



## Hospice Quality Reporting Program (HQRP)

### Current Measures

This document contains the details for the measures that are calculated using Hospice Outcomes and Patient Evaluation (HOPE) (from Hospice Item Set (HIS) until September 30, 2025), the administrative data (claims), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. Please refer the current HQRP Quality Measure (QM) Specifications User’s Manual for more information. Since FY 2022, the HQRP has included four measures: Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (CBE #3235); Hospice Visits in the Last Days of Life (CBE #3645); Hospice Care Index (CMIT #328); and CAHPS® Hospice Survey (CBE #2651). This document details these four measures.

**Quality Measure Calculated using HOPE** (from Hospice Item Set (HIS) data through September 30, 2025)

**Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235)** (based on seven care processes.

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| <b>Measure Description:</b> | The Comprehensive Assessment at Admission (CBE #3235) captures, in a single measure, the proportion of patients for whom the hospice performed all seven care processes, as applicable.<br><br><ol style="list-style-type: none"><li>1. Beliefs/values addressed (if desired by the patient)</li><li>2. Treatment preferences</li></ol> |
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|                                | <ul style="list-style-type: none"> <li>3. Pain screening</li> <li>4. Pain assessment</li> <li>5. Dyspnea treatment</li> <li>6. Dyspnea screening</li> <li>7. Patients treated with an opioid who are given a bowel regimen</li> </ul> |
| <b>Numerator Statement:</b>    | All patient stays from the denominator who meet the numerator criteria for the individual components applicable to the patient.   |
| <b>Denominator Statement:</b>  | All patient stays, except for those with exclusions.  |
| <b>Denominator Exclusions:</b> | Patient stays are excluded from the denominator if they are under 18 years of age.  |
| <b>Measure Type:</b>           | Process   |

List and description of the 7 care processes used to calculate the Comprehensive Assessment at Admission (CBE #3235):

| <b>HOPE Component Measure</b>                        | <b>Description</b>  |
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| Beliefs/Values Addressed (if desired by the patient) | Percentage of patient stays with documentation of a discussion of spiritual/religious concerns or documentation that the patient and/or caregiver did not want to discuss spiritual/religious concerns. |
| Treatment Preferences                                | Percentage of patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life sustaining treatments.   |

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| Pain Screening  | Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.  |
| Pain Assessment   | Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within 1 day of the screening. |
| Dyspnea Screening   | Percentage of patient stays during which the patient was screened for dyspnea during the initial nursing assessment.   |
| Dyspnea Treatment   | Percentage of patient stays during which the patient screened positive for dyspnea and received treatment within 1 day of the screening.                       |
| Patients Treated with an Opioid who are Given a Bowel Regimen | Percentage of patient stays treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.                    |

Visit the [CMS HQRP website](#) and the Downloads section of the [Current Measures](#) page for more information about this measure and the 7 individual component measures:

- For calculation of the 7 individual measures, review the current HQRP QM Specifications User’s Manual.
- For background and methodology about CBE #3235, see the Hospice Comprehensive Assessment QM Background and Methodology Fact Sheet (PDF).

