Hospice

Quality Reporting Program Provider Training

The HQRP – Understanding the Composite Quality Measure

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June 2, 2021

Today's Agenda

June 2

Background of the Hospice Quality Reporting Program (HQRP) and Quality Measurement.

What is a Composite Measure?

The Hospice Item Set (HIS)-Based Composite Measure.

Calculation of the HIS Composite Measure.

Using Reports to Monitor Composite Measure Results.

Summary, Resources, and Q&A.

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Today's Presenters

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Acronyms in This Presentation

- CAHPS® – Consumer Assessment of Healthcare Providers and Systems
- CASPER – Certification and Survey Provider Enhanced Reports
- CMS – Centers for Medicare & Medicaid Services
- GPA – Grade Point Average
- HIS – Hospice Item Set
- HQRP – Hospice Quality Reporting Program

- HVLDL – Hospice Visits in the Last Days of Life
- HVWDII – Hospice Visits When Death Is Imminent
- NQF – National Quality Forum
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- SSA – Social Security Act

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Objectives

- Describe Hospice Quality Reporting Program (HQRP) Quality Measures (QMs).
- Differentiate between an individual measure and a composite measure.
- Describe the current HIS composite measure:
  - National Quality Forum (NQF) #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission.
- Explain how composite measure scores are calculated using data from individual measures.
- List two resources for understanding HQRP quality measurement.

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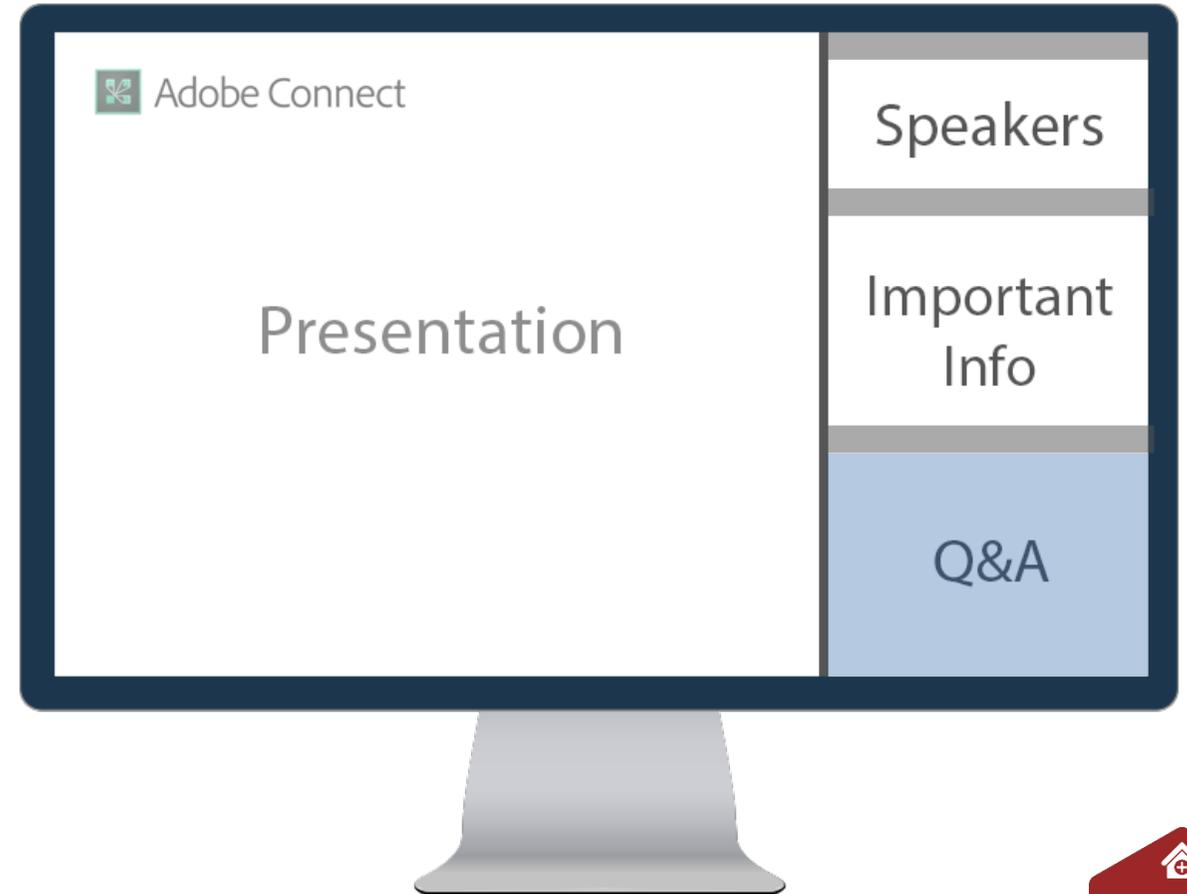
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- There are links for downloading the presentation slides and for viewing live closed captioning in a browser.
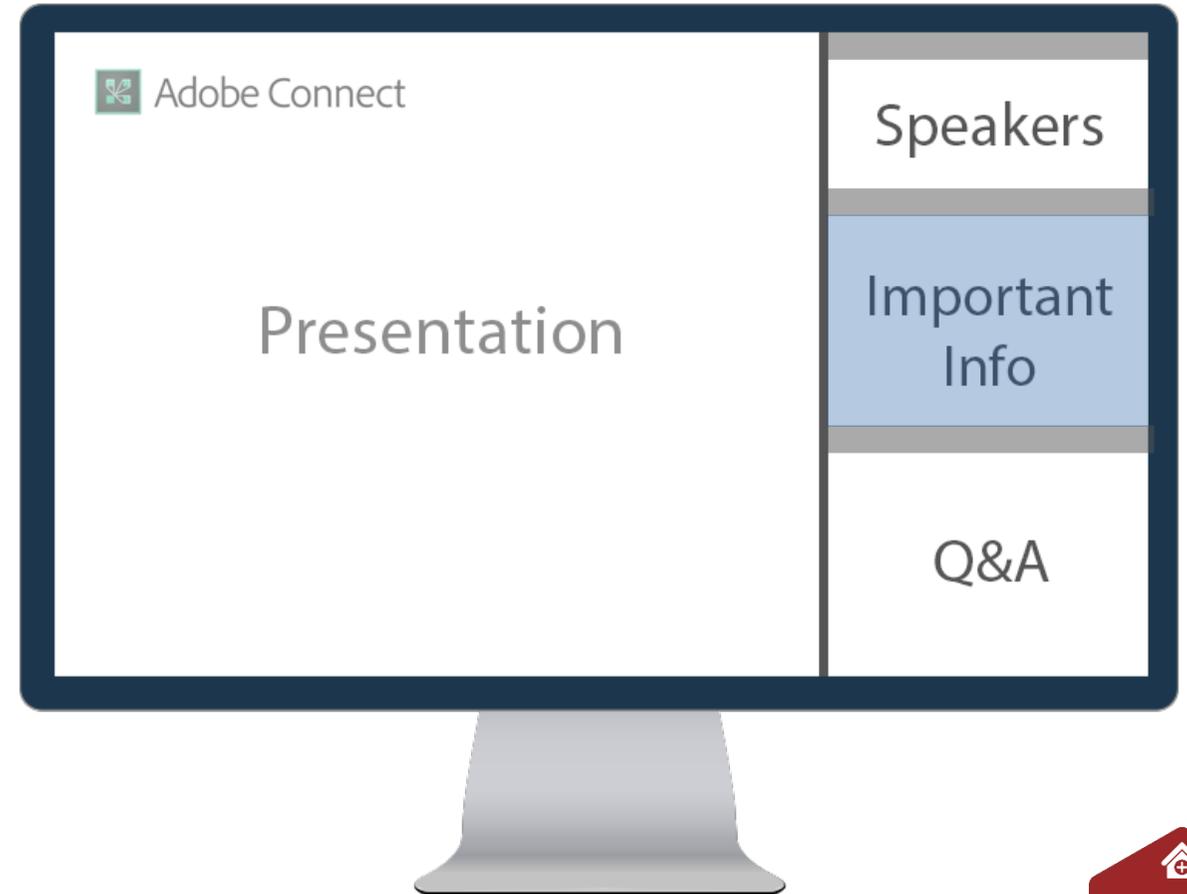
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  - You will have some time to respond to each question.
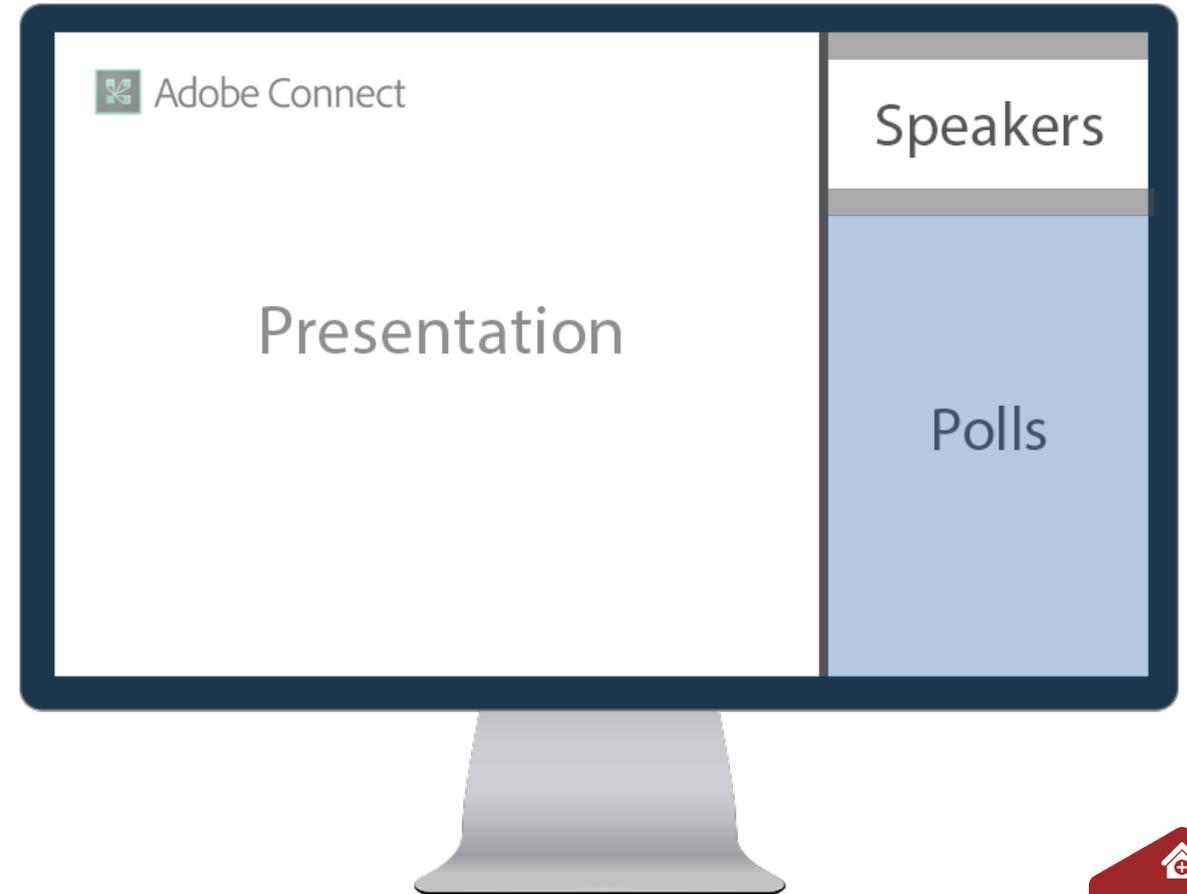
Who is considered the founder of the first modern hospice?

