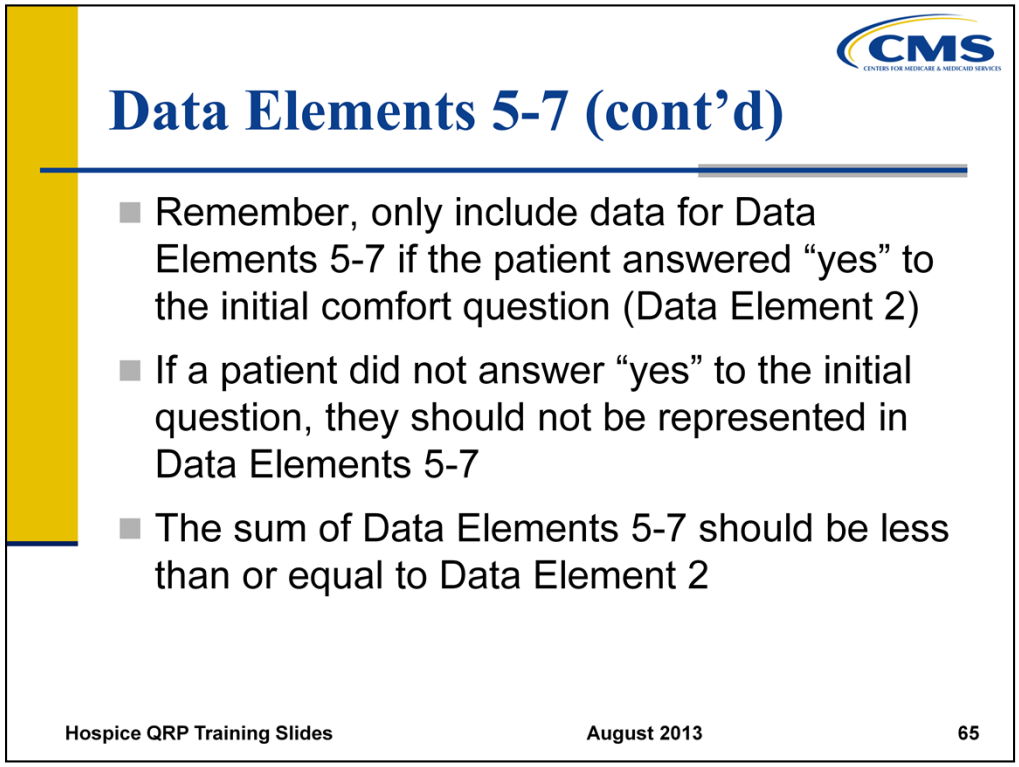
- Patient is missing if he/she was eligible for the measure but:
  - Was not asked the initial comfort question
  - Was asked the initial comfort question late
  - Did not have measure data documented in the chart



A patient with missing information for data elements 2-4 will still be counted in Data Element 1, the number of admissions. However, the patient will not be included in Data Elements 2-4 (initial comfort data) and Data Elements 5-7 (follow-up question data).

