



Hospice Quality Reporting Program

Quarterly Updates

April-June 2019

This document provides Hospice Quality Reporting Program (HQRP)-related updates on events and guidance from the 2nd Quarter of 2019 (April - June 2019).

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Please Note: Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date. Please check the HQRP Spotlight and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html> for updates.

Tip of the Quarter:

Provider Preview Reports are only available in CASPER for 60 days post report release date. Therefore, CMS strongly encourages providers to download and save their Hospice Provider Preview Reports so that they may be referenced after the 60 day period. After the 60 day availability period of the Provider Preview Reports, providers can continue to use CASPER Quality Measure (QM) reports to view hospice performance. The CASPER QM reports are run on-demand and enable hospice providers to view and compare their performance to a national comparison group at any time and for any reporting period of their choice. The CASPER QM reports also allow

hospice providers to view national average scores and benchmark their own quality data for patients discharged during a specified reporting period. For additional information, please refer to the CASPER QM Fact Sheet in the Download section of the HQRP Requirements and Best Practices page at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices.html>.

Section 1: What You May Have Missed Last Quarter

Updates and Announcements

Update to Public Reporting of the Hospice Visits when Death is Imminent Measure Pair

The Hospice Visits when Death is Imminent measure pair assesses whether patient and caregiver's needs were addressed by hospice staff in the last three and seven days of life. CMS will publicly report the three-day Hospice Visits when Death is Imminent measure on Hospice Compare in summer 2019, as planned. The seven-day Hospice Visits when Death is Imminent measure will not be publicly reported at this time because it did not currently meet readiness standards for public reporting.

For more information please see the "Public Reporting of the Hospice Visits when Death is Imminent Measure Pair Fact Sheet" in the Downloads section of the Public Reporting: Background and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements.html>.

Hospice Visits when Death is Imminent measure pair added to CASPER QM Reports

Starting on April 1, 2019, the **Certification and Survey Provider Enhanced** Reports Quality Measure (CASPER QM) Reports now include the Hospice Visits when Death is Imminent measure pair. This measure pair assesses whether patient's and caregiver's needs were addressed by hospice staff in the last three and seven days of life.

For more information please see the "Public Reporting of the Hospice Visits when Death is Imminent Measure Pair Fact Sheet" in the Downloads section of the Public Reporting: Background and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements.html>.

Policy Change for Assessment Submission Timeframe

The current CMS policy for patient assessment record submission allows providers to submit records up to 36 months post the assessment target date. Effective October 1, 2019, the CMS policy for patient assessment submission will be changed to 24 months post the assessment target date. The policy change applies to new, modified, and inactivated records.

June 2019 Special Open Door Forum (SODF): Update on the Hospice Assessment Tool Development

CMS hosted a Special Open Door Forum (SODF) on the development of the hospice assessment tool. This event created an opportunity for CMS to update providers on the development process and allow hospices and other interested parties to ask questions. In the presentation, CMS shared background on the HQRP, and updates to the ongoing development and design of the hospice patient assessment tool. CMS also covered recent information gathering activities, what CMS learned from them, and how CMS intends to apply these learnings to the draft patient assessment tool. CMS also summarized next steps in the development process. This SODF was part of a series of regular SODF's CMS has hosted on this tool and other key topics related to the Hospice Quality Reporting Program.

Feedback and questions on the hospice assessment tool can be sent to:
HospiceAssessment@cms.hhs.gov.

Educational Trainings Released Last Quarter

Hospice Quality Reporting Program: Review and Correct Report Overview Webinar

The Centers for Medicare & Medicaid Services (CMS) hosted a webinar on Tuesday, June 11, 2019 on the new Review and Correct Reports. The primary purpose of the webinar was to educate providers' on how to use Review and Correct Report. The webinar covered the following topics:

- An overview of public reporting in the context of the HQRP;
- The purpose of the Review and Correct Reports;
- How to access the Review and Correct Reports;
- How to use and interpret the information in the Review and Correct Reports;
- How to verify the accuracy of the data slated to be displayed on Hospice Compare; and
- How and when to submit corrections for errors found in the Review and Correct Reports.