A. Florence Wald.

B. Mother Teresa.

C. Dame Cicely Saunders.

D. George Washington.

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Background of the HQRP and Quality Measurement

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What Is the HQRP?

- The Hospice Quality Reporting Program (HQRP) was established under section 1814(i)(5) of the Social Security Act (SSA).

- The SSA established quality reporting requirements for hospice programs.

- It also required publicly reporting of quality measures (QMs) that relate to the care provided by hospice programs across the country.

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Background

- Hospices started data collection via the Hospice Item Set (HIS) in July 2014.

- HIS, and then Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data, were used to create QMs.

- By August 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Hospice Compare website to:

  - Report QMs (display of the original seven HIS measures and the eight CAHPS® measures were added in February 2018).

  - Help consumers compare the performance of hospice providers and assist in making care choices that are right for them.

- Hospice Compare was retired on December 1, 2020, and replaced by Care Compare at https://www.medicare.gov/care-compare/.

HQRP Requirements

- Currently, there are only two requirements for hospices for the HQRP:
  - HIS data collection and submission.
  - CAHPS® Hospice Survey submission.
- All Medicare-certified hospice providers must comply with these two reporting requirements for all patients, regardless of payer.
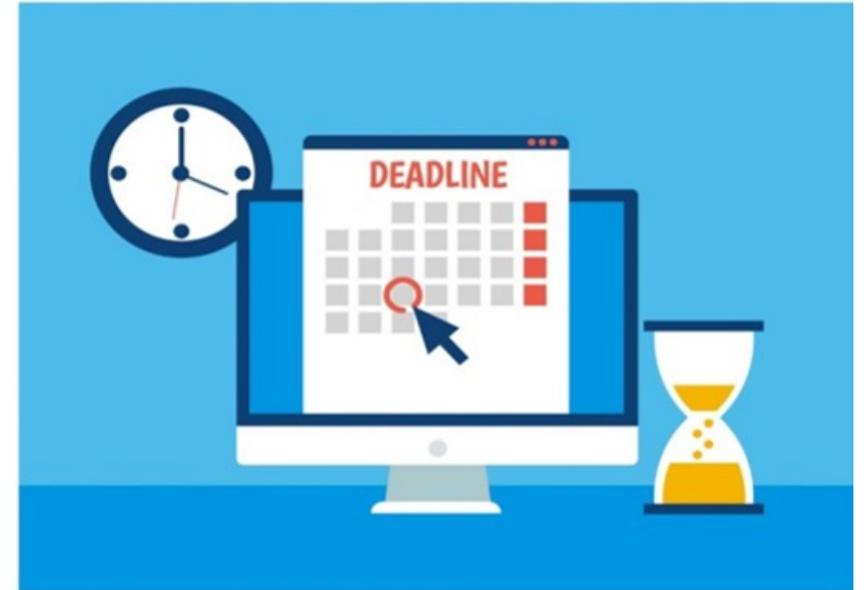
The Future HQRP

- In time, the *new HQRP* will include Administrative Measures like claims-based measures.
- Why?
    - Claims-based data are readily accessible.
    - The use of claims data minimizes provider burden. For example, using claims data, we removed the need for data collection of Section O through clinician assessment.
    - Visit data submitted through claims means that hospices will be 100 percent compliant with submission of this information.

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Integrating HOPE into the HQRP

**Hospice Outcomes & Patient Evaluation (HOPE).**

- HOPE is a real-time patient assessment instrument currently being tested.

- CMS's goal for HOPE is to be more comprehensive by capturing patient and family care needs in real-time and throughout the hospice stay.

- HOPE will incorporate data from the HIS.

- HOPE, through future rulemaking, is expected to become the one tool for the hospice industry.