Data Elements 5-7: Follow-up Comfort Question Data

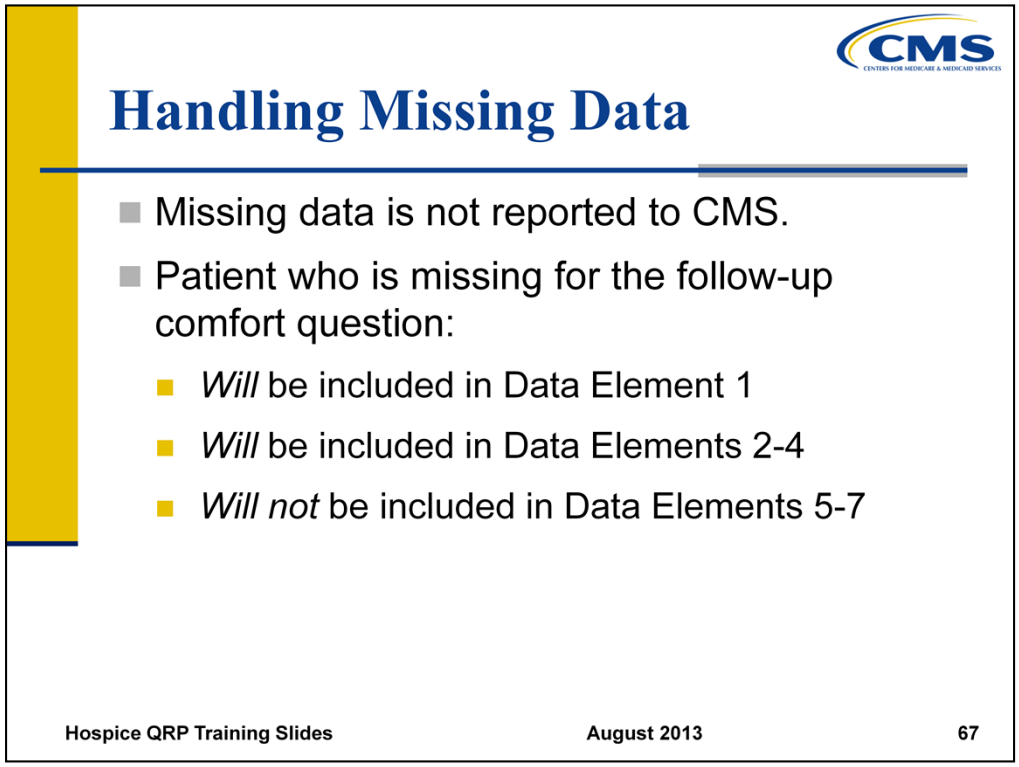
- Data Element 5
  - Number of patients who answered “yes” to the follow-up question
- Data Element 6
  - Number of patients who answered “no” to the follow-up question
- Data Element 7
  - Number of patients unable to self-report at follow-up



The sum of Data Elements 5-7 should be less than or equal to Data Element 2 because you only report follow-up data on those patients who answered "yes" to the initial comfort question.

Missing Data
Follow-up Comfort Question