Available resources: See the “**Hospice Quality Reporting Program: Review and Correct Report Overview Webinar Presentation June 2019**” in the Downloads section at the bottom of the HQRP Training and Education Library webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library.html>. Please note: Questions submitted during the webinar have been distributed to the appropriate Help Desks. They will be posted to the HQRP Requirements and Best Practices webpage as soon as responses have been drafted.

Section 2: What's Coming Up in the 3rd Quarter of 2019

Home Health, Hospice & DME Open Door Forum Schedule:

- August 7, 2019 from 2:00-3:00pm ET
- September 18, 2019 from 2:00-3:00pm ET

Special Open Door Forum (SODF) scheduled for September 12 2019 from 2:00-3:00 pm ET

Section 3: Previous and Upcoming Public Reporting Dates

The timeline below includes key public reporting dates for the previous and upcoming Quarters (Q). Providers should review the timeline to ensure they are familiar with important upcoming public reporting dates, and refer to the **Public Reporting: Key Dates for Providers** webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers.html> for more information.

Second Quarter 2019

Hospice Compare Refresh and updates: May 23, 2019

- HIS quality measures updated to reflect patient data collected: Q3 2017 – Q2 2018
- CAHPS® Hospice Survey data updated to reflect quarters Q3 2016 – Q2 2018

Beginning with the May 2019 refresh, Hospice Compare will include information on hospice characteristics to complement the quality and patient experience metrics already available. This information will further support Hospice Compare users to engage in meaningful conversations with their providers and to help make informed decisions about selecting a hospice. Empowering consumers with useful information is one way CMS works to ensure safety and quality in the healthcare system. As part of ongoing efforts to ensure accurate search results, CMS is updating the Zip code database that powers Hospice Compare's search function.

For more information please see the “Hospice Compare May 2019 Refresh Fact Sheet” and the “Hospice Compare May 2019 Refresh Question & Answer” in the Downloads section of the Public Reporting: Background and Announcements webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements.html>.

Please visit [Hospice Compare](https://www.medicare.gov/hospiceCompare) at <https://www.medicare.gov/hospiceCompare> to view the new and updated quality data.

Hospice Provider Preview Reports available: May 30, 2019

- HIS quality measure results from: Q4 2017 – Q3 2018
- Facility-level CAHPS® Hospice Survey results from quarter Q4 2016 – Q3 2018

Hospice provider preview reports and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey ® provider preview reports have been updated and are now available. These two separate reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder.

Hospice providers are encouraged to review:

- Hospice Item Set (HIS) quality measure results from: **Quarter 4, 2017 to Quarter 3, 2018**
- Facility-level CAHPS® survey results from **Quarter 4, 2016 to Quarter 3, 2018**.

Specifically, the following 9 HIS quality measures will be included:

1. Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235)
2. Patients Treated with an Opioid who are Given a Bowel Regimen (NQF #1617)
3. Pain Screening (NQF #1634)
4. Pain Assessment (NQF #1637)
5. Dyspnea Screening (NQF #1639)
6. Dyspnea Treatment (NQF #1638)
7. Treatment Preferences (NQF #1641)
8. Beliefs/Values Addressed (if desired by the patient) (NQF #1647)
9. Hospice Visits when Death is Imminent – *NEW!*

Providers have 30-days to review their HIS and CAHPS® results (**May 30, 2019 through July 1, 2019**) prior to the **August 2019** Hospice Compare site refresh, during which this data will be publicly displayed.

Should a provider find denominator or other HIS quality metrics to be inaccurate or if there are errors within the results from the CAHPS® Survey data, a provider may request CMS review. To request a review, providers should refer to the process outlined on the Public Reporting: HIS Preview Reports and Requests for CMS Review of HIS Data webpage at [July 2019 HQRP Quarterly Update_07-09-2019.docx](#) and the Public Reporting: CAHPS® Preview Reports and Requests for CMS Review of CAHPS® Data webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-CAHPS-Preview-Reports-and-Requests-for-CMS-Review-of-CAHPS-Data.html>.