HOPE (including HIS)

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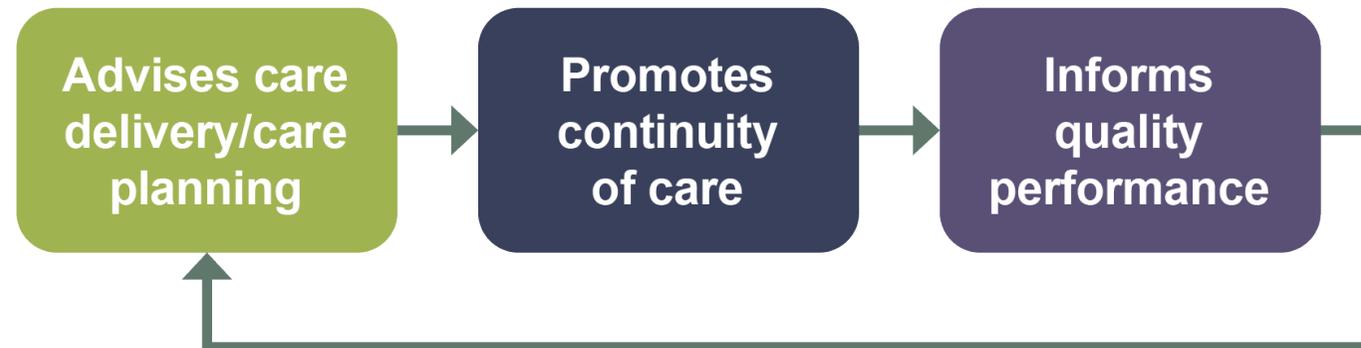# The HQRP: Integrating HOPE and Administrative Data (Claims)

- The HQRP once finalized through future rulemaking, will combine administrative data (e.g., claims), HOPE, and CAHPS®.

- Data for measures associated with Section O will be obtained from claims data.

Administrative Data (e.g., claims) **+** HOPE (Including HIS) **+** CAHPS® **=** HQRP
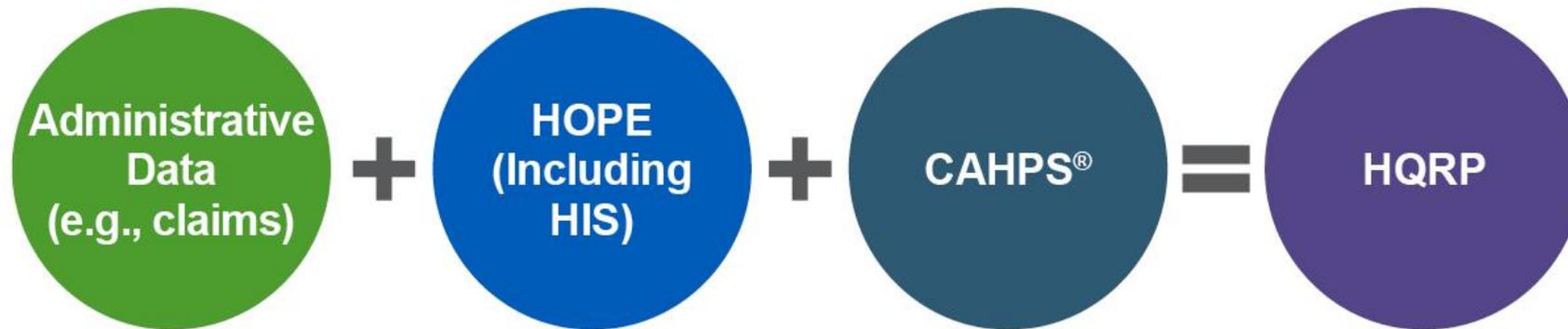
- For questions about HOPE, please email HospiceAssessment@cms.hhs.gov.

Definitions: QMs

- **Quality Measures (QMs):** Tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care.

- **QM Goals:** Include effective, safe, efficient, patient-centered, equitable, and timely care.

| Advises care delivery/care planning | → | Promotes continuity of care | → | Informs quality performance |

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Definitions: QMs (cont. 1)

- **Measure:** A measure is made up of several components with a title and description of what it is. It also must also have a numerator, denominator, and denominator exclusions.

  - **Outcome Measure:** A measure that assesses the results of healthcare experienced by patients.

  - **Process Measure:** A measure that evaluates the rate of use of specific evidence-based processes of care. They focus on high-risk, high-volume, problem-prone areas for healthcare. Process measures quantify provider actions such as timeliness of care, care planning, or clinical interventions.

- To learn more about measures, visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/NTM-What-is-a-Quality-Measure-SubPage.

HIS-Based QMs

- Data collection for the original seven HIS-based QMs began with patient admissions after July 1, 2014. Measure calculation for the Hospice and Palliative Care Composite Process Measure (NQF #3235) began April 1, 2017.

NQF Number	Measure Name
#1641	Hospice and Palliative Care—Treatment Preferences
#1647	Beliefs/Values Addressed (if desired by the patient)
#1634	Hospice and Palliative Care—Pain Screening
#1637	Hospice and Palliative Care—Pain Assessment
#1639	Hospice and Palliative Care—Dyspnea Screening
#1638	Hospice and Palliative Care—Dyspnea Treatment
#1617	Patients Treated with an Opioid Who Are Given a Bowel Regimen
#3235	Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission

CAHPS® Hospice Survey QMs

- The following CAHPS® Hospice Survey QMs were first displayed on Hospice Compare in 2018:

CAHPS® Measure Name
Communication with the family
Getting timely help
Treating the patient with respect
Emotional and spiritual support
Help for pain and symptoms
Training the family to care for the patient
Rating this hospice
Willingness to recommend this hospice

Future HQRP Claims-Based Measure

NEW

- Hospice Visits in the Last Days of Life (HVLDL) is a re-specified claims-based version of the Hospice Visits When Death Is Imminent (HVWDII) measure pair.

- Hospices no longer need to collect HIS data from Section O originally associated with the HVWDII measures.

- In time, CMS will rely solely on existing administrative data (claims) for the calculation of this measure.

- The use of Medicare claims data minimizes provider burden by removing the need for data collection through clinician assessment.

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Record Selection to Calculate QMs

- **Target Period:** The span of time that defines the QM reporting period (e.g., a calendar quarter).

- **Target Date:** The target date for a record is defined as follows:
  - For an admission record, the target date is equal to the admission date (A0220). This is the admission target date.
  - For a discharge record, the target date is equal to the discharge date (A0270). This is the discharge target date.

- **Patient Stay:** The period of time between a patient's admission to a hospice and either (a) a discharge or (b) the end of the target period, whichever comes first. A patient can have multiple stays assigned to a target period.

Record Selection to Calculate QMs (cont.)

Data Selection Period:

- The span of time that determines which data are used to calculate the QM for a target period. Each target period is associated with a data selection period (e.g., a calendar year, with data updated quarterly).

- Records with the target date within the data selection period are assigned to a target period for reporting. The data selection period is not necessarily the same as the target period.

  - Example: A target period can be a calendar quarter while the data selection period can be a year.

Public Reporting on Care Compare

- Care Compare is a streamlined redesign of the original eight CMS healthcare compare tools.
  - Like with the original Hospice Compare tool, consumers can select and compare multiple facilities based on their QM information.
  - CMS publicly reports these QMs so that consumers can compare providers in their service area and assist them in selecting a hospice.
  - To access the Care Compare website, please visit https://www.medicare.gov/care-compare/.

Public Reporting on Care Compare (cont.)

- CMS uses the HIS and CAHPS® Hospice Survey data to calculate a hospice's performance on QMs.
    - In time, CMS will add administrative data (claims).
    - Each hospice program can review the data before it is made public.
- Hospice QMs currently include process measures and will in time include outcome measures, as well as other measures.
- Hospices with fewer than 20 patient stays will not have their QM scores publicly displayed, because a score with such a small denominator may not be reliable.
- Care Compare also includes additional data about hospices, such as the types of conditions treated and the location of care.

Care Compare

Q₃ How do publicly reported QMs help consumers?

A. Find out who is currently on hospice.

B. Locate the names of the hospice nurses.

C. Help consumers compare providers in their service area and assist them in selecting a hospice.

D. A, B, and C are correct.

What Is a Composite Measure?

Definition of Composite Measure

- **Composite Measure:** A measure that contains two or more individual measures resulting in a single score.

- Composite measures can include a combination of any number of individual quality measures.