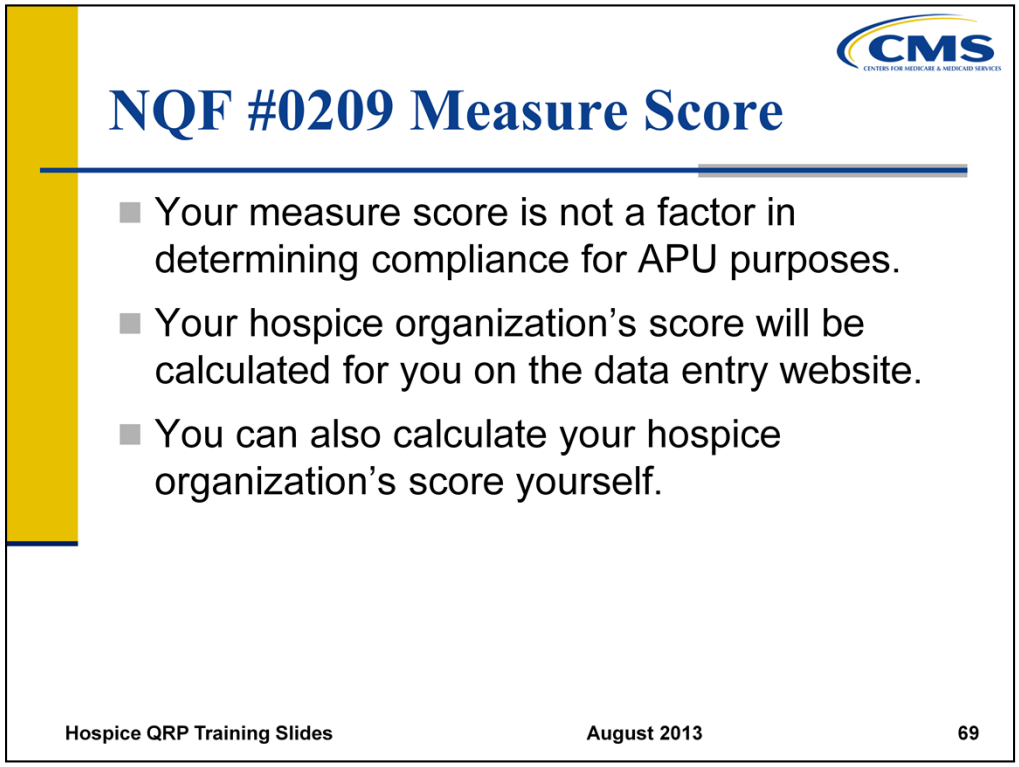
- A patient is missing for the follow-up question if she/she answered “yes” to the initial comfort question but:
  - Was not asked follow-up question
  - Was asked the follow-up question outside of specified timeframe (48-72 hours)
  - Did not have follow-up data documented in the medical record



A patient with missing information for data elements 5-7 will still be counted in Data Element 1, the number of admissions, and in Data Elements 2-4. However, the patient will not be included in Data Elements 5-7 (follow-up question data).