For more information on how to access these reports:

¹ Measure 1: Percentage of patients receiving at least one visit from registered nurses, physicians, nurse practitioners, or physician assistants in the last 3 days of life. As announced in April, CMS will not publish Hospice Visits when Death is Imminent Measure 2: Percentage of patients receiving at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses or hospice aides in the last 7 days of life, in summer 2019 to allow further testing to determine if changes to the measure or how it would be displayed on Hospice Compare are needed. Additional testing will help ensure the measure's accuracy and reliability as an indicator of provider quality. CMS will not post data for this measure, including each hospice's performance as well as the national rate, while conducting more testing. The decision not to publicly report the seven-day measure at this time has no impact on other Hospice Quality Reporting Program (HQRP) measures.

- HIS Preview Report Access Instructions at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Provider-Preview-Report-Access-Instructions.pdf>. If you have difficulty accessing your report after review of these instructions, please contact the Technical Help Desk E-mail: help@qtso.com. Phone: 1-877-201-4721 Hours: Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time.
- Hospice CAHPS® Provider Preview Reports Access Instructions at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-CAHPS®Provider-Preview-Report-Access-Instructions-Final-12-1-17.pdf>. Technical questions about the Hospice CAHPS® Survey should be directed to hospicecahpsurvey@HCQIS.org or call toll free at 1-844-472-4621.

Third Quarter of 2019

Upcoming Refresh: August 2019

- HIS quality measures will be updated to reflect patient stays discharged in Q4 2017- Q3 2018
- CAHPS® Hospice Survey data updated to reflect quarters Q4 2016 – Q3 2018

Section 4: Questions and Answers

Question 1: If a patient is admitted and dies before the initial nursing assessment, how do I complete the HIS?

Answer 1: Provided the patient meets the definition of “admission” that is presented on pages 1-5 and 1-6 of the HIS Manual, you submit HIS data for that patient, regardless of their length of stay. If the patient died prior to completing care processes outlined in the HIS, select “no” for the relevant care process HIS questions and follow skip patterns as indicated on the HIS. If the initial assessment is not able to be initiated, you enter a dash for Item # A0245.

Question 2: Some of our HIS records were never submitted. Should we still submit them?

Answer 2: Hospices should complete and submit all HIS records, even if the completion/submission is considered “late.” Hospices should also make corrections (modifications or inactivations) to all HIS records containing errors, including newly completed records (after an inactivation) that would result in a late submission. Please review the “Timeliness Compliance Threshold Fact Sheet” available on the HIS portion of the CMS HQR website as a download: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html> for details on how the annual payment update (APU) determinations are made. CMS will appropriately adjust for cases where hospices were granted extensions/exemptions, and instances of modification/inactivation requests so that these instances do not “count against” providers in the proposed compliance threshold calculation.

Question 3: The day before our patient's admission, the liaison talked to the patient about preferences. The nurse talked with the patient again on the day of admission. What is the correct date to use to indicate that the preferences conversation took place?

Answer 3: Items in Section F: Preferences, are intended to capture the process of eliciting patient preferences; they are intended to capture evidence of discussion and/or communication about patient preferences. These items are intended to reflect the FIRST discussion (or attempted discussion) about patient preferences. Guidance in the HIS manual is "Enter the date the hospice the hospice first discussed (or attempted to discuss) patient preference..." For NQF #1641 Treatment Preferences, in order to meet the quality measure, the patient needs to have been asked about preferences no more than 7 days prior to the admission or within 5 days of the admission date. It is possible that at the time of HIS completion, multiple discussion regarding preference will be documented in the clinical record; this HIS item should indicate the first dated discussion about preferences that appears in the clinical record.