## Quality Measures Calculated Using Medicare Claims

### Hospice Visits in Last Days of Life (HVLDL) (CBE #3645)

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| <b>Measure Description:</b> | The HVLDL measure assesses hospice staff visits to patients at the end of life. This measure is constructed from Medicare hospice claims records. It indicates the hospice provider’s proportion of patients who have received in-person visits from |
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|                                | <p>a registered nurse or medical social worker on at least two out of the final three days of the patient’s life.</p> <p>Note: The last three days are defined as: (Day 1) the day of death, (Day 2) the day prior to death, and (Day 3) the day two days prior to death.</p>   |
| <b>Numerator Statement:</b>    | <p>The number of patient stays in the denominator in which the patient and/or caregiver received in-person visits from registered nurses or medical social workers on at least two of the final three days of the patient’s life, as captured by hospice claims records.</p> <p>Note: Any visits occurring after the time of the patient’s death do not count towards the measure score.</p>  |
| <b>Denominator Statement:</b>  | <p>All hospice patient stays, except those meeting exclusion criteria as identified below.</p>  |
| <b>Denominator Exclusions:</b> | <p>Patients are excluded from the denominator if:</p> <ul style="list-style-type: none"> <li>• They did not expire in hospice care as indicated by the reason for discharge</li> <li>• They received any continuous home care, respite care, or general inpatient care in the final three days of life</li> <li>• They were enrolled in hospice for fewer than three days</li> </ul> <p>Note: HVLDL looks at visits in the last three days of life; patients must receive hospice services for at least three days to be included in the measure.</p> |

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| <b>Measure Type:</b> | Process |
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**Hospice Care Index (HCI) (CMIT #328)**

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| <b>Measure Description:</b>   | <p>The Hospice Care Index (HCI) captures care processes occurring throughout the hospice stay, between admission and discharge. The HCI is a single measure comprising of ten indicators calculated from Medicare claims data. The indicators included in the HCI are listed below this table.</p> <p>The index design of the HCI simultaneously monitors all ten indicators. Collectively these indicators represent different aspects of hospice service and thereby characterize hospices comprehensively, rather than on just a single care dimension. Each indicator equally affects the single HCI score, reflecting the equal importance of each aspect of care delivered from admission to discharge.</p> |
| <b>Numerator Statement:</b>   | <p>The HCI does not have a traditional numerator statement. Instead, a hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators. The sum of the points earned from meeting the criterion of each individual indicator results in the hospice's HCI score. HCI scores can range from 0 to a perfect 10.</p>   |
| <b>Denominator Statement:</b> | <p>The HCI does not have a traditional denominator. The HCI score is calculated as the total number of points earned across ten indicators (hospices earn a point on an indicator when</p>  |

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|                                | their indicator scores meet the criterion for the given indicator). The potential range of scores is from 0 to 10.   |
| <b>Denominator Exclusions:</b> | Hospices with fewer than 20 discharges in the two pooled years of data are not assigned a calculated index score per the convention of CMS's quality reporting program (requiring sufficient data available to calculate reliable scores for publicly displayed measures). |
| <b>Measure Type:</b>           | Process  |

### HCI Indicators: Description and Criteria for Each of the 10 Indicators

| HCI Indicator  | Description   | Index Earned Point Criteria |
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| Continuous Home Care (CHC) or General Inpatient (GIP) Provided | The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.             | Hospice Score Above 0%      |
| Gaps in Skilled Nursing Visits                                 | The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days. | Below 90 Percentile Rank    |
| Early Live Discharges  | The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.                                     | Below 90 Percentile Rank    |
| Late Live Discharges   | The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.  | Below 90 Percentile Rank    |

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| Burdensome Transitions (Type 1)<br>Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission     | The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospice readmission within two days of hospital discharge.  | Below 90 Percentile Rank |
| Burdensome Transitions (Type 2)<br>Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital | The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.  | Below 90 Percentile Rank |
| Per-beneficiary Medicare Spending  | Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.   | Below 90 Percentile Rank |
| Skilled Nursing Care Minutes per Routine Home Care (RHC) Day   | Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced. | Above 10 Percentile Rank |
| Skilled Nursing Minutes on Weekends  | The percentage of skilled nurse visit minutes that occurred on Saturdays and Sundays out of all skilled nurse visits provided by the hospice during RHC service days.   | Above 10 Percentile Rank |
| Visits Near Death  | The percentage of beneficiaries receiving at  | Above 10 Percentile Rank |

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|  | <p>least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).</p> |  |
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**The points earned on each indicator are summed to result in the single HCI**

**Observed Score.** For more information on the 10 HCI indicator measures and how they are calculated, please refer to the current HQRP QM Specifications User's Manual located in the Downloads section of the [Current Measures](#) page.