NQF #0209 Pain Measure

Measure Calculation and Results Interpretation



Your measure score is not a factor in determining compliance for APU purposes. We present this information for your own internal use for quality improvement.

Measure Calculation

- Calculation of the NQF #0209 measure is based on Data Elements 5 and 2.
  - Numerator: Data Element 5 – patients who answered “yes” to follow-up question
  - Denominator: Data Element 2 – patients who answered “yes” to initial question

Measure Calculation

patients whose pain was brought to a comfortable level (Data Element 5)

---

patients who reported being uncomfortable because of pain (Data Element 2)

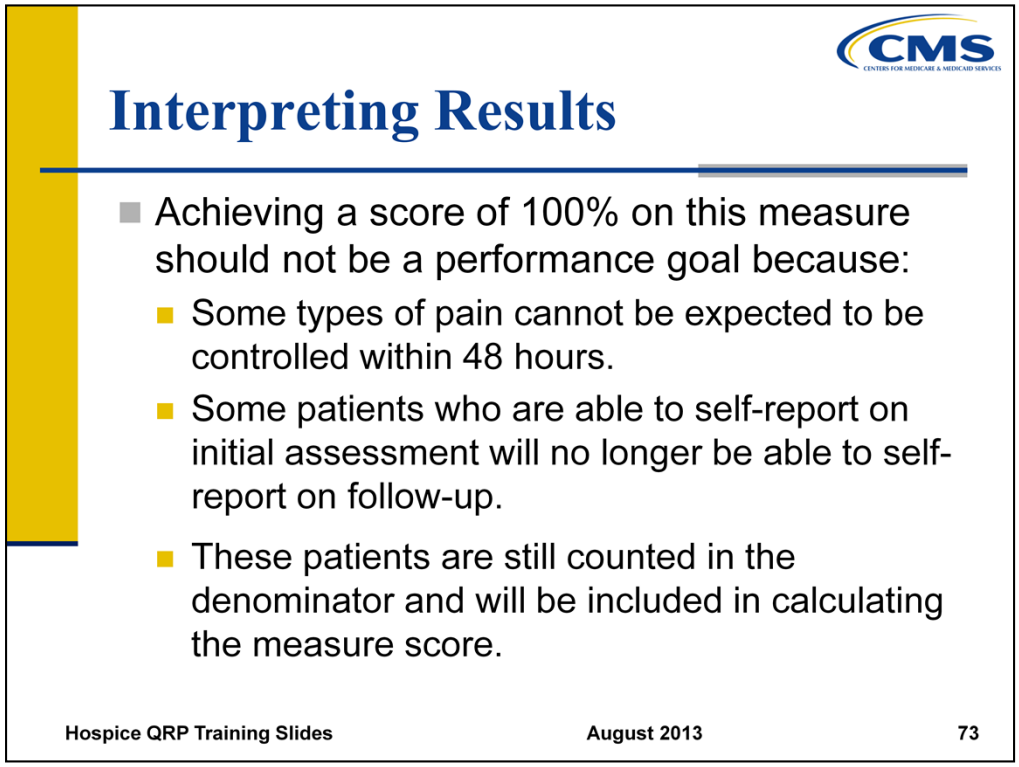
x 100 to express as a percent

Example Measure Calculation

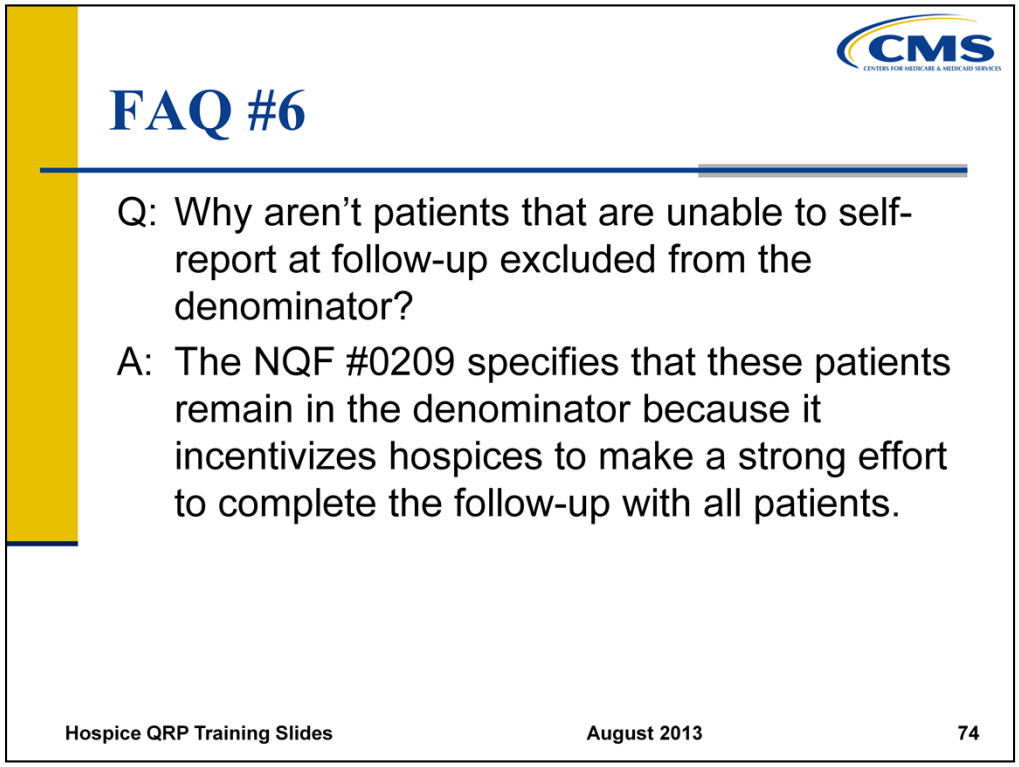
30 (patients reported comfort at follow up) / 50 (patients uncomfortable at initial question) = .60

