Today's Agenda

April **15**

Hospice Quality Reporting Program (HQRP)

HIS Manual V3.00 Highlights

The Future Vision of the HQRP

Resources, Wrap-Up, and Questions

Today's Presenters

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Acronyms in This Presentation

- APU – Annual Payment Update
- CAHPS® – Consumer Assessment of Healthcare Providers and Systems
- CASPER – Certification and Survey Provider Enhanced Reports
- CMS – Centers for Medicare & Medicaid Services
- CY – Calendar Year
- FY – Fiscal Year
- 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
- iQIES – Internet Quality Improvement and Evaluation System
- NQF – National Quality Forum
- OMB -
- PHE – Public Health Emergency
- QAPI – Quality Assurance and Performance Improvement
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- SIA – Service Intensity Add-On

Objectives

- Discuss the current Hospice Quality Reporting Program (HQRP) and the requirements.

- Summarize the changes from the Hospice Item Set (HIS) Manual V2.01 to V3.00.

- Describe the three data sources that will comprise the HQRP once finalized through rulemaking.

- Name the new quality measure (QM) that will be created from administrative data (Medicare claims).

- Locate at least two resources to help hospices understand and comply with the HQRP.
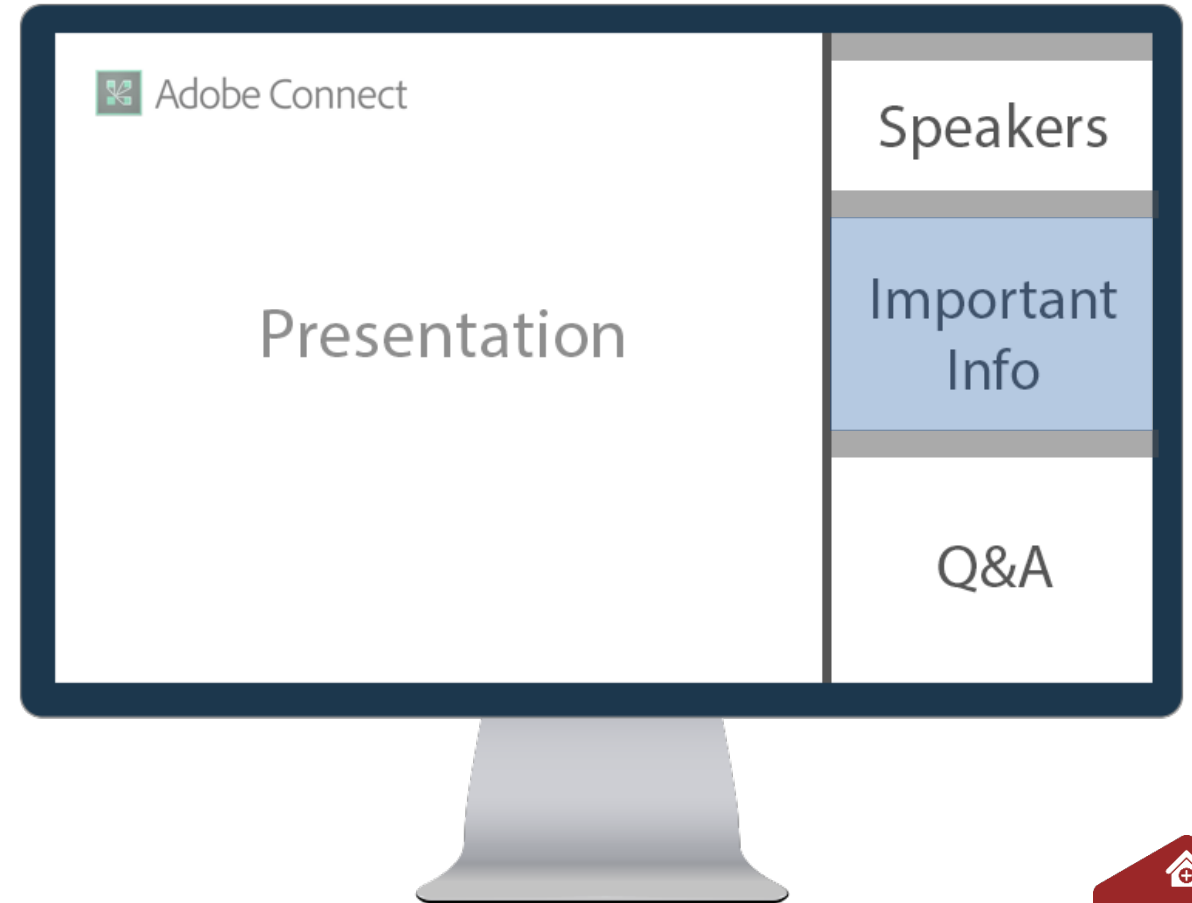
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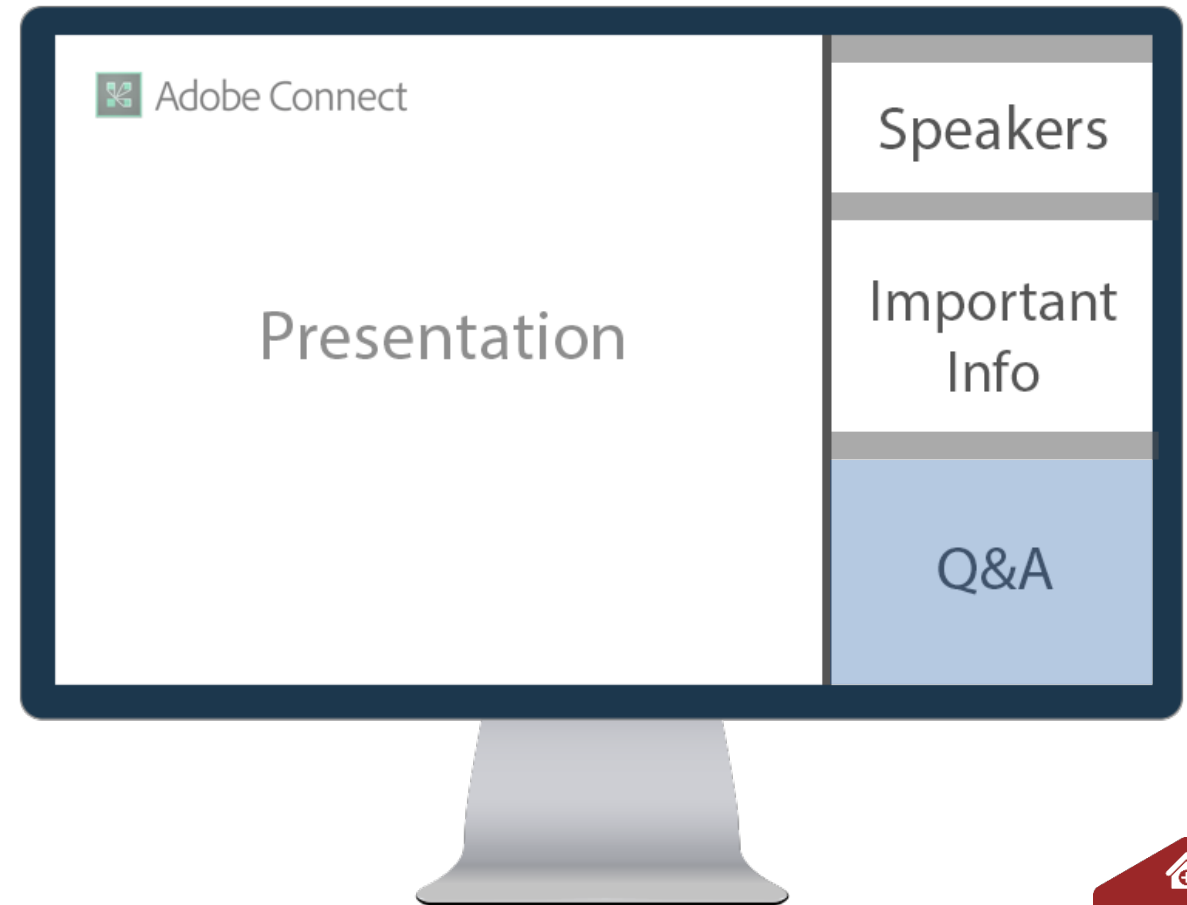
Dial-In, Closed Captioning, and Files