**Measures calculated from the CAHPS® Hospice Survey**

All eight of the CAHPS® Hospice Survey measures are endorsed under CBE #2651. Details on scores for the CAHPS® Hospice Survey measures can be found at: <https://hospicecahpsurvey.org/en/scoring-and-analysis/>.

| <p><b>Communication with Family</b></p> |   |
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| <p><b>Measure Description:</b></p>      | <p>Multi-item measure. "While your family member was in hospice care..." P1: "How often did the hospice team keep you informed about when they would arrive to care for your family member?" P2: "How often did the hospice team explain things in a way that was easy to understand?" P3: "How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?" P4: "How often did the hospice team keep you informed about your family member's condition?" P5: "How often did the hospice team listen carefully to you?" P6: "How often did anyone from the hospice team give you confusing or</p> |

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|                                      | <p>contradictory information about your family member’s condition or care?”</p> <p>Note: All items have response options of “Never,” “Sometimes,” “Usually,” and “Always.”</p>   |
| <p><b>Numerator Statement:</b></p>   | <p>CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For questions P1 through P5 in this measure, the top box numerator is the number of respondents who answer “Always.” For question P6, the top box numerator is the number of respondents who answer “Never.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.</p> |
| <p><b>Denominator Statement:</b></p> | <p>The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P6).</p>   |
| <p><b>Exclusions:</b></p>            | <p>The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal</p>  |

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|                      | guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care. |
| <b>Measure Type:</b> | Outcome   |

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| <b>Getting Timely Help</b>  |   |
| <b>Measure Description:</b> | <p>Multi-item measure P1: “While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?” P2: “How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?”</p> <p>Note: Both items have response options of “Never,” “Sometimes,” “Usually,” and “Always.”</p> |
| <b>Numerator Statement:</b> | CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. The top box numerator is the number of respondents who   |

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|                                      | <p>answer “Always.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.</p>   |
| <p><b>Denominator Statement:</b></p> | <p>The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 or P2).</p>   |
| <p><b>Exclusions:</b></p>            | <p>The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care.</p> |
| <p><b>Measure Type:</b></p>          | <p>Outcome</p>  |

**Treating Patient with Respect**

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| <p><b>Measure Description:</b></p>   | <p>Multi-item measure P1: “While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?” P2: “While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?”</p> <p>Note: All items have response options of “Never,” “Sometimes,” “Usually,” and “Always.”</p>  |
| <p><b>Numerator Statement:</b></p>   | <p>CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For both questions in this measure, the top box numerator is the number of respondents who answer “Always.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.</p> |
| <p><b>Denominator Statement:</b></p> | <p>The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 or P2).</p>   |
| <p><b>Exclusions:</b></p>            | <p>The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the</p>  |

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|                      | <p>caregiver does not have a U.S. or U.S. Territory home address. - The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care.</p> |
| <b>Measure Type:</b> | Outcome  |

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| <b>Emotional and Spiritual Support</b> |  |
| <b>Measure Description:</b>            | <p>Multi-item measure P1: “While your family member was in hospice care, how much emotional support did you get from the hospice team?” P2: “In the weeks after your family member died, how much emotional support did you get from the hospice team?” P3: “Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?”</p> <p>Note: All items have response options of “Too little,” “Right amount,” and “Too much.”</p> |

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| <p><b>Numerator Statement:</b></p>   | <p>CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For all questions in this measure, the top box numerator is the number of respondents who answer “Right amount.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.</p>  |
| <p><b>Denominator Statement:</b></p> | <p>The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P3).</p> <p>Those who answer “Too much” are not included in measure scoring.</p>  |
| <p><b>Exclusions:</b></p>            | <p>The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is</p> |

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|                      | deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care. |
| <b>Measure Type:</b> | Outcome  |