- These can include one or more process measures and/or one or more outcome measures.
  - Ideally these should reflect some common underlying construct, such as the *quality of hospice care.*

1 Measure   1 Measure

= 1 Score

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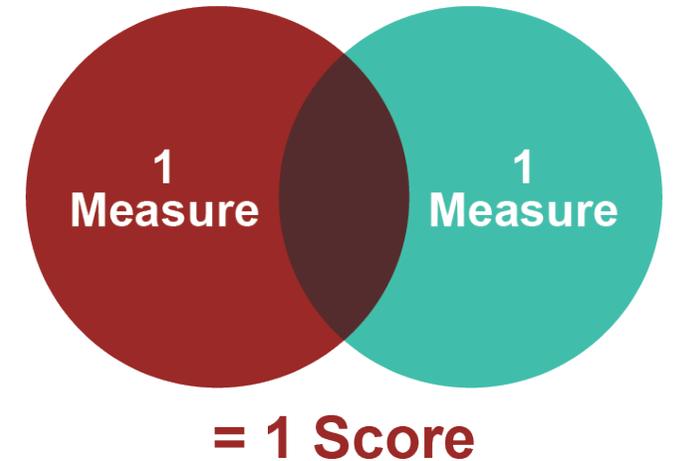
Measure Components

- **Numerator:** The measure focus describes the target process, condition, event, or outcome expected for the targeted population.

- **Denominator:** Defines the population being measured—it could be the whole population or a subset.

- **Denominator Exclusion:** Identifies members of the population who should be removed from the measure population, and hence the denominator, before determining if numerator criteria are met.

A Basic Composite Measure Example

GPA: Example of a Composite Measure

- Four students are in the same track.

- Each student is taking the same five classes.

- The criteria for ongoing financial aid is:

  - **Maintain a grade of C or better in all classes.**

  - **Complete all five (5) classes for the semester.**

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The Grade Point Average (GPA) Scale

Grade	GPA
A	4.0
B	3.0
C	2.0
D	1.0
F	0.0

Individual Components of the GPA

Classes	Amy	Michael	Stella	Kate
Marketing	A	B	C	A
Economics	A	B	B	A
Research 101	B	B	C	**Withdrawn**
Writing	A	A	B	B
Public Speaking	A	B	C	A
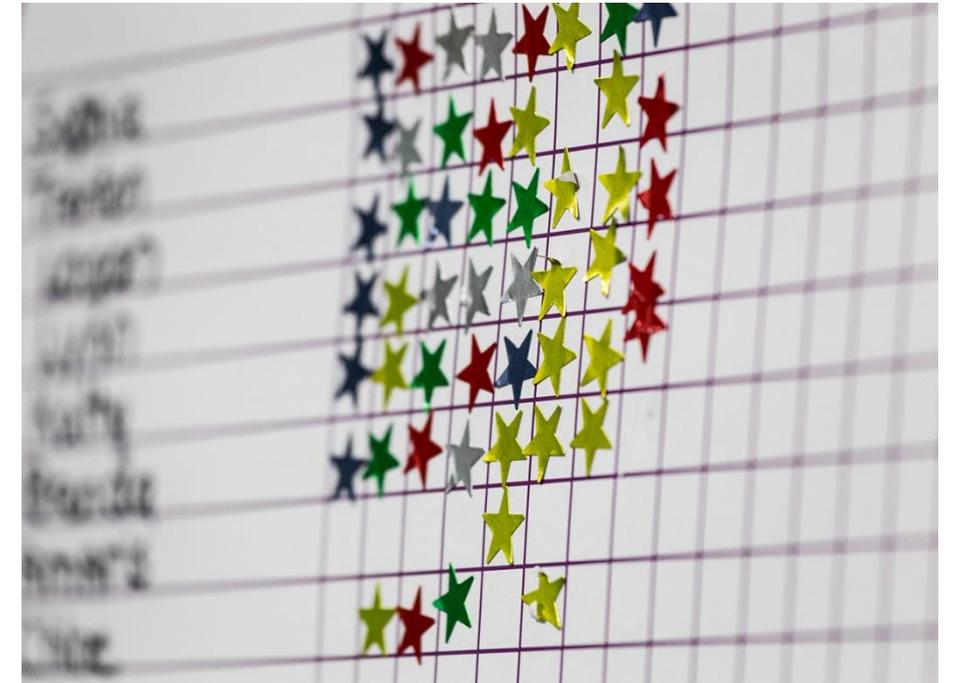
Grade Point Totals

Students	Amy	Michael	Stella	Kate
Classes Taken				
Marketing	4.0	3.0	2.0	4.0
Economics	4.0	3.0	3.0	4.0
Research 101	3.0	3.0	2.0	**Withdrawn**
Writing	4.0	4.0	3.0	3.0
Public Speaking	4.0	3.0	2.0	4.0
Total Class Scores	**19**	**16**	**12**	**15**

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Calculation of the GPA

Numerator = **Total sum of the individual class scores in which the student meets the criteria for the individual grade (obtains a C or better).**

Denominator = **The number of classes completed for each student.**
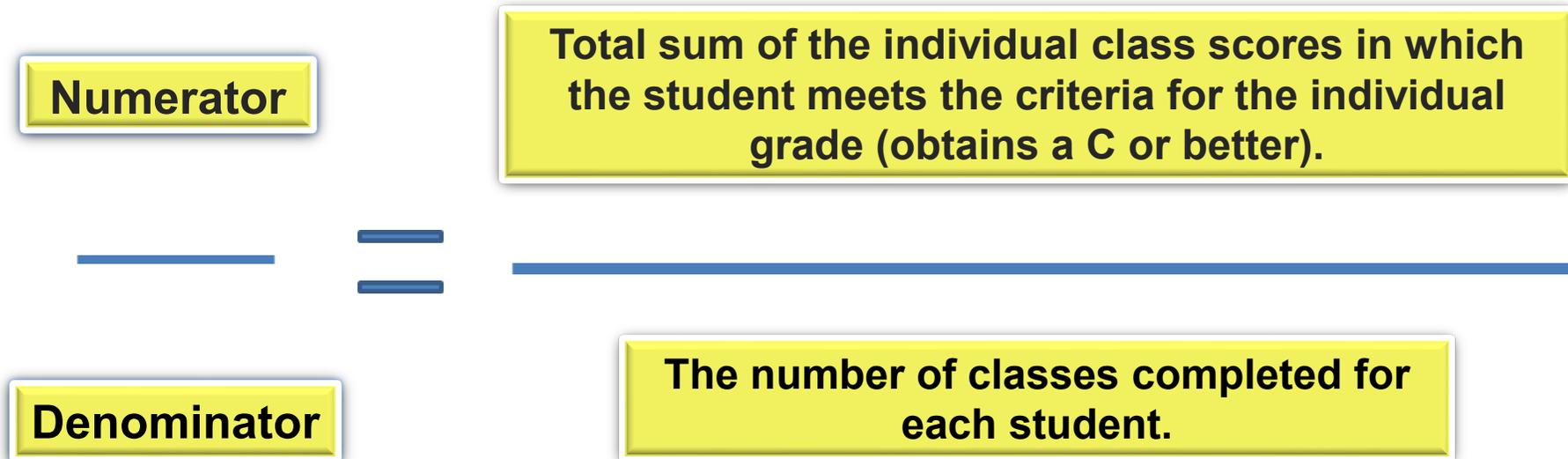
Reported GPA for the Students

Classes Taken	Amy	Michael	Stella	Kate
Marketing	4.0	3.0	2.0	4.0
Economics	4.0	3.0	3.0	4.0
Research 101	3.0	3.0	2.0	**Withdrawn**
Writing	4.0	4.0	3.0	3.0
Public Speaking	4.0	3.0	2.0	4.0
Total Scores	19	16	12	15
GPA	3.8	3.2	2.4	3.75

- Three students met the criteria:
  - Completing all five (5) classes.
  - Final grade of a C or better.
- One student (Kate) did not meet the criteria of completing all five classes.

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Student GPA Comparisons

- The semester GPA for the three students who met the QM criteria.
- One student was excluded as she did not meet the inclusion criteria.