- The Important Information Panel to the right of your screen has valuable information. If you are having trouble connecting to audio, the dial-in information is provided.

- There are links for downloading the presentation slides and for viewing live closed captioning in a browser.

Interactive Polling

- During this presentation, we will occasionally poll the audience. When polls are activated, they will temporarily appear in the panel to the right of the presentation.
  - To participate, simply select your desired response.
  - You will have some time to respond to each question.
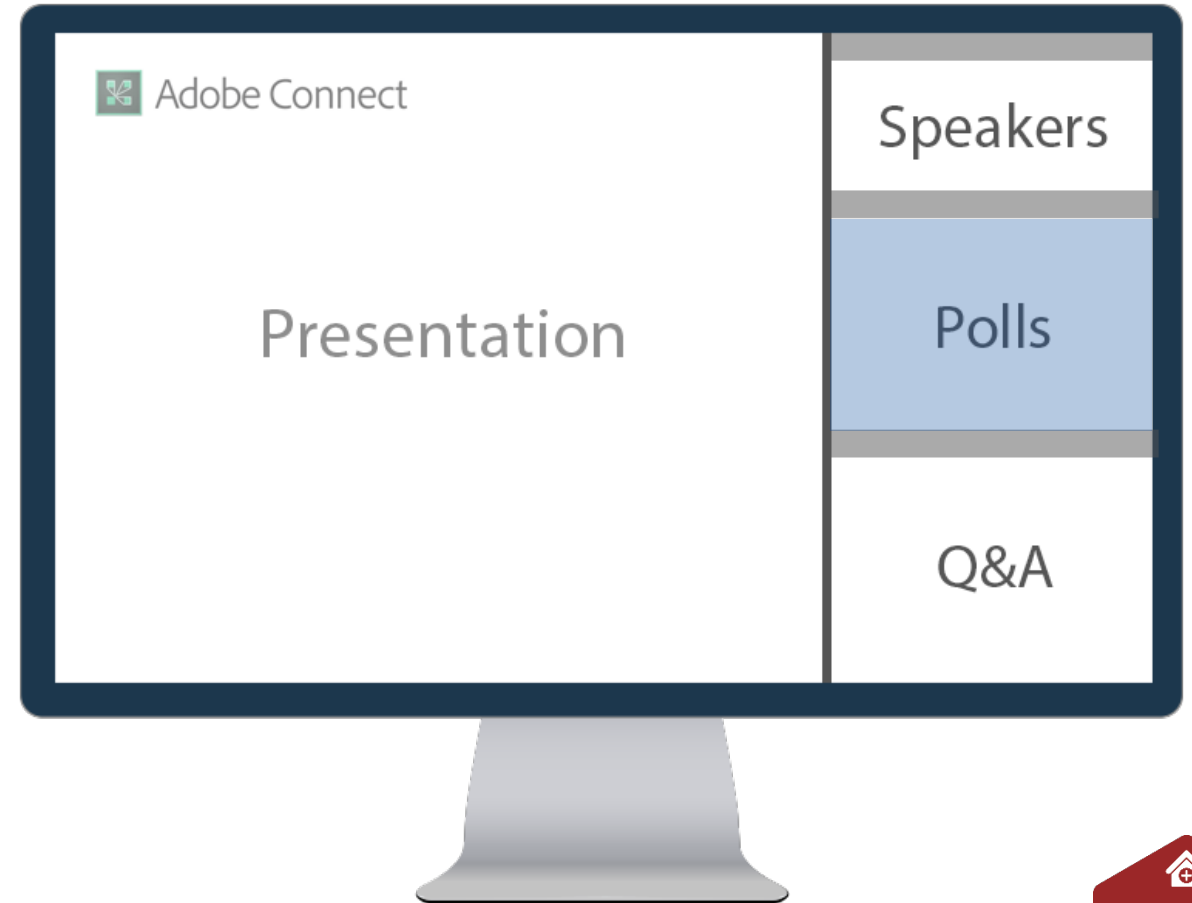
In which year did hospices first start HIS data collection for the HQRP?

A. 1979.

B. 1983.

C. 2014.

D. 2020.

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Q1 In which year did hospices first start HIS data collection for the HQRP? (cont.)

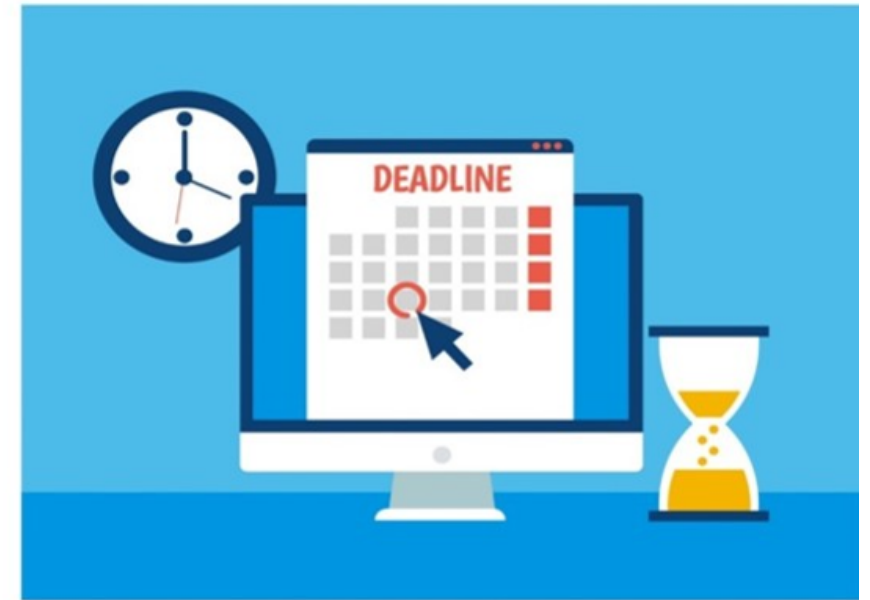# The HQRP

What Is the HQRP?

- The HQRP promotes the delivery of person-centered, high quality, and safe care by hospices.

- Hospice providers can use HQRP data as part of their Quality Assurance and Performance Improvement (QAPI) programs.

