Getting Started with Hospice CASPER Quality Measure Reports: August 2022

This fact sheet contains information about the two Certification and Survey Provider Enhanced Reporting (CASPER) Quality Measure (QM) reports available to hospice providers. Additionally, this fact sheet includes one potential model hospices could employ to use the QM reports for quality improvement.

I. Understanding the Hospice CASPER Quality Measure Reports

Two Confidential Provider Feedback Reports are available in the CASPER reporting application: Hospice-Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report. These two reports fall under the class of CASPER reports known as “QM reports.” CASPER QM reports are on-demand and are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered. The information available in these reports in CASPER is for internal purposes only and is not for public display.

- **The Hospice-Level QM Report** includes the Hospice item Set (HIS) Comprehensive Assessment at Admission (NQF #3235), Hospice Care Index (HCI), and Hospice Visits in the Last Days of Life (HVLDL-NQF #3645) measure scores. The claims-based measures were added in September 2021. The report includes hospice specific scores, national and state averages. Details of the seven component process measures are included for the HIS Comprehensive Assessment at Admission Measure, as well as the details for the 10 individual HCI indicators.

- **The Hospice Patient-Level QM Report** identifies each patient with a qualifying HIS record used to calculate the hospice-level quality measure values for a select period. The report displays each patient’s name and indicates how/if the patient’s assessment affected the hospice’s quality measure. The details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure. Claims-based measures are not included in these reports.

What measures are reported and how are these data collected?
The Hospice Quality Reporting Program (HQRP) was established under Section 1814(i)(5) of the Social Security Act. Since 2014, Medicare-certified hospice providers are required to submit an HIS Admission record for all patient admissions and an HIS-Discharge record for their subsequent discharges. Hospices are required to submit the appropriate HIS record for each patient admission and discharge, regardless of the patient’s payer source, age, or location where hospice services are received. Hospices submit HIS data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP), or it’s replacement system.

HIS data are used to calculate one HQRP process measure, and administrative data (i.e., Medicare claims) are used to calculate two claims-based quality measures (Table 1). These three of the four HQRP quality measures are reported on the Hospice CASPER Quality Measure Reports. The Consumer
Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey (NQF # 2651) measure is not included on these QM reports.

Table 1. Quality Measures Reported on CASPER QM Reports

<table>
<thead>
<tr>
<th>Measure Title (NQF ID)</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIS Comprehensive Assessment at Admission (NQF #3235)</td>
<td>The percentage of hospice stays during which patients received a comprehensive patient assessment at hospice admission.</td>
</tr>
<tr>
<td>Hospice Visits in the Last Days of Life (HVLDL) (NQF #3645) *</td>
<td>A claims-based measure indicating visits in the last 3 days of life</td>
</tr>
<tr>
<td>Hospice Care Index (HCI)</td>
<td>A single score measure that combines the results of 10 claims-based indicators</td>
</tr>
</tbody>
</table>

*Note: HVLDL replaced the Hospice Visits When Death is Imminent (HVWDII) measures. HVWDII is no longer part of the HQRP and was removed from the reports prior to the May 2022 refresh of Care Compare.

Hospice-Level Quality Measure Report

This report enables hospice providers to review their QM scores at the hospice-level and compare their organization’s overall performance to their state and national average scores. Figure 1A illustrates how to read this report.

- Use as a quality improvement tool:
  - Hospice providers can identify which QMs they perform well on and which they might develop quality improvement interventions to improve performance.
  - QM results can be trended by comparing QM scores and percentiles across multiple reporting periods. Trending QM scores enables hospice providers to monitor the progress of their quality improvement interventions.
  - For the HIS Comprehensive Assessment at Admission, providers can trend consecutive quarters, while for the claims-based measures, providers can trend by the eight quarters (2 years) of data.

- Understanding data calculations:
  - For the HIS Comprehensive Assessment at Admission, the data are calculated monthly, approximately mid-month. Any assessments submitted after the calculation date will be included in the next monthly calculation. The “Data was calculated on” date shows you the most recent calculation date.
  - For claims-based measure scores: After the inaugural release in August 2022, the data will be updated annually in November, beginning with November 2023.

