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Information Regarding the Use of the NQF #0209 in the CMS Hospice Quality Reporting Program

FINAL REPORT

Prepared for

Robin Dowell, RN
Charles Padgett, RN
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Mail Stop S3-02-01
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by

Franziska Rokoske, P.T., M.S.
Sarah Selenich, M.P.P.
Shulamit Bernard, Ph.D.

RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

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Franziska Rokoske, P.T., M.S.
Sarah Selenich, M.P.P.
Shulamit Bernard, Ph.D.

Project Director: Shulamit Bernard, Ph.D.

Subject Matter Expert: Robin Dowell, R.N.

Federal Project Officer: Charles Padgett, R.N.

RTI International

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Purpose and Background

Section 3004 of the Patient Protection and Affordable Care Act (ACA) authorizes the Secretary to establish a quality reporting program for hospices. The ACA specifies that, for fiscal year 2014 and each subsequent fiscal year, hospice programs shall submit to the Secretary data on quality measures; in general, any measures specified by the Secretary must have been endorsed by the National Quality Forum (NQF). The Centers for Medicare & Medicaid Services (CMS) implemented the Hospice Quality Reporting Program (HQRP) in the FY 2012 Hospice Wage Index final rule (76 FR 47302-47352). At the time the rule was finalized (August 4, 2011), the NQF #0209 measure was one of only two NQF-endorsed quality measures for hospice.

This document presents findings from CMS's use of the NQF #0209 measure as part of the development of the HQRP, and provides data CMS considered prior to proposing to eliminate the requirement that hospices submit the NQF #0209 beyond the FY 2015 reporting cycle. We present information gathered by Research Triangle Institute (RTI) International from the Voluntary Reporting Period in Quarter 4, CY 2011, the Hospice Item Set pilot test in CY 2012, and data collection for the FY 2014 reporting cycle.

The NQF #0209 measures the percentage of patients who report being uncomfortable because of pain at the initial assessment who then report that pain was brought to a comfortable level within 48 hours. Patients are asked "Are you uncomfortable because of pain?" during the initial assessment. Patients who answer "yes" form the denominator of the measure, and are asked a subsequent follow-up question at 48-72 hours after the initial assessment. The follow-up question is: "Was your pain brought to a comfortable level within 48 hours of the start of hospice care?" Additional details about the NQF #0209 measure specifications including numerator and denominator details, and measure calculation, are available on the Measure Submission and Evaluation Worksheet at http://www.qualityforum.org/Home.aspx.

CMS obtained data from hospices regarding the NQF #0209 on three occasions:

1. Voluntary Reporting Period: During the Voluntary Reporting period (data submitted January 2012), hospices were able to submit information about the quality indicators (QIs) they use in their Quality Assessment and Performance Improvement (QAPI) programs between October 1 and December 31, 2011. Many hospices reported that they used the NQF #0209 measure, or variations on this measure. Data submitted by hospices were descriptive, and included hospices' specifications of "their" NQF #0209 measure (e.g. numerator, denominator, exclusions). *No patient-level data or actual performance score was submitted by hospices.*

2. Hospice Item Set Pilot Test: Nine hospices participated in the Hospice Item Set pilot test conducted by Research Triangle Institute (RTI) during the summer of 2012. *In this pilot test, hospices collected and submitted patient-level data elements needed to calculate the NQF #0209.*

3. FY 2014 HQRP Reporting: Hospices submitted data as part of the FY 2014 reporting requirements for the HQRP (data submitted by 4/1/13). The patient-level data collected was *aggregated to the CCN level by hospices,* and submitted in the same way that hospices would submit data to National Hospice and Palliative Care Organization (NHPCO), the measure developer and steward. *No patient level data was submitted by hospices.*

Findings

Voluntary Reporting Period

During the Voluntary Reporting Period, over 900 hospices submitted more than 6,700 Quality Indicators (QIs) to a web-based data collection system. The most frequently reported QIs represented patient safety and pain management. Among the pain management related QIs, a large proportion of hospices reported that they used the NQF #0209 measure, or variations on this measure. **In closely examining the QIs submitted by hospices, RTI found a large amount of variation in how hospices construct and describe this QI, even though NHPCO has standardized the specifications of this QI and it is endorsed by NQF.** Descriptions of the numerators, denominators, and other measure details submitted by hospices showed they had modified the NQF #0209 measure in the following ways:

- changed the denominator specification to exclude patients that were unable to report at follow-up
- changed the timeframe in which the follow-up question is asked (e.g. at 24 hours)
- changed the wording of the initial and/or follow-up question substituting “acceptable” or other wording for “comfortable”
- used the same question at the initial and follow-up time point rather than the specified separate two questions
- inferred “comfort” from numeric pain scale reports provided by patients (e.g if pain level reported was 4/10 or less, recorded patient as being “comfortable”)

The Hospice Item Set Pilot Test

Nine hospices with varying organizational characteristics participated in a pilot test of a standardized patient-level item set. The item set was used to collect the data elements that are needed to calculate the hospice quality measures endorsed by NQF in February 2012 as well NQF #0209. The pilot test was conducted to investigate feasibility and burden of collecting data at the patient level for quality reporting purposes.

Overview of Participating Hospices

Of the fifty-five hospices that applied to participate in the pilot test, RTI and CMS selected nine. Selection of the nine hospice providers was based on a selection matrix designed to obtain representation of a variety of characteristics (summarized in Table 1) including: geographic location, Average Daily Census (ADC), Average Length of Stay (ALOS), primary diagnoses, type of clinical record system, and profit status.

Table 1.
Characteristics of the Hospice Pilot Sites (n=9)

Hospice	State	ADC[1]	ALOS[2]	Profit Status	Clinical Record System	#DCF[3]
A	ND	3.5	28	Nonprofit	Paper, transitioning to EMR	20
B	WI	10	12	Nonprofit	EMR	35
C	NC	16	28	Nonprofit	EMR	29
D	LA	30	180	For profit	Paper	18
E	OH	100	87	For profit	Paper	40
F	AZ	118	156	For profit	Paper	40
G	FL	352	45	Nonprofit	EMR and some paper	40
H	NV	405	51	Nonprofit	EMR	40
J	NY	774	64	Nonprofit	EMR	40
Total	—	—	—	—	—	302

[1] The national average was 117.3 in 2010. Source: http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf
[2] The national average was 67.4 in 2010. Source: http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf
[3] DCF=data collection forms submitted by the hospice during the pilot test

Data about the NQF #0209 Measure

Section Summary:

In the pilot test, Section J (Items J0900-J0941) and Section V (V0100) of the item set contained the specific items needed to calculate the NQF #0209 measure. Figure 1 shows the data elements used to collect patient-level data for the measure.

Figure 1.
Pilot Test Data Collection: NQF #0209 Items

Section J: Health Conditions	
Pain: NQF #0209 Eligibility Requirements	
J0900. Is the patient at least 18 years old?	
Enter Code ☐	0. No → Skip to J0950, Type of pain screening tool used. 1. Yes
J0910. Is the patient able to understand the language of the person asking the question?	
Enter Code ☐	0. No → Skip to J0950, Type of pain screening tool used. 1. Yes
J0920. Is the patient able to self report discomfort?	
Enter Code ☐	0. No → Skip to J0950, Type of pain screening tool used. 1. Yes
Pain: NQF #0209 Initial Comfort Question	
J0930. What was the patient's response when asked if he/she was uncomfortable because of pain?	
Enter Code ☐	0. No 1. Yes
J0940. Date question "Are you uncomfortable because of pain?" was asked	
	☐☐ Month ☐☐ Day ☐☐☐☐ Year
J0941. Time of day question "Are you uncomfortable because of pain?" was asked	
	☐☐ Hour ☐☐ Minute ☐ AM ☐ PM
Note: if you code 'yes' for J0900, J0910, J0920, and J0930, complete item V0100, NQF #0209 Follow-up Comfort Question, at the end of this form.	