- Consumers can access publicly reported quality information via Care Compare at https://www.medicare.gov/care-compare/.

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HQRP Requirements

- Currently, there are two requirements for HQRP:
  - The Hospice Item Set (HIS) data collection and submission.
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey submission.
- All Medicare-certified hospice providers must comply with these two reporting requirements for all patients, regardless of payer.

The HQRP

HQRP = HIS + CAHPS®
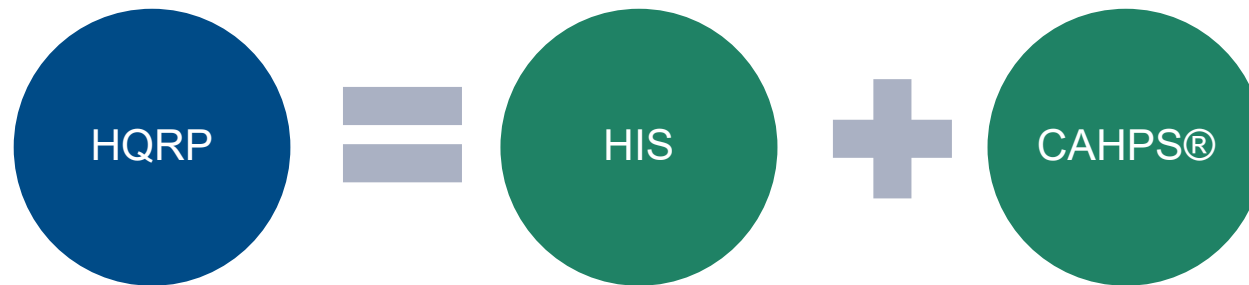
Meeting the HQRP Requirements

- Hospice providers must meet the individual requirements of both HIS and CAHPS® to be compliant with HQRP to avoid a 2-percent point reduction in the Annual Payment Update (APU).

- Timely and complete data must be successfully received and accepted by CMS in order for the hospice provider to be considered compliant.

HQRP **=** HIS **+** CAHPS®

The HQRP Life Cycle
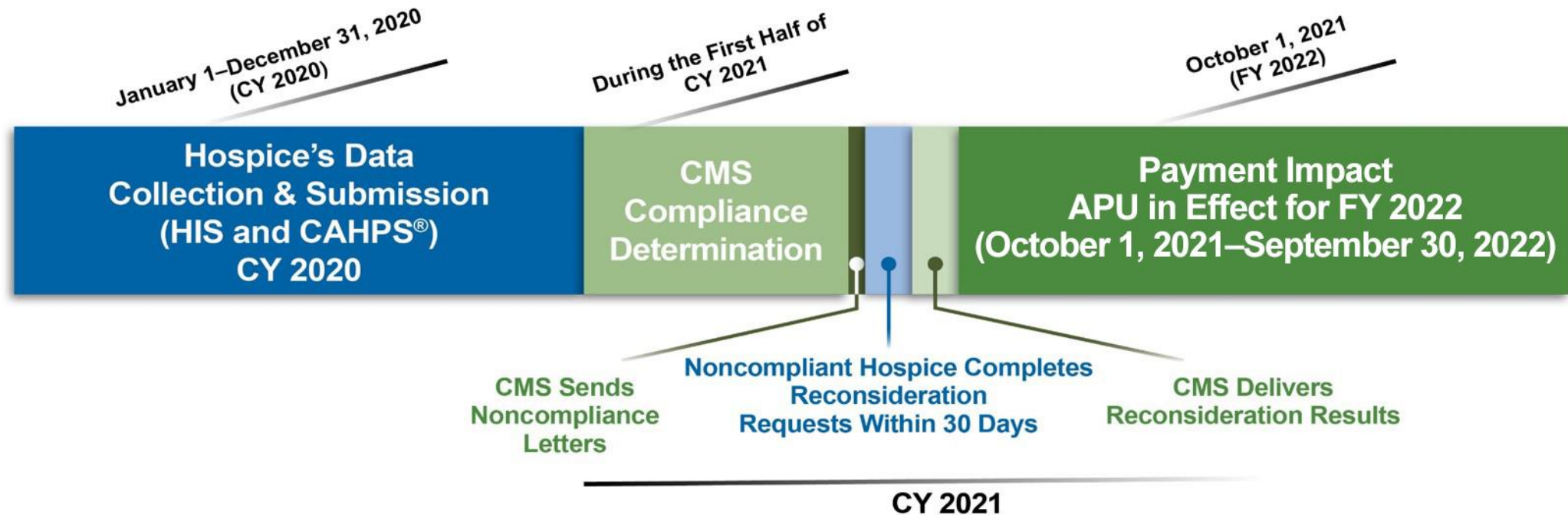
- APU calculations:
  - Calendar Year (CY) 1: Data collection and submission.
  - Year 2: Compliance determinations.
  - Fiscal Year (FY): APU in effect.