.60 x 100 = 60

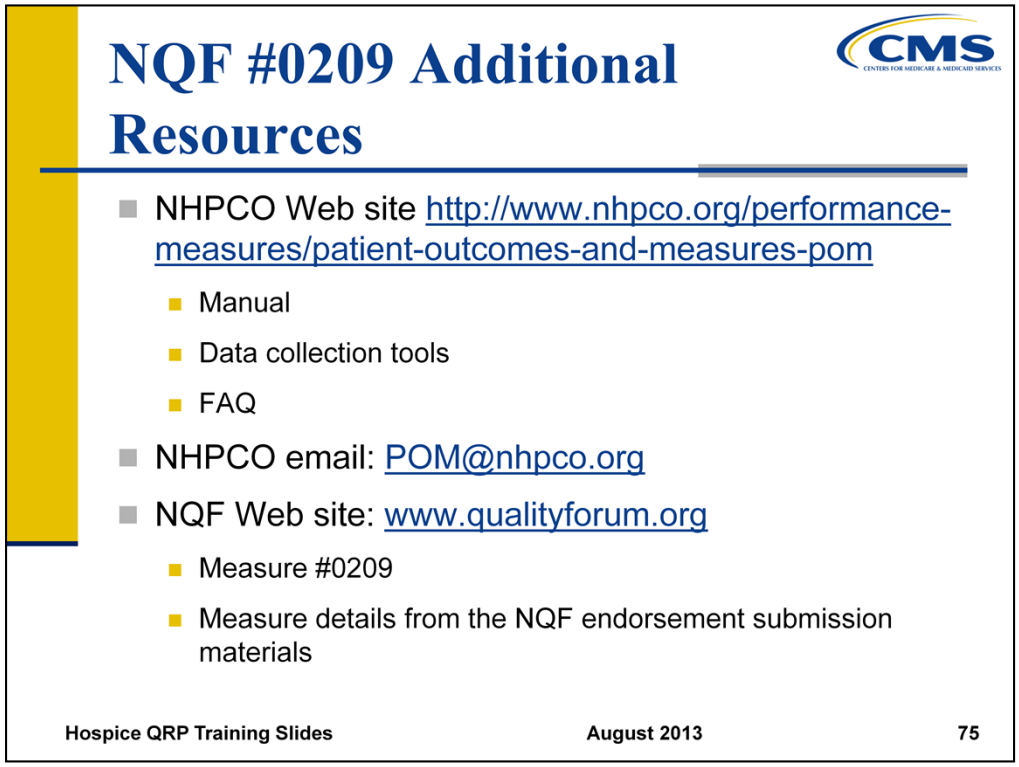
Measure Score = 60%



Achieving a 100% score on this measure should not be a performance goal because there are some types of pain that are very difficult to control in a 48 timeframe (e.g.; neuropathic pain, pain from bone metastases, pain that is emotional or spiritual in origin but is expressed physically). In addition, some patients who were able to report at initial comfort question become unable to self-report at the follow-up time point due to deterioration in their condition. However, the NQF #0209 specifies that these patients are still counted in the denominator, and are part of the measure calculation.

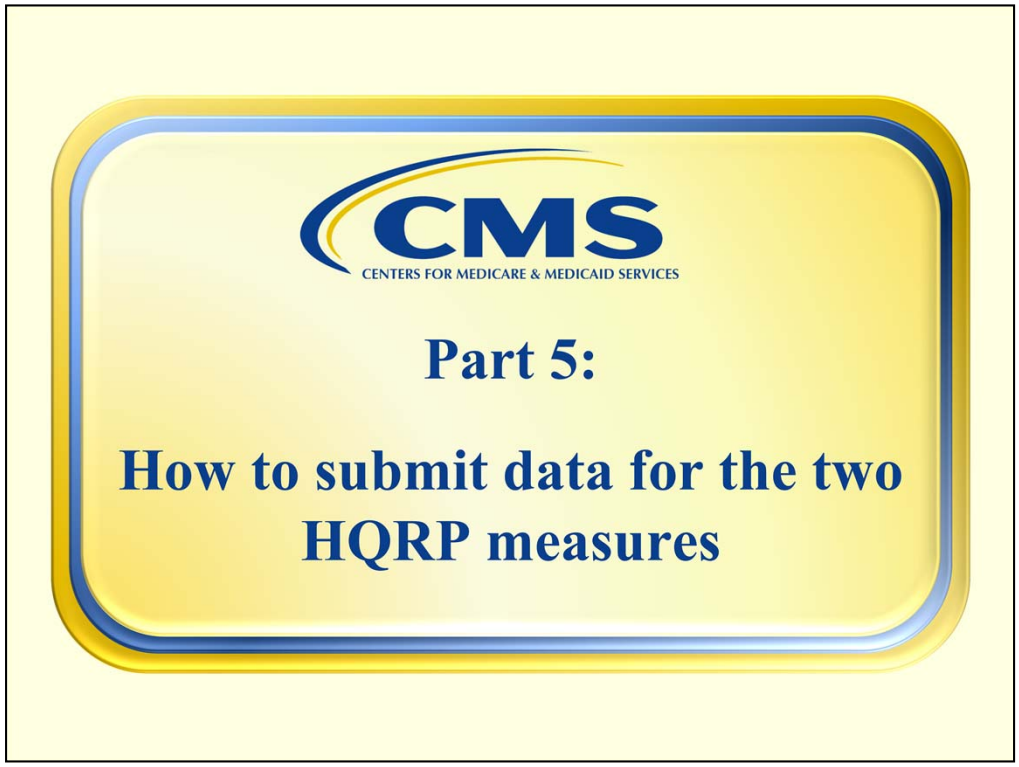


The measure specifications as endorsed by NQF require that these patients are counted in the denominator, and are part of the measure calculation. Keeping these patients in the denominator incentivizes hospices to make every effort to follow-up at 48-72 hours with all patients that answered "yes" to the initial comfort question.