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| <b>Help For Pain and Symptoms</b> |   |
| <b>Measure Description:</b>       | <p>Multi-item measure P1: “Did your family member get as much help with pain as he or she needed?” P2: “How often did your family member get the help he or she needed for trouble breathing?” P3: “How often did your family member get the help he or she needed for trouble with constipation?” P4: “How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?”</p> <p>Note: P1 has response options of “Yes, definitely,” “Yes, somewhat,” and “No.”</p> <p>Note: P2, P3, and P4 have response options of “Never,” “Sometimes,” “Usually,” and “Always.”</p> |
| <b>Numerator Statement:</b>       | CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response.  |

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|                                      | <p>For question P1, the top box numerator is the number of respondents who answer “Yes, definitely.” For questions P2, P3, and P4, the top box numerator is the number of respondents who answer “Always.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.</p>  |
| <p><b>Denominator Statement:</b></p> | <p>The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P4).</p>  |
| <p><b>Exclusions:</b></p>            | <p>The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care.</p> |
| <p><b>Measure Type:</b></p>          | <p>Outcome</p>  |

| <b>Training Family to Care for Patient</b> |   |
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| <b>Measure Description:</b>                | Multi-item measure P1: Did the hospice team give you the training you needed about what side effects to watch for from pain medication? P2: Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member? P3: Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing? P4: Did the hospice team give you the training you needed about what to do if your family member became restless or agitated? P5: Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss the side effects of pain medicine with you or your family member? |
| <b>Numerator Statement:</b>                | CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For all questions in this measure, the top box numerator is the number of respondents who answer “Yes, definitely.” Top box scores for each survey question within the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.  |
| <b>Denominator Statement:</b>              | The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P5). Scores are calculated only among those  |

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|                      | respondents who indicate that their family member received hospice care at home or in an assisted living facility.   |
| <b>Exclusions:</b>   | The hospice patient is still alive. -The decedent's age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she "never" oversaw or took part in the decedent's hospice care. |
| <b>Measure Type:</b> | Outcome  |

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| <b>Rating Of This Hospice</b> |  |
| <b>Measure Description</b>    | Individual survey item asking respondents: "Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?" Response options |

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|                               | are on a 0-10 rating scale, with 0=Worst hospice care possible and 10=Best hospice care possible.  |
| <b>Numerator Statement:</b>   | The top box numerator is the number of respondents in the hospice who answer “9” or “10.” Top box scores for the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level) to calculate the overall hospice-level measure score.   |
| <b>Denominator Statement:</b> | The top box denominator is the total number of respondents in the hospice who answered the item.   |
| <b>Exclusions:</b>            | The hospice patient is still alive. -The decedent’s age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care. |
| <b>Measure Type:</b>          | Outcome  |

| <b>Willing to Recommend this Hospice</b> |  |
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| <b>Measure Description:</b>              | <p>Individual survey item asking respondents: "Would you recommend this hospice to your friends and family?"</p> <p>Note: This item has response options of "Definitely no," "Probably no," "Probably yes," and "Definitely yes."</p>  |
| <b>Numerator Statement:</b>              | <p>The top box numerator is the number of respondents in a hospice program who responded: "Definitely yes." Top box scores for the measure are adjusted for the mode of survey administration (at the individual respondent level) and case mix (at the hospice level) to calculate the overall hospice-level measure score.</p>   |
| <b>Denominator Statement:</b>            | <p>The top box denominator is the total number of respondents in the hospice that answered the item.</p>   |
| <b>Exclusions:</b>                       | <p>The hospice patient is still alive. -The decedent's age at death was less than 18. -The decedent died within 48 hours of his/her last admission to hospice care. -The decedent had no caregiver of record. -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address. -The decedent had no caregiver other than a nonfamilial legal guardian. -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted). -The caregiver is institutionalized, has</p> |

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|                      | mental/physical incapacity, has a language barrier, or is deceased. -The caregiver reports on the survey that he or she “never” oversaw or took part in the decedent’s hospice care. |
| <b>Measure Type:</b> | Outcome  |