Section V: NQF #0209 Follow-up Comfort Question	
V0100. What was the patient's response when asked if his/her pain was brought to a comfortable level within 48 hours of the start of hospice care?	
Only complete V0100 if you coded "yes" for J0900, J0910, J0920, and J0930. If you coded "no" for any of these items, do not complete V0100.	
Enter Code ☐	0. No 1. Yes 2. Unable to self-report

Findings from analysis of quantitative and qualitative data:

1. **Discrepancies in data collection:** All nine hospices participating in the pilot indicated that they currently use the NQF #0209 measure for internal quality purposes and/or as part of their work with NHPCO's hospice quality initiative. However, only two were fully complying with measure specifications. Discrepancies in data collection indicated a lack of understanding about measure specifications. Discussions with pilot hospices about this issue revealed provider difficulty differentiating measure data collection requirements from their clinical care process.

   Issues with data collection at the patient level included:

   - Changed the timeframe in which the follow-up question is asked

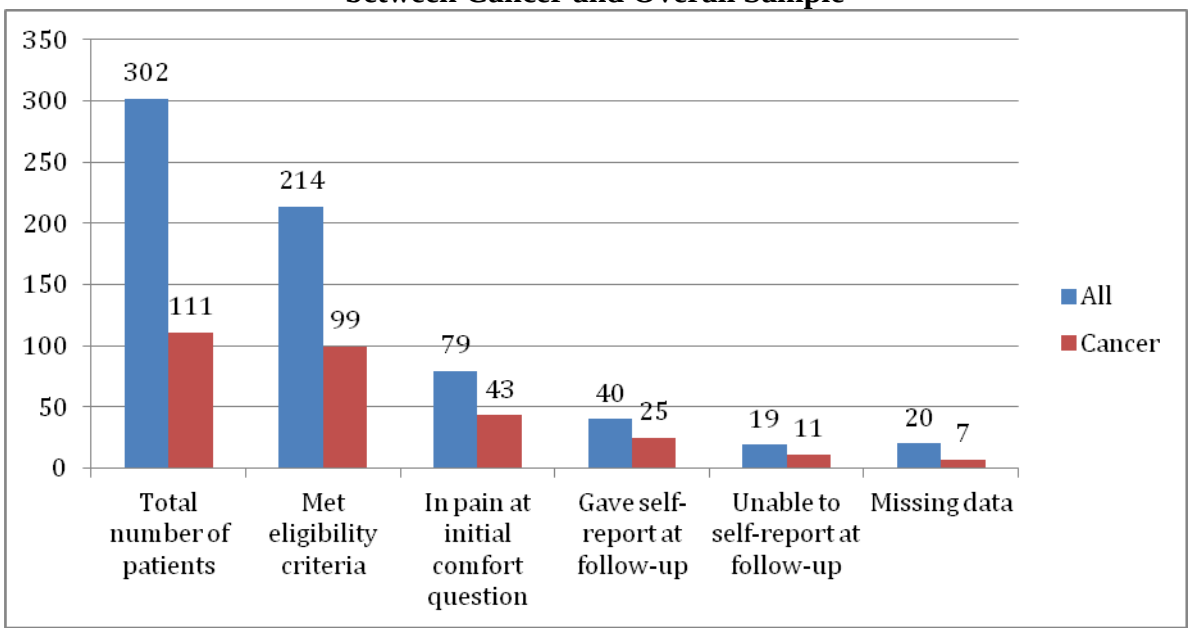
- Changed the wording of the initial and/or follow-up question substituting "acceptable" or other wording for "comfortable"

- Inferred "comfort" from numeric pain scale reports provided by patients (e.g if pain level reported was 4/10 or less, recorded patient as being "comfortable")

2. **Discrepancies in the crosswalk between hospice patient assessments and the data elements included in the Hospice Item Set.** RTI found that some hospices "infer" the answers to the NQF #0209 initial and/or follow-up question from objective pain screening results rather than by actually following the measure specifications and asking the patient the standardized NQF #0209 questions. Despite extensive training by NHPCO for hospices in their quality reporting initiative and RTI's pilot site training, hospices persisted in misinterpreting measure specifications and data collection requirements.