	Amy	Michael	Stella	*Kate
GPA for students that completed all 5 classes with a grade of C or better	3.8	3.2	2.4	---

*Kate withdrew from the research class, so she did not meet the five-class criteria to be included in the measure.

Students Who Qualify for Financial Aid

- The grades represent individual measures.
- This GPA is a simple average-based composite measure of the individual measures.
- The GPA captures the semester grades for students into **one single score**.
- Only three of the four students met the criteria to qualify for ongoing financial aid, since one student did not complete all five (5) classes.

The HIS-Based Composite Measure

Comprehensive Assessment at Admission (NQF#3235)

- *Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission.*
  - CMS finalized this composite QM in the fiscal year (FY) 2017 Final Rule.
  - Patient admissions occurring on or after April 1, 2017, are included in the measure calculation.
- This composite is a process measure that uses the seven individual NQF-endorsed measures as its component measures.
- The Hospice Comprehensive Assessment Measure was first publicly reported in the fall of 2018.

What Does the Composite Measure Assess?

- The Comprehensive Assessment at Admission measure assesses *the percentage of hospice patients who received care processes consistent with guidelines.*

  - 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.

  - The measure is calculated using data from the existing HIS-Admission items.

  - This is an **"all or none"** composite measure.

Care Processes Captured by the Composite Measure

Section of the HIS	Corresponding QMs
F: Preferences	• Treatment Preferences (NQF #1641). • Beliefs/Values Addressed (if desired by patient) (NQF #1647).
J: Health Conditions	• Pain Screening (NQF #1634). • Pain Assessment (NQF #1637). • Dyspnea Screening (NQF #1639). • Dyspnea Treatment (NQF #1638).
N: Medications	• Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF #1617).

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Care Compare: View of HIS QM- #3235

- NQF #3235: Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission.

	Hospice A	Hospice B	Hospice C
Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements Higher percentages are better National average: 88.7%	56.7%	97.6%	93.4%

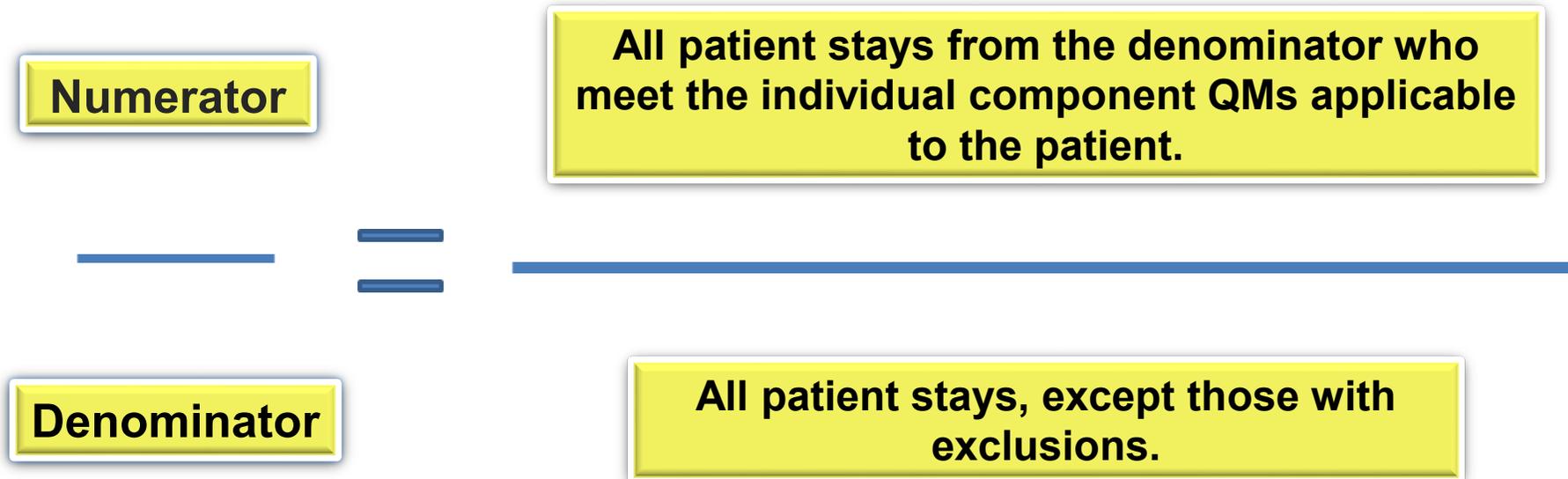# Calculation of the NQF #3235: HIS Composite Measure

The Individual Components of the NQF #3235 Composite Measure

Measure Number	NQF Number	Measure Name
1	#1641	Hospice and Palliative Care—Treatment Preferences
2	#1647	Beliefs/Values Addressed (if desired by the patient)
3	#1634	Hospice and Palliative Care—Pain Screening
4	#1637	Hospice and Palliative Care—Pain Assessment
5	#1639	Hospice and Palliative Care—Dyspnea Screening
6	#1638	Hospice and Palliative Care—Dyspnea Treatment
7	#1617	Patients Treated with an Opioid Who Are Given a Bowel Regimen

Conditional Measures Impacting Calculation

- Some patients may not qualify for the conditional measures NQF #1637 Pain Assessment or NQF #1638 Dyspnea Treatment.
  - Example: If screening indicates no dyspnea (J2030), the patient is not eligible for dyspnea treatment (J2040).
- These patients will be eligible for the numerator as if hospices completed the care processes of the conditional measures.
  - That is, the hospice would be given "credit" for completing the comprehensive respiratory assessment.

Calculation of the NQF #3235: Comprehensive Assessment at Admission Composite Measure

Numerator

All patient stays from the denominator who meet the individual component QMs applicable to the patient.

$$=$$

Denominator

All patient stays, except those with exclusions.

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Measure Exclusions and Adjustment

- Denominator Exclusions:
  - Discharged stays missing the admission record and active stays.
  - Under 18 years of age as indicated by the birth date (A0900) and admission date (A0220).

- Risk Adjustment:
  - This measure is not risk-adjusted or stratified.

Sample Calculation: Composite Measure NQF #3235

- Hospice C has seven (7) patients.
- For most of the patients, all seven (7) care processes were completed. However:
  - One patient was not asked about treatment preferences or beliefs and values.
  - Another patient was not assessed for pain after screening positive.
- Therefore, only 5 of the 7 patients triggered the Hospice Comprehensive Assessment measure.

Sample Calculation: Composite Measure NQF #3235 (cont.)

Measure Names (NQF ID)	Numerator	Denominator	Hospice Observed Percent
Treatment Preferences (NQF #1641)	6	7	85%
Beliefs/Values Addressed (NQF #1647)	6	7	85%
Pain Screening (NQF #1634)	7	7	100%
Pain Assessment (NQF #1637)	5	6	83%
Dyspnea Screening (NQF #1639)	7	7	100%
Dyspnea Treatment (NQF #1638)	5	5	100%
Patients Treated with an Opioid Who Are Given a Bowel Regimen (NQF #1617)	6	6	100%
NQF #3235: Patients who received an assessment of all 7 HIS QMs at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements.	5	7	71.4%

Sample Hospices: Reported Scores for Individual QMs

Individual HIS QMs	Hospice A	Hospice B	Hospice C
Treatment Preferences	100%	100%	**85%**
Beliefs/Values Addressed	99.3%	99.8%	**85%**
Pain Screening	100%	99.9%	100%
Pain Assessment	90.9%	99.9%	**83%**
Dyspnea Screening	99.8%	100%	100%
Dyspnea Treatment	95.9%	99.8%	100%
Patients Treated with an Opioid Who Are Given a Bowel Regimen	98.9%	100%	100%
NQF #3235: Patients who received an assessment of all 7 HIS QMs at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements	**94%**	**99.6%**	**71.4%**

Value to Consumers and Providers

- The NQF #3235 measure provides consumers and providers with:
  - A single measure regarding the overall quality and completeness of assessment of patient needs at hospice admission.
  - A measure that can be used to meaningfully and easily compare quality across hospice providers.
  - A measure that sets a higher standard of care for hospices than the 7 individual HIS measures and better reflects what the Hospice Conditions of Participation (CoPs) expect.