What Does CMS Do With HQRP Data?

- CMS uses the HIS and CAHPS® Hospice Survey data to calculate a hospice's performance on QMs.

- CMS publicly reports these QMs on the Care Compare website so consumers can compare providers in their service area when selecting a hospice.

What Is Care Compare?

- Care Compare is a streamlined redesign of the original eight CMS healthcare compare tools.

- Hospice Compare, one of those tools, was retired on December 1, 2020.

  - Like with the original Hospice Compare tool, consumers can select and compare multiple facilities based on their QM information.

  - To access the Care Compare website, please visit https://www.medicare.gov/care-compare/.

Care Compare

HIS-Based Hospice QM example

- 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%

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HIS-Based Hospice QMs

- The Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission:

  - The measure shows how often a hospice completed all seven HIS care processes when a patient was admitted to hospice care.

  - The seven HIS-based QMs and are grouped into two categories:

    - o Patient Preferences.

    - o Managing Pain and Treating Symptoms.

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CAHPS® Hospice Survey-Based QMs

Care Compare displays eight CAHPS® measures:

1. Communication with the family.
2. Getting timely help.
3. Treating the patient with respect.
4. Emotional and spiritual support.
5. Help for pain and symptoms.
6. Training the family to care for the patient.
7. Rating this hospice.
8. Willingness to recommend this hospice.

Q2 Which of the following statements about the HQRP data is false?

A. Data is used to determine compliance with the HQRP.

B. The data is used to calculate QMs.

C. The data is not used by CMS.

D. CMS uses HQRP data to promote the delivery of person-centered, high-quality, and safe care by hospices.

HIS Manual V3.00

Highlights of the Changes from HIS V2.01 to HIS V3.00

The HIS Manual V3.00

- The HIS Manual V3.00:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.

HIS Manual: Contents

- HIS Manual Contents:
    - Chapter 1: Background and Overview of the HIS Manual.
    - Chapter 2: Item-Specific Instructions.
    - Chapter 3: Submission and Correction of HIS records.
    - Appendixes: Acronym List, Glossary, HQRP Resources, and the HIS – Admission and Discharge documents.

OMB Control Number 0938-1153
Expiration 02/29/2024

HIS Manual

Guidance Manual for Completion of the Hospice Item Set (HIS)

Centers for Medicare and Medicaid Services Hospice Quality Reporting Program

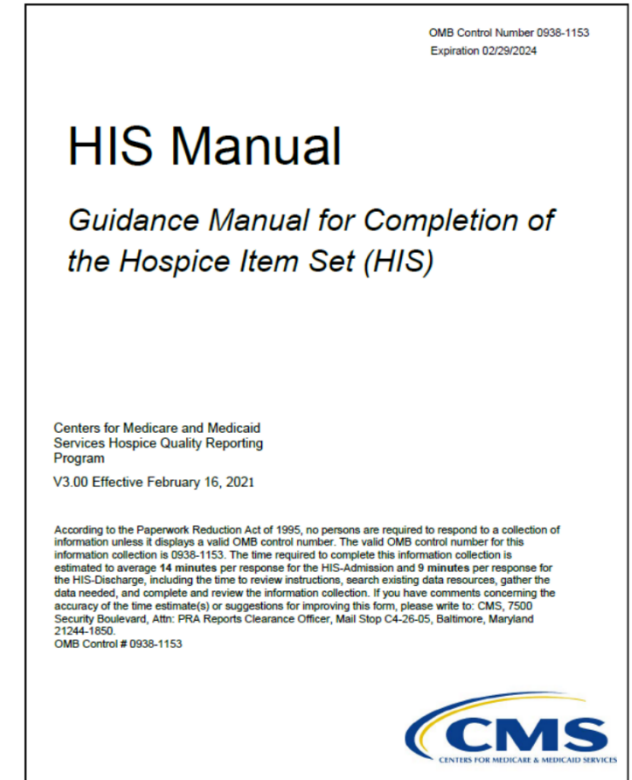V3.00 Effective February 16, 2021

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average **14 minutes** per response for the HIS-Admission and **9 minutes** per response for the HIS-Discharge, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
OMB Control # 0938-1153

HIS Manual: Change Table from V2.01 to V3.00

- Describes major changes from HIS V2.01 to HIS V3.00.

- Provides revisions by chapter with explanations.

- Located on the HIS webpage on the CMS HQRP website in the Downloads section: https://www.cms.gov/files/document/his-manual-change-tablev201-v300508.pdf.

Overview of the Changes

- Section O has been removed from the HIS-Discharge Assessment.
- HIS QM details are no longer included in the manual but are now located in the Hospice Item Set-Based Quality Measures for the Hospice Quality Reporting Program – User's Manual.
- HQRP reporting dates and years have been updated.
  - Includes submission requirement updates due to the COVID-19 Public Health Emergency (PHE).
- The anticipated transition to the Internet Quality Improvement and Evaluation System (iQIES) is referenced.
- The technical help desk address has been updated.

