

Public Reporting of the Hospice and Palliative Care Composite Quality Measure – Comprehensive Assessment at Admission (NQF #3235) for the Hospice Quality Reporting Program (HQRP)

External Questions and Answers

Q: What is being announced with regards to the HQRP?

A: The Centers for Medicare & Medicaid Services (CMS) is announcing the public reporting of the Hospice and Palliative Care Composite Quality Measure – Comprehensive Assessment at Admission (NQF #3235) (hereafter referred to as the “Hospice Comprehensive Assessment Measure”). The Hospice Comprehensive Assessment Measure will be displayed on Hospice Compare beginning on December 4, 2018.

Q: Why are you reporting the Hospice Comprehensive Assessment Measure now?

A: We finalized the plan for publicly reporting the Hospice Comprehensive Assessment Measure via the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule (83 FR 38645). We stated that the measure would be reported on Hospice Compare in fall 2018. This release date provided hospice providers sufficient time to become comfortable with the measure and review their measure scores through confidential feedback reporting using the Certification and Survey Provider Enhanced Reporting (CASPER) Quality Measure (QM) reports and Provider Preview Reports.

Q: What is the Hospice Comprehensive Assessment Measure?

A: The HQRP Hospice Item Set (HIS) historically captured data on seven QMs: treatment preferences (NQF #1641), beliefs and values addressed (if desired by the patient) (NQF #1647), pain screening (NQF #1634), pain assessment (NQF #1637), dyspnea screening (NQF #1639), dyspnea treatment (NQF #1638), and patients treated with an opioid who are given a bowel regimen (NQF #1617). The Hospice Comprehensive Assessment Measure captures, in a **single** measure, **all** seven care processes for eligible patients upon patients’ admissions to hospice.

Q: How is the Hospice Comprehensive Assessment Measure calculated?

A: The Hospice Comprehensive Assessment Measure represents the percentage of patients who received all seven of the care processes included in the seven existing HIS QMs (NQF #1617, NQF #1634, NQF #1637, NQF #1638, NQF #1639, NQF #1647, NQF #1641), the patient is eligible. The Hospice Comprehensive Assessment Measure is an “all or nothing” composite measure. This means that, in order to receive credit for the measure for any given patient, the hospice must perform all seven care processes for which the patient was eligible upon hospice admission. In other words, the Hospice Comprehensive Assessment Measure is not an average of the hospice’s scores on the seven individual HIS measures.

However, three of the seven QMs are considered conditional QMs. The three conditional QMs are pain assessment (NQF #1637), dyspnea treatment (NQF #1638), and patients treated with an opioid who are given a bowel regimen (NQF #1617). A patient’s inclusion in these QMs is

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“dependent” or “conditional” on a response to a previous item. For example, a patient must first be screened for dyspnea and found to have dyspnea (NQF #1639) before being treated for it (NQF #1638). In the Hospice Comprehensive Assessment Measure, if a patient does not meet the criteria for one of these conditional measures, the hospice will by default ‘receive credit’ for that conditional measure in the calculation of the Hospice Comprehensive Assessment Measure, even without having conducted that care process. To follow the above example, if the patient was screened for dyspnea and did not have it, it would be inappropriate to treat the patient for dyspnea. Therefore, in this case, not treating a patient’s dyspnea would not count against the provider when calculating the Hospice Comprehensive Assessment Measure.

Because the Hospice Comprehensive Assessment Measure indicates the percentage of patients to whom all seven of the individual QMs were applied, the measure is calculated using the same HIS data items used to calculate the individual QMs. Therefore, there were no new or additional data collection or submission requirements to calculate this measure.

Finally, the Hospice Comprehensive Assessment Measure is not risk-adjusted. For more information about measure calculation please see the QM User’s Manual in the Downloads section of the HQRP Current Measure Web page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>.

Q: Which patients are included in the calculation of the Hospice Comprehensive Assessment Measure?

A: The measure was implemented in the HQRP on April 1, 2017. Therefore, only patients admitted after this date are eligible for inclusion in measure calculation. Patients must also be 18 years or older in age for inclusion in the measure.

Q: When the measure is reported on Hospice Compare in November 2018, which quarters of data will be displayed?