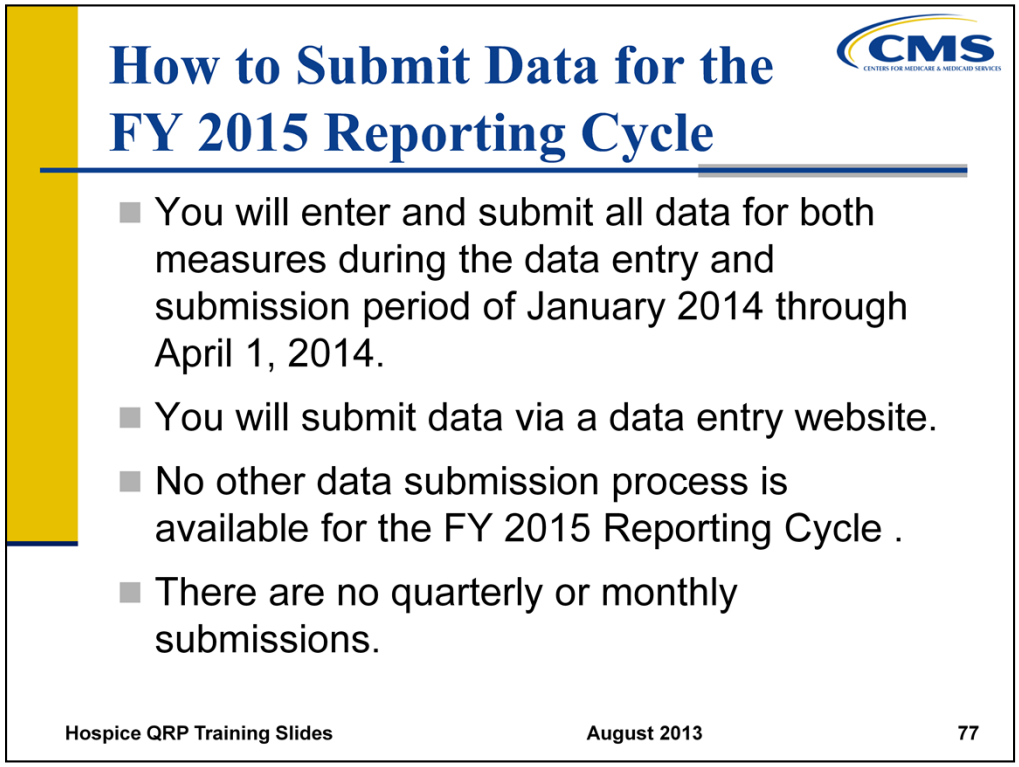


You can find additional details about the NQF #0209 measure specifications.

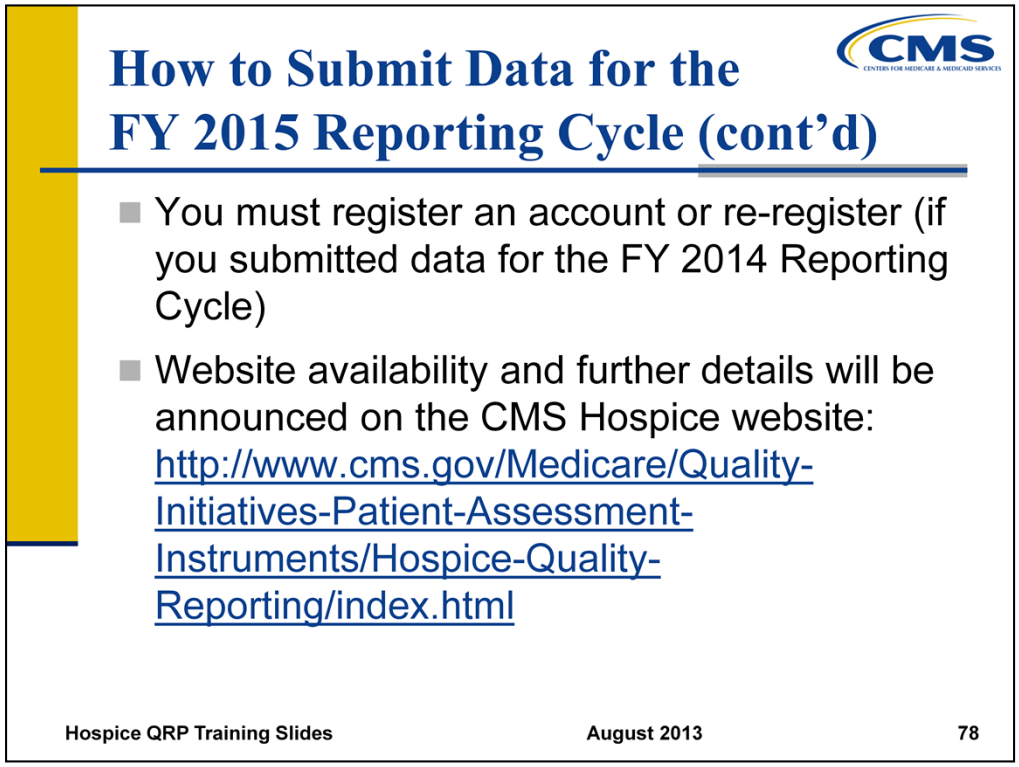
http://www.nhpco.org/performance-measures/patient-outcomes-and-measures-pom
POM@nhpco.org
www.qualityforum.org