Change: Section O Removed From the HIS

- The major change in HIS V3.00 is the removal of Section O.

- Data for measures associated with Section O for Hospice Visits When Death Is Imminent (HVWDII) will be obtained from administrative data (claims).

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

Section O Service Utilization: Background

- Added to HIS-Discharge V2.00 in 2017.
    - Originally specified as a set of two measures.
    - Hospice providers began data collection for the measure pair on April 1, 2017.
    - Designed to capture visits by **_hospice staff during the last week of life,_** when patients and caregivers typically experience higher symptom and caregiving burdens and therefore an increased need for care.

Section O - Service Utilization: Items

O5000. Level of care in final 3 days

O5000. Level of care in final 3 days

Complete only if A2115, Reason for Discharge = 01 Expired

Enter Code	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life?
☐	0. **No** 1. **Yes** → Skip to Z0400, Signature(s) of Person(s) Completing the Record

O5020. Level of care in final 7 days

O5020. Level of care in final 7 days

Complete only if A2115, Reason for Discharge = 01 Expired

Enter Code	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 7 days of life?
☐	0. **No** 1. **Yes** → Skip to Z0400, Signature(s) of Person(s) Completing the Record

O5010. Number of hospice visits in final 3 days

O5010. Number of hospice visits in final 3 days

Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits on day of death (A0270)	Visits one day prior to death (A0270 minus 1)	Visits two days prior to death (A0270 minus 2)
A. Registered Nurse	☐	☐	☐
B. Physician (or Nurse Practitioner or Physician Assistant)	☐	☐	☐
C. Medical Social Worker	☐	☐	☐
D. Chaplain or Spiritual Counselor	☐	☐	☐
E. Licensed Practical Nurse	☐	☐	☐
F. Aide	☐	☐	☐

O5030. Number of hospice visits in 3 to 6 days prior to death

O5030. Number of hospice visits in 3 to 6 days prior to death

Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits three days prior to death (A0270 minus 3)	Visits four days prior to death (A0270 minus 4)	Visits five days prior to death (A0270 minus 5)	Visits six days prior to death (A0270 minus 6)
A. Registered Nurse	☐	☐	☐	☐
B. Physician (or Nurse Practitioner or Physician Assistant)	☐	☐	☐	☐
C. Medical Social Worker	☐	☐	☐	☐
D. Chaplain or Spiritual Counselor	☐	☐	☐	☐
E. Licensed Practical Nurse	☐	☐	☐	☐
F. Aide	☐	☐	☐	☐

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Section O - Quality Measure

- Part 1:
  - This QM has been publicly reported since August 2019.
  - Clinical hospice visits in the final 3 days of life (including visits by registered nurses, physicians, nurse practitioners, or physician assistants).
- Part 2:
  - This information was never publicly reported as it did not meet CMS' readiness standards for public reporting to distinguish high- and low-quality hospices.
  - Non-clinical hospice visits in the final 7 days of life (including visits by medical social workers, licensed practical nurses, chaplains, and hospice aides).

Section O: What Do Hospices Need to Do?

- The new HIS-Discharge Assessment no longer includes Section O.

- Hospices may remove Section O from their data collection tools.

- Providers may still collect Section O information, if they choose, but that data should not be transmitted to CMS.

- Section O data submitted to CMS will be ignored by the system.

- The new assessment tools can be downloaded from the HIS page on the CMS HQRP website:
  - **HIS-Admission:** https://www.cms.gov/files/document/his-admission-v300022321.pdf
  - **HIS-Discharge:** https://www.cms.gov/files/document/his-discharge-v300022321.pdf

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Change: HQRP QM User's Manual

- In the HIS Manual V3.00, Table 1. Quality Measures Calculated Using the HIS has been removed.

- The manual no longer lists the QMs, but refers readers to the HQRP QM User's Manual for all details regarding the HIS QMs.

> 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.

Change: HQRP Reporting Year Activities Updates for FY 2021

- The table in Chapter 1 has been updated to reflect FY 2021 and FY 2022 reporting years.

- CY 2020 data collection and submission impacted by the COVID-19 PHE has been outlined.

Change: COVID-19 PHE: HQRP Requirement

- Due to the COVID-19 PHE, data collection and submission for Q1 and Q2 of 2020 (January 1–June 30, 2020) were exempted.
    - **Compliance Determinations:** Based on HIS submissions for patient admissions for Q3 and Q4 of 2020 only.

- CY 2020 data impacts FY 2022 payments

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HQRP COVID-19 Tip Sheets

- For more information on the COVID-19 PHE exemptions and the impact on public reporting, you can download these two tip sheets from the Downloads section on the HQRP Requirements and Best Practices page:

  1. The HQRP COVID-19 PHE Tip Sheet provides practical guidance to address hospice quality data submissions starting on July 1, 2020, once the temporary HQRP exemptions expired: https://www.cms.gov/files/document/hqrpcovid-19-phetipsheetjuly-2020508-compliant.pdf.