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1 For information about the CAHPS® Hospice Survey, a description of the survey, its measures, and requirements visit the survey webpage, [www.hospicecahpssurvey.org](http://www.hospicecahpssurvey.org).
Figure 1a. HIS Comprehensive Assessment at Admission (NQF #3235)

Table 1A. Hospice Item Set Quality Measure HIS Hospital Comprehensive Assessment (NQF #3235)

<table>
<thead>
<tr>
<th>Measure Name (NGF ID)</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Hospital Observed Percent</th>
<th>State Average (%)</th>
<th>National Average (%)</th>
<th>Percentile Rank Among Hospices Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIS Hospital Comprehensive Assessment (NQF #3235)</td>
<td>H006.01</td>
<td>92</td>
<td>112</td>
<td>92%</td>
<td>63.8%</td>
<td>29.3%</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 1B. Hospice Item Set Quality Measure HIS Hospital Comprehensive Assessment Component Measures

<table>
<thead>
<tr>
<th>Component Measure Name</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Hospital Observed Percent</th>
<th>State Average (%)</th>
<th>National Average (%)</th>
<th>Percentile Rank Among Hospices Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Preferences</td>
<td>H001.01</td>
<td>112</td>
<td>112</td>
<td>100.0%</td>
<td>90.5%</td>
<td>90.1%</td>
<td>100</td>
</tr>
<tr>
<td>Beliefs/Values</td>
<td>H002.01</td>
<td>112</td>
<td>112</td>
<td>100.0%</td>
<td>96.0%</td>
<td>90.1%</td>
<td>100</td>
</tr>
<tr>
<td>Pain Screening</td>
<td>H003.01</td>
<td>112</td>
<td>112</td>
<td>96.2%</td>
<td>67.9%</td>
<td>97.9%</td>
<td>25</td>
</tr>
<tr>
<td>Pain Assessment</td>
<td>H004.01</td>
<td>55</td>
<td>54</td>
<td>95.9%</td>
<td>96.5%</td>
<td>94.1%</td>
<td>13</td>
</tr>
<tr>
<td>Dignity Speaking</td>
<td>H005.01</td>
<td>55</td>
<td>54</td>
<td>95.9%</td>
<td>96.9%</td>
<td>96.2%</td>
<td>100</td>
</tr>
<tr>
<td>Dignity Treatment</td>
<td>H006.01</td>
<td>49</td>
<td>55</td>
<td>93.9%</td>
<td>64.0%</td>
<td>97.3%</td>
<td>3</td>
</tr>
<tr>
<td>Bowel Regimen</td>
<td>H007.01</td>
<td>19</td>
<td>19</td>
<td>100.0%</td>
<td>63.7%</td>
<td>93.5%</td>
<td>100</td>
</tr>
</tbody>
</table>

*Measures are publicly reported within the Provider Data Catalog but are not displayed on Care Compare.

**Table 1A Legend**
NA = Not Available
Dash (-) = A dash represents a value that could not be computed

Average measure occurrence for all providers in the state & country

**Table 1B Legend**

# Patient stays triggering the measure or component measure  
# Patient stays that qualified for the measure

% Patient stays triggering the measure

Provider’s national percentile rank

*Figure 1A provides detailed explanations to help you interpret the columns in the report.*
Figure 1b displays a sample of the HVLDL measure on Table 2 of the report. This table includes the same columns of information as HIS Comprehensive Assessment at Admission.
Figure 1c. depicts Table 3 and 3A of the report for the HCI claims-based measure. The top box highlighted in blue displays the hospice's score, 9 out of 10. For reference, the national and state averages are also given; (8.8 out of 10), and (9.6 out of 10) respectively. For this measure, a higher observed score is better; a hospice with a 10 out of 10 would have the highest score. Since the HCI score is an index reflecting multiple indicators, the report also contains indicator-level data in the chart shown at the bottom. Table 3A shows that the provider earned 1 point for 9 of the ten indicators, resulting in the 9 out of 10 Hospice Observed Score. This provider did not meet the criteria for one of the indicators, thus did not earn a point for that indicator.
Figure 1d. HCI - Details for the 10 Indicators

Figure 1d depicts an example of Table 3B in the report. This table presents the detail for each indicator of the HCI measure. Each row represents one of the ten indicators.
Figure 1e depicts Table 3c, which includes the definition for each HCI indicator along with the corresponding Index Earned Point Criterion.