A: The November 2018 refresh of Hospice Compare will include HIS data for patient stays discharged between Quarter 1 2017 and Quarter 4 2017 (January 1, 2017 – December 31, 2017). However, as stated above, the Hospice Comprehensive Assessment Measure was implemented in the program on April 1, 2017 (Quarter 2 2017), meaning we cannot calculate or report this measure for patients admitted before this date. Therefore, for this first refresh only, the reporting periods for the Hospice Comprehensive Assessment Measure and the other seven HIS QMs will be different. Data for the Hospice Comprehensive Assessment Measure will be displayed for patient stays admitted and discharged between Quarter 2 2017 and Quarter 4 2017 while the other HIS QMs will be displayed for patient stays discharged between Quarter 1 2017 and Quarter 4 2017. This is only true for this first refresh. The reporting periods will align in subsequent quarterly refreshes.

Q: Why is CMS reporting the Hospice Comprehensive Assessment Measure based on data collected during the first quarter after the measure was implemented?

The HQRP Hospice Item Set (HIS) historically captured data on seven QMs. These seven QMs determined if hospices asked patients and/or caregivers about their treatment preferences (NQF

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#1641) and beliefs and values (NQF #1647), and if hospices checked patients for pain (NQF #1634), assessed patients' pain (NQF #1637), checked patients for dyspnea (NQF #1639), treated patients' dyspnea (NQF #1638), and offered care to patients with opioid-caused constipation (NQF #1617). The Hospice Comprehensive Assessment Measure shows, in a **single** measure, whether a hospice completed **all** seven component measures for eligible patients upon patients' admissions to hospice. Thus, data elements collected for the Hospice Comprehensive Assessment Measure during the first quarter after the measure was implemented are based on long standing HIS data elements that have been implemented since July 1, 2014 and that have been demonstrated as reliable and valid.

Q: Why may the hospice-level score for this measure be lower than the individual measure scores that make up this measure?

A: A hospice's score on the Hospice Comprehensive Assessment Measure may be lower than the scores of the seven component measures because of the "all or none" scoring approach used to calculate the measure. In order to meet the numerator of (and get credit for) the Hospice Comprehensive Assessment Measure a hospice must complete all seven component QMs, as applicable. If a hospice misses even one of the measures (excluding conditional measures as described above), the hospice will not receive credit for the Hospice Comprehensive Assessment Measure for that patient. There is no "partial credit" for this measure. For example, if a hospice misses checking patient A for pain (NQF #1634) and checking patient B for dyspnea (NQF #1639), the hospice would not get credit for the Hospice Comprehensive Assessment Measure for either patient A or B. As such, the hospice's score for the Hospice Comprehensive Assessment may be lower than either individual measure (NQF #1634 or NQF #1639).

Q: What impact will publicly reporting this measure have on other related quality measures?

A: The public reporting of the Hospice Comprehensive Assessment Measure will not have an effect on the seven other related QMs, beyond changing how these QMs are displayed on Hospice Compare. To reduce redundancies on Hospice Compare and prevent consumer confusion, CMS finalized a proposal to reformat display of HIS QMs on Hospice Compare in the FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule (83 FR 38648 through 38649). When the Hospice Comprehensive Assessment Measure is reported on Hospice Compare, CMS will display the seven component HIS measures in an expand/collapse format under the Hospice Comprehensive Assessment Measure. Therefore, the measures used to calculate the Hospice Comprehensive Assessment Measure will still be viewable to consumers, albeit in a more user-friendly and less burdensome way.

The public reporting of the Hospice Comprehensive Assessment Measure will not have any other effect on the other HIS QMs. Data for these seven measures will still be collected and QM scores will still be reported through confidential and public reporting.

Q: Have providers been given an opportunity to review their data on this measure in advance of public reporting?

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A: CMS is committed to allowing providers ample opportunity to review their QM data through confidential feedback reporting in advance of public reporting. As such, the Hospice Comprehensive Assessment Measure was added to providers' Hospice-Level and Patient Stay-Level CASPER QM Reports in February 2018. These reports are available on-demand and thus enable hospice providers to view and compare their performance to a national comparison group at any time and for a reporting period of their choice. You can find more information about the CASPER QM Reports in the CASPER QM Report Fact Sheet available in the Download section of the HQRP Requirements and Best Practices Web page:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices.html>.

Also in advance of reporting on Hospice Compare, providers are given the opportunity to preview their HIS QM results during a 30-day preview period using a HIS Provider Preview Report. The purpose of these reports is to give providers the opportunity to preview their quality measure results on each quality measure prior to public display on Hospice Compare. The Hospice Comprehensive Assessment Measure was reported on HIS Provider Preview Reports in September 2018, in anticipation of posting on Hospice Compare in November 2018.

For more information about the HQRP and the Hospice Comprehensive Assessment Measure, please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/> or contact the Hospice Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov.

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