  2. The HQRP COVID-19 PHE *Public Reporting* Tip Sheet will help providers understand CMS' public reporting strategy to account for missing quality data due to the temporary exemptions and the impact on CMS' Care Compare website refreshes: https://www.cms.gov/files/document/hqrp-pr-tip-sheet081320final-cx-508.pdf.

Change: Future Transition to iQIES

- The Quality Improvement and Evaluation System (QIES) system is anticipated to transition to iQIES in 2022.

- All references in the manual to QIES and Assessment Submission and Processing (ASAP) are valid until the transition takes place.

- The technical "QIES Technical Support Office" Help Desk email has been changed to "iqies@cms.hhs.gov."

- Reports will migrate to the new iQIES system and will no longer be referred to as Certification and Survey Provider Enhanced Reports (CASPER).

iQIES Is Coming!

For more information, visit the website at
https://qtso.cms.gov/

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The changes to the HIS Manual V3.00 include the following except:

A. The removal of Section O on the HIS-Discharge.

B. Updates to the process for correcting HIS records.

C. Future transition to iQIES system for HIS submission.

D. Clarification of changes to HIS data collection and submission due to the COVID-19 PHE.

The Future Vision for the HQRP

HOPE

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 will eventually become the one tool for the hospice industry.

HOPE
(Including
HIS)

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Integrating HOPE and Administrative Data (claims)

- The HQRP once finalized through future rulemaking.
- Data for measures associated with Section O will be obtained from claims data.
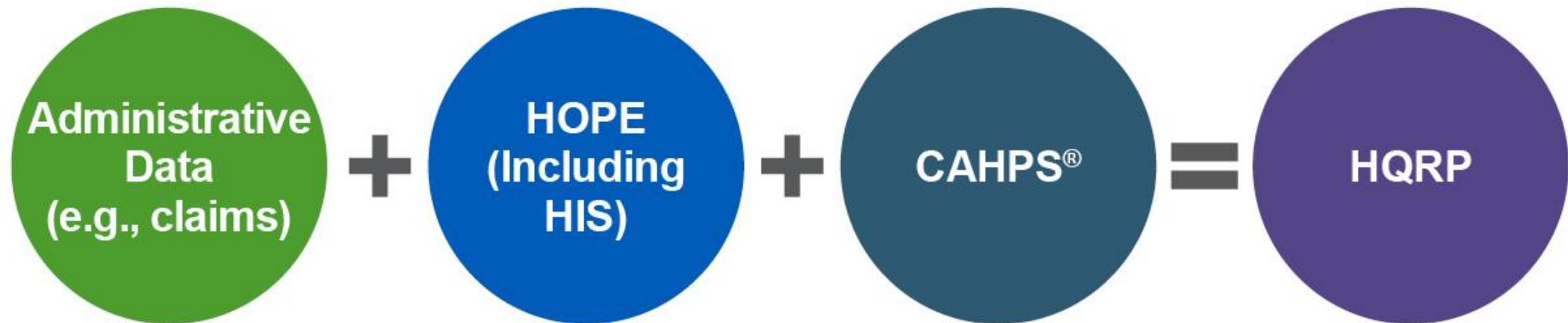
Why Use Claims-Based Measures?

- Administrative data (claims) are readily accessible.

- The use of claims data minimizes provider burden by removing 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.

Hospice Visits in the Last Days of Life (HVLDL)

- Hospice Visits in the Last Days of Life (HVLDL) is a re-specified version of the HVWDII calculated with claims data.

- This claims-based measure will be referred to as the HVLDL measure.

- Relative to the previous measure, a claims-based measure achieves:
  - Improved ability to differentiate higher from lower quality hospices.
  - Positive correlations between CAHPS® Hospice Survey outcomes.
  - Quality rankings more consistent with other QMs in the HQRP.
  - Aligns with the Service Intensity Add-On (SIA).

Compliance with the New HQRP: Benefits of Using Claims

- Data collection runs from January to December in each CY.
- To receive the full Annual Payment Update (APU) for the corresponding FY, hospices must submit:
  - **HIS Data:** 90 percent of the HIS data need to be <u>submitted</u> **and** <u>accepted</u> in the system in order to ensure compliance with the HQRP.
  - **Hospice CAHPS®:** All Medicare-certified hospices must contract with an approved survey vendor and participate monthly for all 12 months.
  - **Hospice Claims:** Submission of claims data will result in 100 percent compliance for all hospices. No other action is necessary.

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Frequently Asked Questions

Question # 1

Question: Since section O is no longer going to be required to be reported, is the service utilization going to be reported anywhere else?