**Note:** For more information on how the numerator and denominator are determined and how quality measures are calculated, see the QM User's Manual ("Current Measures" link provided in Resources section, below)

**Hospice Patient Stay-Level Quality Measure Report**

This report enables hospice providers to review the quality measure outcomes for the HIS Comprehensive Assessment at Admission for all patient stays during the reporting period. The report shows which patient stays triggered each quality measure. **Figure 2** illustrates how to read this report.

- As a companion report to the Hospice-Level Quality Measure Report, this report drills down to patient-stay level information for each of the seven component quality measures that comprise the HIS Comprehensive Assessment at Admission.
- Use as a quality improvement tool:
  - This report can assist a hospice to review the individual components for the HIS Comprehensive Assessment at Admission measure, should results on the Hospice-Level Quality Measure Report be less favorable than anticipated. Providers can quickly assess which patient stays contributed to the unfavorable results. Hospices can then implement process improvements to address the issues identified.
- Quality of care concerns for specific patient populations can also be assessed (e.g., based upon length of stay). For example, to look at short stay patients, a hospice provider could review cases in which the admission and discharge date were within the same month and year. It can then be determined which patients did not achieve three or more of the component process measures. Thus, the hospice could decide whether there are general quality of care concerns for patients with a short length of stay.

- Missing records: This report indicates when an admission record was not submitted with a corresponding HIS discharge record (Type 2 Stay). This information could assist a provider to identify when a missing admission record should be submitted to the QIES ASAP system. A link to the HIS Manual is provided in the Resources section below.

- Claims-based measures are not included in these reports.

Figure 2. Patient Stay-Level QM Report
II. Sample Process for Using the Measure Reports for Quality Improvement

1) Obtain your Hospice-Level QM Report.
2) Use this report to identify which QMs need improvement.
3) Obtain the Hospice Patient Stay-Level QM Report for the same report period that was selected for the Hospice-Level QM Report to analyze the details for the HIS Comprehensive Assessment at Admission.
4) Analyze your Hospice Patient Stay-Level QM Report.
5) Identify a sample of patient stays that did not trigger (i.e., did not meet the numerator criteria) for one of the seven component quality measures for the HIS Comprehensive Assessment at Admission. This may reflect opportunities for quality improvement.
6) Audit the medical records for those patient stays that did not trigger the measure. This will help to determine where the opportunities are to improve care and where a defined care process may not have been followed.
7) Meet with your hospice team to identify root causes. Ask why these care processes were not followed? This may require looking beyond chart data.
   a) For example, if all patient stays in a poor-performing component measure were found to be under the care of one nurse, explore with the nurse why this occurred and why sub-optimal care may have been delivered.
   b) In cases where excellent care was identified (patient stays triggered the measure), explore with the hospice team how those processes could be replicated.
8) Implement process improvements related to the findings of the chart audits.
9) Repeat this cycle regularly to drive quality improvement

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**Process Improvement Using Hospice QM Reports**

1. Obtain your Hospice-Level QM Report.
2. Identify QMs your hospice needs to improve.
4. Identify patient stays that did not trigger one of the 7 component quality measures.
5. Evaluate progress & Repeat.
6. Implement process improvements.
7. Meet with the hospice team to identify root causes.
8. Audit those charts to determine opportunities to improve care.
III. Resources Available to Hospice Providers

- For more detailed instruction on accessing CASPER reports, please view the CASPER Reporting Hospice Provider User’s Guide.
- For Training on all topics related to the HQRP, including how to use provider reports, visit the HQRP Training and Education Library.
- For more information, resources, and updates related to HIS data submission specifications and other technical information, visit the HIS Technical Information webpage on the CMS HQRP website.
- For more information on the QMs and how the measures are calculated review the current HQRP QM User’s Manual located in the Downloads section of the Current Measures webpage on the CMS HQRP website.

IV. Help Desk Resources