3. **Data analysis uncovered an unexpectedly high rate of patient exclusion from the NQF #0209 measure (Figure 2).** Figure 2 shows that even when starting with over 300 patients, the number of patients that are subsequently included in the measure numerator and denominator is relatively small. Of the 302 patients, 214 (70.9%) met the measure eligibility criteria. Of those patients eligible for the measure, 79 (36.9%) indicated "yes" to the initial comfort measure; these are the patients included in the denominator for the measure calculation. At the follow-up, of the patients in the denominator, who are eligible for follow-up, 40 (or 50.6% of the 79) were able to self-report; the patients who respond "yes" to the follow-up question form the measure numerator. The significant drop in sample size is a consistent trend for patients with cancer and non-cancer diagnoses. The main drivers of patient exclusion were the relatively few patients initially reporting discomfort due to pain, and patient inability at the initial data collection to self-report. RTI asked Pilot sites to speculate on reasons for the high number of patient exclusions. Pilot sites suggested the low number of patients reporting discomfort due to pain might be due to better pain management before admission to hospice and a shift in primary diagnoses of hospice patients toward more non-cancer. The high number of patients excluded from the measure would preclude hospices with smaller average daily census numbers from having a sufficient sample to create and report the measure.

Figure 2.
NQF #0209 Measure Sample Size for Each Element—Comparison between Cancer and Overall Sample



Input from the Technical Expert Panel:

CMS convened a Technical Expert Panel on September 28, 2012 to review the findings from the Hospice Item Set pilot test, and make recommendations. The TEP concluded that there are two central problems with the NQF #0209 measure as it is currently specified and endorsed: the large proportion of patients admitted to hospice that are ineligible for the measure and the lack of measure concordance with clinical workflow related to pain assessment and management.

TEP Discussion highlights

- High rates of patient exclusion result in a small denominator that may impact the usability of the measure, particularly for public reporting. TEP members expressed concern that the high rate of patient exclusion - whether due to ineligibility or due to patients not endorsing pain at initial assessment- results in a small denominator that may impact the measure stability and the ability to publicly report the measure for a large proportion of hospices. This issue cannot be addressed by training or standardizing data collection through approaches such as the Hospice Item Set. However, modifying the measure by broadening patient eligibility for the measure (e.g. including patient who are on pain medication at the time of admission, or who have a history of pain prior to admission) and/or changing the follow-up question wording and follow-up time point could potentially address these issues. Modifications to the measure would require testing, and future NQF submission for endorsement.

- The NQF #0209 measure does not easily correspond with the clinical process for pain management; hospices experience difficulties implementing this measure and modify the data collection for the measure to align with clinical processes.

FY 2014 HQRP Reporting

Hospices were required to submit two measures for the FY 2014 reporting: the structural measure, and the NQF #0209 measure. Data collection was from October 1-December 31, 2012, and data for the NQF #0209 was due on April 1, 2013. For the NQF #0209 measure, hospices collected data at the patient level but aggregated it to report seven data elements (DEs) at the CCN level. The DEs were as follows:

- DE1 - number of admissions in Q4 2012

- DE2 (measure denominator) - number of patients who indicated they were uncomfortable due to pain at the initial assessment (answered "yes" to initial comfort question)

- DE3 - number of patients who indicated they were NOT uncomfortable due to pain at the initial assessment (answered "no" to initial comfort question)

- DE4 - number of patients excluded from measure due to exclusion criteria (less than 18 years old, unable to self-report or unable to understand the language of the person asking the question

- DE5 (measure numerator) - number of patients who indicated their pain was brought to a comfortable level within 48 hours of start of hospice care (answered "yes" to follow-up comfort question)

- DE6 - number of patients who indicated their pain was NOT brought to a comfortable level within 48 hours of the start of hospice care (answered "no" to the follow-up comfort question)

- DE7 - number of patients who were unable to self-report at follow-up

Analyses of the data were designed to examine two primary concerns about the NQF #0209 measure which the Hospice Item Set pilot test previously highlighted: the impact of data errors, particularly errors affecting the numerator and denominator data elements, and the impact of measure specifications on the denominator and reportability of the quality measure (QM).

<u>Descriptive Data</u>

According to the QIES system, 3,790 Medicare-certified hospices were required to submit data for FY 2014; 3,469 hospices registered an account on the web-based data entry system. Of these, 3,435 (99.0%) entered data into the system and 3,427 (98.8%) submitted and attested to their NQF #0209 data. The average number of admissions (DE1) reported for Q4 2012 was 91.5 (S.D.=160.9, interquartile range 78.0). The median was 45.