A. The percentage of hospice patients who were admitted to the hospice with dementia.

B. Care processes including screening for pain, dyspnea and asking about treatment preferences.

C. Whether the social worker and chaplain visited the patient within the first 5 days after a hospice admission.

Q4 What does the Comprehensive Assessment at Admission measure? (cont.)

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Summary: Composite Measures

- Composite measures can address several areas or quality indicators simultaneously.

- Unlike a single concept measure, composite measures combine several indicators into one single score.

- Although each individual measure will still have its own numerator, denominator, and resulting score, the criteria for the composite will determine whether the individual score will be included in the final composite calculation.

- The composite score can be:
  - A percentage, as in the Comprehensive Assessment at Admission NQF#3235.
  - A single number as in the GPA score.

- A single score is more readily understood and easy to compare.

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The HQRP QM User's Manual

- The HQRP QM User's Manual is the resource for HIS QMs.
- Consult the manual for more details and definitions.

> Note: The HQRP QM User's Manual is available in the Downloads section of the HQRP Current Measures web page at:
>
> https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.

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Using Reports to Monitor Composite Measure Results

HQRP QM Reports

- There are many valuable reports available to hospices.

- These reports can be used to interpret QM results, investigate issues, and assist with performance improvement efforts.

- Providers can access these reports by selecting the Certification and Survey Provider Enhanced Reports (CASPER) Reporting link on the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers web page.

HQRP QM Reports (cont. 1)

- The hospice-specific reports reviewed in this presentation are located in the Hospice Quality Reporting Program report category.

- The CASPER Reporting User's Guide For Hospice Providers is available at https://qtso.cms.gov/providers/hospice-providers/reference-manuals.

- Chapter 3 of the guide outlines all reports available in the Hospice Provider report category.

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Hospice Quality Reporting

QM Reports → Provider Preview Reports → Compare

Confidential Reporting

Public Reporting

Final Validation Reports (FVRs)

Hospice Timeliness Compliance Threshold Reports

Compliance
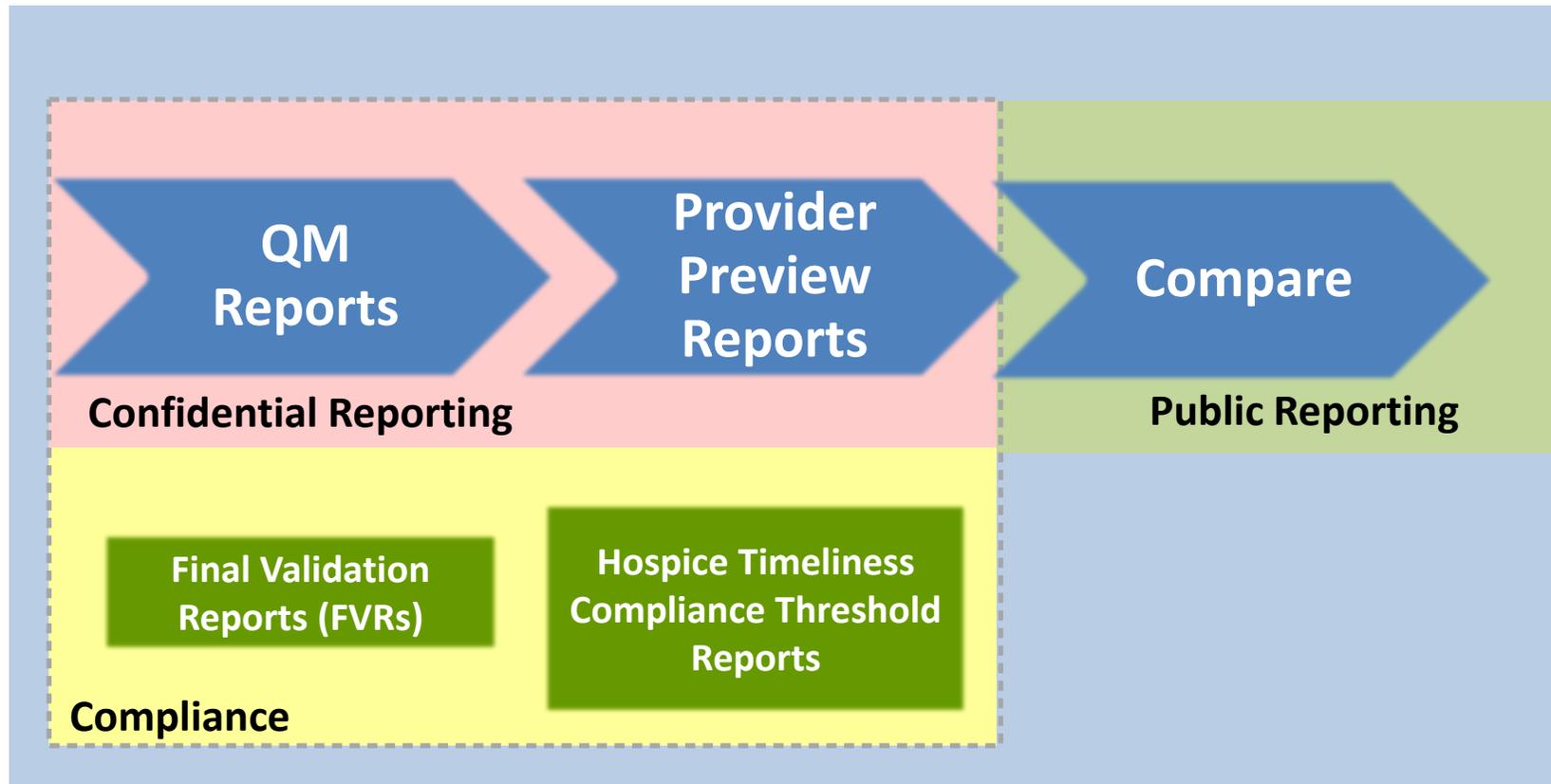
Overview of Reports for Hospice Public Reporting

Report Title	Always Includes a Full Year of Data	Includes Patient Stay-Level Data	Includes Hospice-Level Data	Affected by Data Correction Deadlines	Underlying Data Can Be Changed	Run On-Demand
CASPER QM Reports	No*	Yes	Yes	No	Yes	Yes
Review and Correct Reports	Yes	Yes	Yes	Yes	**	**Yes**
HIS Provider Preview Reports	Yes	No	Yes	Yes	No	No

* The report may include a full year of data if requested by the provider.

** If the data correction period is "open," provider corrections to HIS records will appear in a future release of the Review and Correct Reports. If the data correction period is "closed," provider corrections to HIS records will NOT appear in a future release.

HQRP QM Reports (cont. 2)

User-generated CASPER reports.

Available on-demand, run for any reporting period of provider's choice, and can include a full year of data if requested.

Include HIS QM result data at the patient stay-level and hospice-level.

Provide confidential feedback to agencies on their performance.

Display national average scores to allow for benchmarking and comparisons.

HQRP QM Reports (cont. 3)

- **Hospice-Level Quality Measure Report.**
- The report shows the:
  - CMS Measure ID.
  - Numerator.
  - Denominator.
  - Hospice Observed Percent.
  - Comparison Group National Average for the same time period.
  - Comparison Group National Percentile for each measure.

HQRP QM Reports: Hospice-Level

Hospice-Level Quality Measure Report

CASPER Report
Hospice-Level Quality Measure Report

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider ID: 123456
CCN: 123456
Hospice Name: GREAT HOSPICE
City/State: ANYWHERE, US

Report Period: 12/01/2019 - 11/30/2020
Data was calculated on: 01/15/2021
Comparison Group Period: 12/01/2019 - 11/30/2020
Report Run Date: 04/03/2021
Report Version Number: 4.00

Please visit the Hospice Quality Reporting Program's Public Reporting: Key Dates for Providers page for details about provider reports in light of the COVID-19 Public Health Emergency.