This part of the slide presentation provides a general overview of the web-based system for data entry and submission. Additional details will be provided in the Technical User Guide for Data Submission. Further details about the website availability and additional training about its functionality will be announced on the CMS HQRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html and via ODFs and listserv announcements (see Slide #17).



You will use a website to enter and submit all of your data during the data entry and submission period, from January 2014 through April 1, 2014. No other data submission process will be available. The deadline for submitting data for both measures for the FY 2015 APU is April 1, 2014. There is no quarterly or monthly submission of data. Further details about the website availability and additional training about its functionality will be announced on the CMS Hospice website.



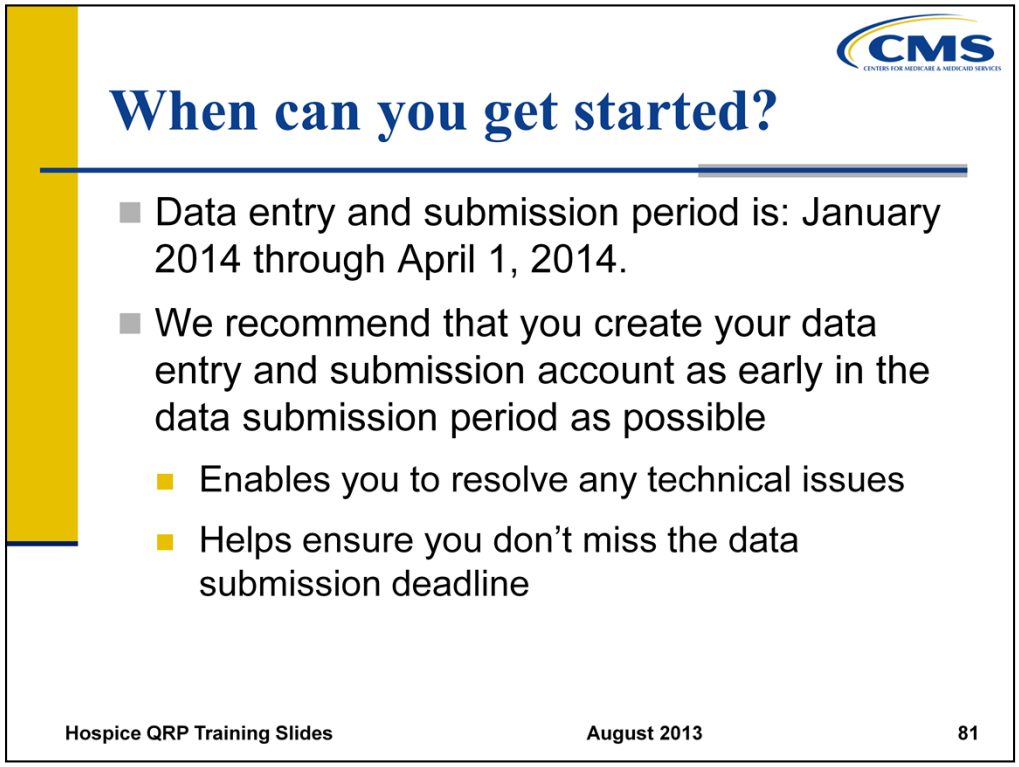
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html

How to Submit Data for the FY 2015 Reporting Cycle (cont'd)

- Enter your response to the Structural Measure question (Yes/No)
- Enter the 7 Data Elements for the NQF #0209 measure
- Submit your data for both measures

Additional Training: Data Entry and Submission

- There will be a technical training to cover data entry and submission processes in the fall of 2013.
- Dates for the technical training will be announced on the CMS HQRP website, and via
  - Open Door Forum announcements
  - MLN Connects™ Provider eNews blurbs



We recommend that you create your data entry and submission account as early as possible during the data entry and submission period. This will help you avoid unexpected delays in entering and submitting your data due to technical or other issues. We recommend that you review the additional technical training materials prior to registering a data entry account and starting data entry.