Extent of Data Errors

One of the concerns about the NQF #0209 data collection, aggregation, and reporting by hospices is the impact of data errors on the QM. The NQF #0209 measure specifications and data collection are challenging for implementation at the clinical level, and also present difficulties for providers when they are retrieving and aggregating patient-level data. In an attempt to minimize data errors, the data submission system included warning messages and fatal error messages for critical data elements. Fatal error messages appeared if DE2 (QM denominator) and/or DE5 (QM numerator) were missing. Providers had to correct fatal errors before they could submit their data. Warning messages alerted the provider that they were entering numbers that likely were incorrect, but the provider was able to submit without correcting the numbers. Table 2 shows the error rates. 1,064 (31.1%) of hospices had one or more errors in their data elements. The majority of errors (1,432 or 96.3%) were due to providers having missing patient-level data that cannot be accounted for in the aggregated data elements. Records with these errors were retained in the analysis but likely have an impact on the validity of the data. 48 hospices (1.4%) had one or more errors that resulted in exclusion of their data from analysis. These errors included having blank DEs (missing data), and/or DE2+DE3+DE4>DE1 (the total number of patients who answered yes or no to the initial comfort question and who are not eligible to be asked the initial question exceeds the number of admissions) and/or DE5+DE6+DE7>DE2 (the total number of patients who answered yes or no to the follow-up question and who were unable to self-report at follow-up exceeds the number of patients who should be followed up). Therefore, the number of hospices whose data remained in the analysis was 3,379.

Table 2
Frequency and Type of Data Errors

Errors	Frequency	Percent
Hospices with one or more data errors	1,064	31.1
Hospices with one or more data errors resulting in exclusion	48	1.4
Any data elements left blank	1	0.0
de2 + de3 + de4 > de1 (number of admissions)*	12	0.4
de5 + de6 + de7 > de2 (QM denominator)*	42	1.2
Hospices with one or more other errors (missing data)	1,027	30.0
de2+de3+de4 < de1	642	18.7
de5+de6+de7 < de2	790	23.1

NOTES:

*n = 3,427

de2 + de3 + de4 > de1 indicates that the total number of patients who answered yes or no to the initial comfort question and who are not eligible to be asked the initial question exceeds the number of admissions.

de5 + de6 + de7 > de2 indicates that the total number of patients who answered yes or no to the follow-up question and who were unable to self-report at follow-up exceeds the number of patients who should have been followed up.

Furthermore, Help Desk inquiries submitted by hospices during the data collection and submission period also revealed widespread confusion about the seven data elements hospices must aggregate and report despite training efforts and resources available on the NHPCO and CMS HQRP websites.

Denominator Size

For a QM to be useful and stable for public reporting, the majority of hospices should have sufficient sample size to meet minimum requirements for public reporting (i.e., had at least 30 patients who qualified for the denominator of this measure) after applying measure exclusion criteria. Denominator size for the NQF #0209 measure is determined by DE2-the number of patients who indicated that they were uncomfortable due to pain at the initial assessment (answered "yes" to the initial comfort question). Therefore, the denominator is not all patients admitted to hospice during a particular data collection quarter; it is a subset of patients admitted. The Hospice Item Set pilot test conducted in the summer of 2012 showed that the denominator size may be a concern for this measure. Table 3 shows the distribution of hospices by DE2. 1,809 (53.5%) of hospices had 1-10 patients in Q4 2012 that were included in the measure denominator. These same hospices reported an average of 33.7 admissions during that same time period. This means that fewer than one-third of their patients admitted during Q4 were included in the denominator of the QM. The next highest frequency was for a denominator size of 11-20 patients; 622 or 18.4% of hospices were included in this category. On the other end of the spectrum, one extremely large hospice organization had a denominator size of more than 500 patients. They reported 4,755 admissions in Q4 2012.