Table Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed
* = Quarter 4 2020 is the last quarter end date available for this measure on this report

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	Comparison Group National Average	Comparison Group National Percentile
Treatment Preferences (NQF #1641)	H001.01	235	256	91.8%	98.1%	10
Beliefs/Values (NQF #1647)	H002.01	230	256	89.8%	98.0%	10
Pain Screening (NQF #1634)	H003.01	241	256	94.1%	97.9%	15
Pain Assessment (NQF #1637)	H004.01	132	241	54.8%	94.9%	5
Dyspnea Screening (NQF #1639)	H005.01	234	256	91.4%	98.5%	10
Dyspnea Treatment (NQF #1638)	H006.01	239	254	94.1%	98.6%	10
Bowel Regimen (NQF #1617)	H007.01	237	241	98.3%	99.3%	20
Hospice Comprehensive Assessment (NQF #3235)	H008.01	126	256	49.2%	88.1%	15

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

HOSPICE
QUALITY REPORTING PROGRAM

Hospice Patient Stay-Level Quality Measure Report

- **Hospice Patient Stay-Level Quality Measure Report.**
  - Identifies each patient whose qualifying HIS record was included in the QM calculations for the selected report period.
  - Includes per patient per measure information such as whether:
    - The patient stay **triggered** the measure.
    - The patient stay **did not trigger** the measure.
    - The patient stay **was excluded** from the denominator.

Hospice Patient Stay-Level Quality Measure Report (cont. 1)

Hospice Patient Stay-Level Quality Measure Report (cont. 2)

Review and Correct Report

- Contains hospice-level QM data for a full 12 months (4 quarters).
- Contains associated patient stay-level data.
- Includes all HIS-based measures.
- Providers have access to QM data prior to data correction deadline for public reporting.
- Provides hospice agencies an opportunity to ensure the accuracy of their data.
- Allows providers to track quarterly data cumulatively.
- Visit the [HQRP Training and Education Library](#) page for specific training on Review and Correct Reports.

Which reports below are included in the HQRP folder in the CASPER system?

A. Hospice Review and Correct Report.

B. Hospice Patient Stay-Level Quality Measure Report.

C. Hospice-Level Quality Measure Report.

D. All of the above.

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Which reports below are included in the HQRP folder in the CASPER system? (cont.)

Q6 Which QM report will tell providers which patient stay triggered or did not trigger the measure?

A. Hospice Review and Correct Report.

B. Hospice Patient Stay-Level Quality Measure Report.

C. Hospice-Level Quality Measure Report.

D. All of the above.

Which QM report will tell providers which patient stay triggered or did not trigger the measure? (cont.)

Provider Preview Reports

System-generated CASPER reports (shared folder within CASPER).
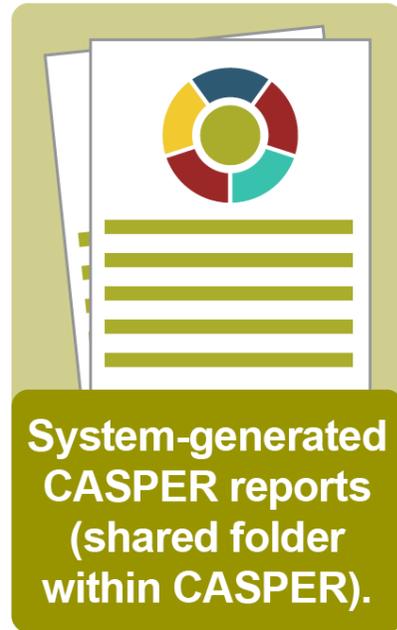
Covers HIS data from specific time points.

Hospice Provider Preview report.
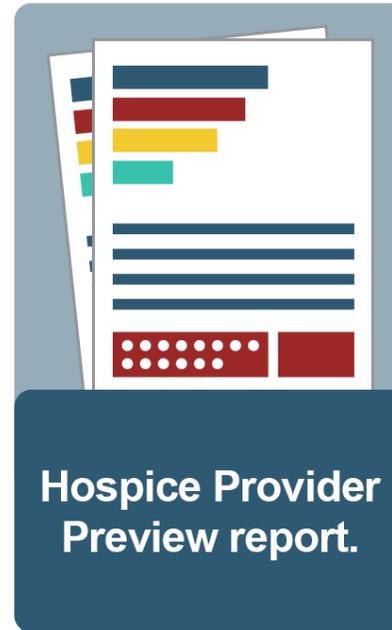
Issued at specific times for 30-day preview periods.

CAHPS® Hospice Survey Provider Preview report.
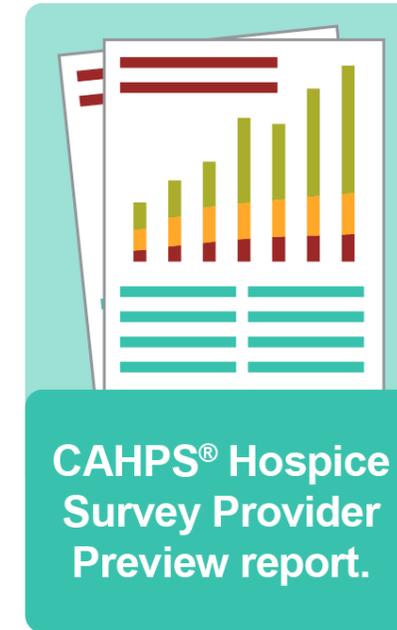
Allows providers to preview final QM results before public display on Care Compare.

HOSPICE
QUALITY REPORTING PROGRAM

Provider Preview Reports (cont. 1)

- Both the Hospice Provider Preview report and CAHPS® Hospice Survey Provider Preview report are available in CASPER.
  - These two separate reports are located in your CASPER folder.
  - Hospice providers are encouraged to use these to review their HIS QM results and their facility-level CAHPS® survey results.

Provider Preview Reports (cont. 2)

- Hospices have 30 days to preview results.
- If a hospice believes their data are inaccurate, they can request a CMS review.
- Review requests must be made during the 30-day preview period:
  - Review requests for HIS data are submitted to HospicePRQuestions@cms.hhs.gov.
  - Review requests for CAHPS® Hospice Survey data are submitted to HospiceCAHPSSurvey@hcqis.org.
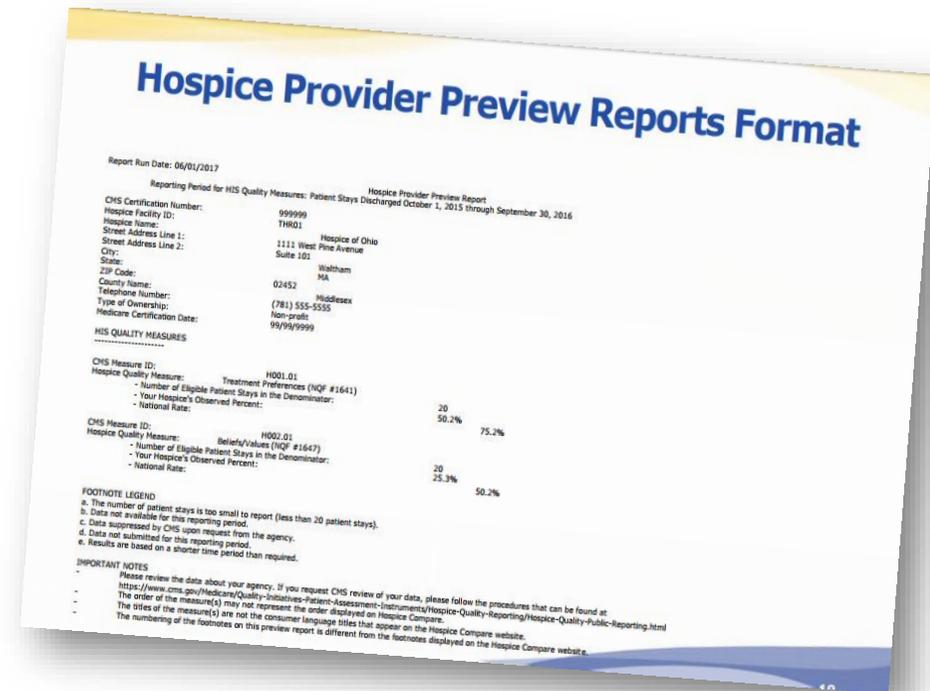
Impact of Data Exemptions on Public Reporting and Preview Reports

- Due to the COVID-19 Public Health Emergency, CMS temporarily exempted providers from the submission of the CAHPS® Hospice Survey and HIS assessment and discharge data for Q1 and Q2 2020.