Answer: Hospices no longer need to submit Section O (Service Utilization). CMS will rely solely on existing administrative data (claims) for the calculation of this measure, removing the need for data collection through clinician assessment. The data reported for the HVLDL measure will be discussed in future rulemaking.

Question # 2

- **Question:** What version of HIS-Discharge Assessment needs to be submitted after Jan 1, 2021?

- **Answer:** Although section O is no longer required, either V2.00 or V3.00 HIS records will be accepted by the ASAP system.

  - On January 1, 2021, CMS implemented V3.00 of the HIS data submission specifications. Any admissions with a target date of January 1, 2021 or later, will be processed with those specifications.

  - If a provider submits HIS V2.00 containing Section O with a target date before January 1, it will be processed with the V2.02 data specifications and saved with Section O intact.

Question # 3

- **Question:** How will HQRP compliance be affected with the removal of section O?

- **Answer:** Since this data will now come from the claims, this means that hospices will be 100 percent compliant with submission of this information.
- In order to stay compliant with the HQRP in CY 2021 (FY 2023), hospices must continue to comply with the following:
  - **HIS Data:** *90 percent* of the HIS data need to be <u>submitted **and** accepted</u> in the system in order to ensure compliance with the HQRP.
  - **Hospice CAHPS®:** All Medicare-certified hospices must contract with an approved survey vendor and participate monthly for all 12 months.

Question # 4

Question: Where can I find information about the changes from HIS 2.01 to HIS V3.00?

Answer: The HIS change table from HIS V2.01 to V3.00 describes the major changes. It can be located on the CMS HQRP website in the Downloads section of the HIS webpage: https://www.cms.gov/files/document/his-manual-change-tablev201-v300022321.pdf

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Question # 5

Question: How are the last three days of life calculated in the HVLDL?

Answer: The calculation of the last three days remains unchanged from the last three days documented in Section O. Specifically these three days are "indicated by the day of death, the day prior to death, and two days prior to death."

- The day of death is the same as the date provided in A0270, Discharge Date (or the day of death).
- One day prior to death is calculated as A0270 minus 1.
- Two days prior to death is calculated as A0270 minus 2.

Question # 6

Question: Where can I find information about the development of the new claims-based measure Hospice Visits in the Last Days of Life?

Answer: A report describing the re-specification of HVWDII and introducing HVLDL can be located here: https://www.cms.gov/files/document/hqrphospice-visits-when-death-imminent-testing-re-specification-reportoctober-2020.pdf.

Summary and Resources

Summary

- Discuss the current HQRP and the requirements.
- Summarize the changes from HIS Manual V2.01 to HIS Manual V3.00.
- Describe the three data sources that will now comprise the HQRP.
- Name the new QM that will be created from data collected via Medicare claims.
- Locate at least two resources to help hospices understand and comply with the HQRP.

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Resources

- HIS Manual V3.00: https://www.cms.gov/files/document/his-manual-v300022321.pdf

- HIS Manual: Change Table from V2:01 to V3.00: https://www.cms.gov/files/document/his-manual-change-tablev201-v300022321.pdf

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

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

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Resources (cont. 1)

- Hospice Visits When Death is Imminent: Measure Validity Testing Summary and Re-Specifications Report: https://www.cms.gov/files/document/hqrphospice-visits-when-death-imminent-testing-re-specification-reportoctober-2020.pdf.

- Care Compare: https://www.medicare.gov/care-compare/.

- COVID-19 PHE Tip Sheet: https://www.cms.gov/files/document/hqrpcovid-19-phetipsheetjuly-2020508-compliant.pdf.

- COVID-19 PHE Public Reporting Tip Sheet: https://www.cms.gov/files/document/hqrp-pr-tip-sheet081320final-cx-508.pdf.

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Resources (cont. 2)

- Hospice QRP: 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.

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

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

- Common Questions – HQRP Claims-Based Quality Measures: February 2021: https://www.cms.gov/files/document/common-questions-hqrp-claims-based-measuresfeb2021.pdf.

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Help Desk Assistance

Help Desk Assistance

Quality Help Desk
For questions about quality reporting requirements, quality measures & reporting deadlines.

Email: HospiceQuality Questions @cms.hhs.gov

CAHPS® Hospice Survey Help Desk
For information about the CAHPS® Hospice Survey.

Email: HospiceCAHPSSurvey @HSAG.com or call: 1-844-472-4621

Public Reporting Help Desk
For questions related to public reporting of quality data.

Email: HospicePRQuestions @cms.hhs.gov

APU/Reconsiderations Help Desk
For requesting reconsideration for a determination of noncompliance with hospice quality reporting.

Email: HospiceQRP Reconsiderations@ cms.hhs.gov

iQIES Help Desk (for questions related to QIES ASAP and its successor, iQIES)
For technical questions about HIS submission reports and CASPER reports.

Email: iQIES@cms.hhs.gov or call: 1-877-201-4721

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