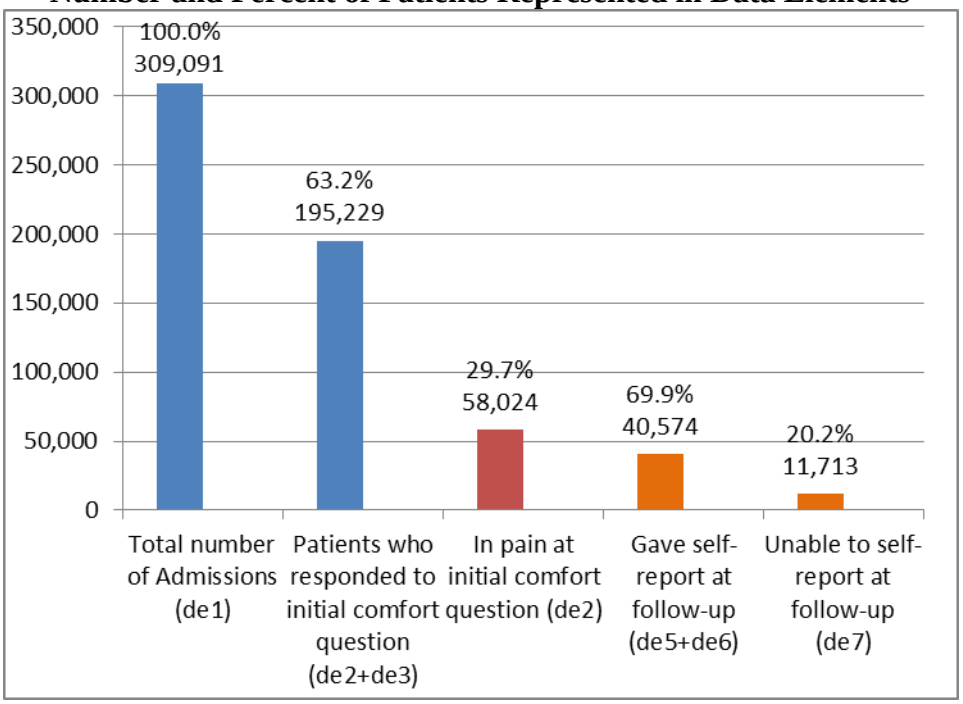
Table 3.
Distribution of Hospices by QM Denominator (Data Element 2)

Denominator Size	Frequency	Percent	Average Number of Admissions
0	173	5.12	10.5
1 - 10	1,809	53.54	33.7
11 - 20	622	18.41	78.09
21 - 30	305	9.03	129.8
31 - 40	150	4.44	166.4
41 - 50	86	2.55	228.4
51 - 100	164	4.85	347.0
101 - 500	69	2.04	752.3
501 - 1000	1	0.03	4,755.0
Total	3,379	100.00	91.5

Figure 3 shows the elimination of patients from calculation of the QM. The total number of admissions (DE1) for Q4 2012 was 309,091. Of these, 195,229 (63.2%) of patients responded to the initial comfort question; the remaining patients met exclusion criteria such as unable to self-report at the time of the initial assessment, or less than 18 years of age or were unaccounted for by the hospice/missing data. Of the patients asked the initial comfort question, 58,024 (29.7%) indicated that they were uncomfortable because of pain; these patients form the

denominator of the measure. **Seen as a percentage of the total number of patients admitted to hospice, the patients in the denominator would represent 58,024/309,091 or 18.8% of all patients admitted to hospice in Q4 2012.** Of the 58,024 patients that indicated discomfort because of pain at initial assessment, 40,574 (69.9%) were able to self-report the follow-up question asked 48-72 hours after the initial question; 33,873 patients reported that their pain was brought to a comfortable level within 48 hours; these patients make up the numerator of the QM. **Since both DE2 and DE5 are required to calculate the QM, the calculation of the QM is limited by the numerator size as well. Seen as a percentage of the total, the patients in the denominator AND numerator (e.g.; used to calculate the QM) would represent 33,873 (11.0%) patients out of 309,091 admitted in Q4 2012;** 11,713 (20.2%) patients were unable to report at follow-up due to deterioration in their condition or discharge from hospice. **The findings from FY 2014 data confirmed those of the Hospice Item Set pilot test.**