- Following the November 2020 refresh, CMS will not issue provider preview reports for those refreshes that continue to display the constant or frozen data.

- The Hospice Compare site data will go back to its expected quarters of data displayed in May 2022 for HIS and May 2023 for CAHPS®.

- For more information, view the COVID-19 Public Reporting Tip Sheet at https://www.cms.gov/files/document/hqrp-pr-tip-sheet081320final-cx-508.pdf.

CASPER: Provider Preview Reports

Hospice Provider Preview Report

Report Run Date: 09/04/2019

Hospice Provider Preview Report

Reporting Period for HIS Quality Measures: Patient Stays Discharged January 1, 2018 through December 31, 2018

CMS Certification Number:	999999
Hospice Provider ID:	999999
Hospice Name:	GREAT HOSPICE
Street Address Line 1:	301 MAIN STREET
Street Address Line 2:	
City:	ANYWHERE
State:	US
ZIP Code:	12345
County Name:	Greene
Telephone Number:	123-456-7890
Type of Ownership:	Other
Medicare Certification Date:	99/99/9999

HIS QUALITY MEASURES

CMS Measure ID: H001.01
Hospice Quality Measure: Treatment Preferences (NQF #1641)
    - Number of Eligible Patient Stays in the Denominator: 339
    - Your Hospice's Observed Percent: 98.8%
    - National Rate: 99.2%

CMS Measure ID: H002.01
Hospice Quality Measure: Beliefs/Values (NQF #1647)
    - Number of Eligible Patient Stays in the Denominator: 339
    - Your Hospice's Observed Percent: 98.2%
    - National Rate: 96.9%

FOOTNOTE LEGEND
a. The number of patient stays is too small to report (less than 20 patient stays).
b. Data not available for this reporting period.
c. Data suppressed by CMS for one or more quarters.
d. Data not submitted for this reporting period.
e. Results are based on a shorter time period than required.

IMPORTANT NOTES
- Please review the data about your agency. If you request CMS review of your data, please follow the procedures that can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ Hospice-Quality-Reporting/Hospice-Quality-Public-Reporting.html
- The order of the measure(s) may not represent the order displayed on Hospice Compare.
- The titles of the measure(s) are not the consumer language titles that appear on the Hospice Compare website.
- The numbering of the footnotes on this preview report is different from the footnotes displayed on the Hospice Compare website.

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CAHPS® Hospice Provider Preview Report

CAHPS® Hospice Provider Preview Report
Reporting Period: 01/01/2018 – 12/31/2019

CMS Certification Number: 123456
Hospice Facility ID: 123456
Hospice Name: GREAT HOSPICE

Number of Quarters of Data Included: 8
Number of Completed Surveys Included: 56

CAHPS Hospice Survey Quality Measures

This table displays a preview of CAHPS scores for your hospice, representing the proportion of respondents who gave the least, middle, and most favorable response(s) for each measure—also known as the bottom, middle, and top box scores—along with national scores, for comparison. Please review.
If you have questions or concerns about your CAHPS Hospice Survey data, please email our technical assistance team at hospicecahpssurvey@hsag.com.

CAHPS Hospice Quality Measure (NQF ID 2651)	Score Type	Response Option	Your Hospice (%)	U.S. National (%)
Communication with family*	Top	Always	85	81
	Middle	Usually	12	12
	Bottom	Never; Sometimes	3	7
Getting timely help	Top	Always	87	78
	Middle	Usually	10	12
	Bottom	Never; Sometimes	3	10
Treating patient with respect	Top	Always	92	91
	Middle	Usually	8	7
	Bottom	Never; Sometimes	0	2
Emotional and spiritual support**	Top	Right amount	88	90
	Bottom	Too little	12	10
Help for pain and symptoms*	Top	Always	81	75
	Middle	Usually	13	15
	Bottom	Never; Sometimes	6	10
Training family to care for patient	Top	Yes, definitely	87	76
	Middle	Yes, somewhat	9	15
	Bottom	No	4	9

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How many days do providers have to preview their quality measure results once the Preview Reports are released?

A. 60 days.

B. 30 days.

C. Unlimited days.

D. 90 days.

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QUALITY REPORTING PROGRAM

Q7 How many days do providers have to preview their quality measure results once the Preview Reports are released? (cont.)

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Summary and Resources

Summary

- Describe HQRP QMs.
- Differentiate between an individual measure and a composite measure.
- Describe the current HIS composite measure.
- Explain how composite measure scores are calculated using data from individual measures.
- List two helpful resources for understanding HQRP quality measurement.

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Resources

- CMS HQRP Main Page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.

- HIS Web Page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.

- Current Measures Web Page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.

- HQRP Training: Training and Education Library: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library.

Resources (cont. 1)

- HIS Manual V3.00: https://www.cms.gov/files/document/drafthismanualv30-10-02-2020508c.pdf.

- HQRP QM User's Manual V3.00: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HQRP-QM-Users-Manual-v300.pdf.

- CMS CAHPS® Hospice Survey web page https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/CAHPS%C2%AE-Hospice-Survey.

- The Official CAHPS® Hospice Survey website: http://www.hospicecahpssurvey.org.

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Resources (cont. 2)

- Hospice Comprehensive Assessment Measure One Pager: https://www.cms.gov/files/document/hospice-comprehensive-assessment-measureone-pager.pdf.

- Hospice Comprehensive Assessment QM Background and Methodology Fact Sheet (NQF #3235): https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-Comprehensive-Assessment-QM-Background-and-Methodology-Fact-Sheet.pdf.

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Resources (cont. 3)

- For information about QM Development - https://www.cms.gov/quality-measure-development.

- Composite Measure Evaluation Framework and National Voluntary Consensus Standards for Mortality and Safety - Composite Measures- http://www.qualityforum.org/Publications/2009/08/Composite_Measure_Evaluation_Framework_and_National_Voluntary_Consensus_Standards_for_Mortality_and_Safety%e2%80%94Composite_Measures.aspx.

- QIES Technical Support Office Training: https://qtso.cms.gov/training-materials/hospice.

- CASPER – Hospice Reporting User's Guide: https://qtso.cms.gov/providers/hospice-providers/reference-manuals.

Resources: Provider Preview Reports

- For more information on how to access the HIS and CAHPS® Provider Preview reports, go to the CMS HQRP website and look in the Downloads section of the following pages:
    - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-HIS-Preview-Reports-and-Requests-for-CMS-Review-of-HIS-Data.
    - 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.

Help Desk Assistance

Help Desk Assistance

Quality Help Desk	CAHPS® Hospice Survey Help Desk	Public Reporting Help Desk	APU/Reconsiderations Help Desk	iQIES Help Desk (for questions related to QIES ASAP and its successor, iQIES)
For questions about quality reporting requirements, quality measures & reporting deadlines.	For information about the CAHPS® Hospice Survey.	For questions related to public reporting of quality data.	For requesting reconsideration for a determination of noncompliance with hospice quality reporting.	For technical questions about HIS submission reports and CASPER reports.
Email: HospiceQuality Questions @cms.hhs.gov	Email: HospiceCAHPSSurvey @HSAG.com or call: 1-844-472-4621	Email: HospicePRQuestions @cms.hhs.gov	Email: HospiceQRP Reconsiderations@ cms.hhs.gov	Email: iQIES@cms.hhs.gov or call: 1-877-201-4721

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Thank You.

The webinar has now concluded.