Figure 3.
Number and Percent of Patients Represented in Data Elements



QM Calculation

The NQF #0209 is calculated as follows: DE5/DE2 x 100. 173 (5.1%) hospices submitted a value of 0 for the measure denominator (DE2); these hospices were eliminated from calculating the QM. Therefore the QM calculation includes 3,206 hospices. The mean QM score was 64.5% (S.D.= 28.7), indicating that on average nearly two-thirds of patients who were admitted with discomfort because of pain report that their pain was brought to a comfortable level within 48 hours of the start of hospice care. 21.2% of hospices had a "perfect score"; all of their patients that reported being uncomfortable because of pain on initial assessment reported that their pain was brought to a comfortable level within 48 hours. Table 5 shows the distribution of hospices across the QM scores. The majority of hospices scored >60% on the QM, with roughly one-third scoring >80%. Table 5 also shows the average denominator size for each QM score category.

Table 5.
Distribution of Hospices across QM Scores

QM Score	Frequency	Percent	Average Denominator Size
0 to 20%	300	9.36	10.3
>20 to 40%	334	10.42	20.5
>40 to 60%	639	19.93	33.2
>60 to 80%	898	28.01	19.8
>80 to 100%	1,035	32.28	8.8
Total	3,206	100.00	17.2

One of the criticisms from the hospice industry about the NQF #0209 measure is that patients who become unable to report at the follow-up period are retained in the measure denominator and included in the QM calculation. Figure 3 shows that 20.2% of patients were unable to report at follow-up. Table 6, illustrates what the impact would be on the QM score if these patients were removed from the denominator, and therefore the QM calculation. Hospices with the lowest QM score benefit the most from removing these patients from the QM score calculation, improving their QM score by 18.1 percentage points.

Table 6.
Adjusted QM Scores after Removing Patients Unable to Report at Follow-up

	QM Score de5/de2*100	Adjusted QM Score de5/(de2-de7)*100	Difference
All	64.52	76.47	11.9
Hospices with QM score within 0 - 25 percentile (indicating poor quality)	30.31	48.42	18.1
Hospices with QM score within 26- 50 percentile	60.70	77.29	16.6
Hospices with QM score within 51- 75 percentile	77.91	87.80	9.9
Hospices with QM score within 76-100 percentile (indicating best quality)	99.03	99.38	0.3

Summary

In summary, CMS considered multiple sources of information to support the proposal to drop the HQRP requirement that hospices report the NQF #0209 measure after FY 2015. The Voluntary Reporting Period showed that there is widespread modification of the NQF #0209 measure specifications by individual hospices, potentially indicating the challenges of implementing the NQF #0209 as it is specified. The Help Desk inquiries also show widespread confusion about the seven required data elements, and that hospices vary enormously in how they collect, aggregate, and report the data elements needed to calculate the measure. The pilot test attempted to standardize how data is collected at the patient level, and eliminate some of the modifications that hospices may make when they aggregate their own data. However, analysis of the pilot test data showed that large numbers of patients are excluded from the measure, and that hospices struggle with collecting the data at the patient level in the standardized way because the data collection doesn't easily converge with hospice clinical practices related to pain management. TEP members who reviewed the pilot test data and findings thought that the measure is unworkable due to its lack of convergence with the clinical care processes and because high rates of patient exclusion from the measure create validity problems and limit the measure's potential use as part of the HQRP. Even with a standardized patient level item set and data collection processes during the pilot test, the data showed high levels of unavoidable patient exclusions due to patient failure to meet the eligibility requirements and patients not endorsing that they have pain when they are asked the initial comfort question.

The findings from FY 2014 data confirmed those of the Hospice Item Set pilot test. Data errors affected approximately one-third of all hospices' data submissions. However, the aggregated data does not reveal the exact nature of these errors or the impact they may have on the validity of the measure. Data analysis also shows that, overall, only a very small percentage of patients admitted to each hospice would be represented by this quality measure. The high number of patients excluded from the measure would preclude hospices with a small average daily census from facility-level QM reporting. In addition, the NQF #0209 measure denominator specifications only include patients who answered "yes" to the initial comfort question. As a result, patients that are not uncomfortable at the time of the start of hospice care, but who develop pain later are not captured by this measure.

As a result of the findings from all the data sources CMS has considered, CMS has now finalized the decision to stop requiring the NQF #0209 measure as part of the Hospice Quality Reporting Program.