



Calculating and Reporting Claims-Based Measures Within the Hospice Quality Reporting Program

Questions and Answers

Contents

| | |
|--|---|
| I. Overview of Hospice Quality Reporting Program Claims-Based Measures..... | 1 |
| II. Public Reporting: Update Frequency, Reporting Periods, and Provider Validation | 2 |
| III. Public Reporting: Display | 3 |
| IV. Confidential Reporting: Update Frequency, Reporting Periods and Provider Use | 4 |
| V. Confidential Reporting: Display | 5 |
| VI. Additional Resources | 5 |

I. Overview of Hospice Quality Reporting Program Claims-Based Measures

1. Which claims-based measures are part of the Hospice Quality Reporting Program (HQRP)?

The HQRP includes two measures that are calculated from Medicare Fee-For-Service (FFS) claims: Hospice Visits in the Last Days of Life (HVLDL) and the Hospice Care Index (HCI).

- **HVLDL** measures the proportion of a hospice’s decedent patients who have received in-person visits from a registered nurse or medical social worker on at least two out of the final three days¹ of the patient’s life.
- **HCI** is a single measure comprising ten indicators.² The sum of the points earned from meeting the criterion of each individual indicator results in the hospice’s overall HCI score, with 10 as the highest possible score.

2. How will consumers benefit from having claims-based measures on Care Compare?

Claims are a rich source of data that reflect many aspects of health care utilization. These data are collected based on care delivered. They will provide consumers with more direct information about decisions and actions made during the delivery of care than patient assessments or surveys. Claims-based measures will complement the information already on Care Compare and provide a different perspective on the quality of care provided. Also, because

¹ Final three *calendar* days. If the patient died on a Saturday (at any time), the final three days used to determine the HVLDL outcome would be Thursday, Friday, and Saturday.

² The 10 indicators comprising the HCI include: provided Continuous Home Care/General Inpatient Care; Gaps in skilled nursing visits; Early live discharges; Late live discharges; Burdensome transitions, Type 1; Burdensome transitions, Type 2; Per-beneficiary Medicare spending Skilled Nursing care minutes per routine home care day; Skilled nursing minutes on weekends; and Visits near death.

claims data are already collected, using these data imposes no additional burden to patients, families, or caregivers.

3. How is compliance with HQRP determined for claims-based data?

Hospices with claims data are 100-percent compliant with this requirement. The data source for the claims-based measures will be Medicare claims data that are already collected and submitted to CMS for payment purposes and therefore there is no additional submission requirement for administrative data.

4. Are all payor sources included in HCI measures, or is it just for Medicare patients?

The data for the claims-based measures, including HCI, are based on Medicare Fee-For-Service claims. Medicare is the largest payer of hospice services, covering more than 90 percent of hospice patient days, which supports Medicare claims as being a good source to use for measuring hospice quality of care. These data are already collected and submitted to CMS for payment purposes, so there is no additional provider burden related to these measures.

II. Public Reporting: Update Frequency, Reporting Periods, and Provider Validation

5. How many years of data will CMS use to calculate HVLDL and HCI, and why?

CMS will calculate the claims-based measures using 2 years or eight quarters of data and will normalize to use 8 consecutive quarters (i.e., 2 full calendar years) with the November 2023 refresh. Using 8 rather than 4 quarters allows CMS to publicly report the scores of more hospices. CMS has standards for a minimum number of data to be included before a measure can be publicly reported in order to have meaningful, reliable measures. Expanding the time reporting window means more smaller hospices who may have too few patients to meet the threshold can also have data reported.

6. CMS exempted data for Q 1 and Q2 2020 (January 1–June 30, 2020) due to the COVID-19 Public Health Emergency (PHE). Will CMS use data from care delivered during that period to calculate the claims-based measures?

No. CMS will omit Quarter 1 and Quarter 2 2020 (January 1–June 30, 2020) data from publicly reporting, including claims-based measures. CMS will include data from Q3 2020 (July 1, 2020) onward.

While the COVID-19 PHE did not end June 30, 2020, CMS is committed to empowering consumers to make informed decisions. Given that each claims-based measure will pool two years of data, we can reasonably state that the COVID-19 PHE affected hospices nationally in a similar way, despite regional differences in the timing of peaks in infection. To the extent there have been regional differences, CMS will report state averages so that consumers can appropriately benchmark hospices' performance on HCI and HVLDL.

7. How often will CMS update claims-based measures? When will those updates occur?

CMS will refresh claims-based measure scores on Care Compare each year in November, aligning with most claims-based measures across post-acute care settings. CMS will also update claims-based measure scores in the confidential CASPER Hospice-Level Quality Measure (QM) reports each year.

8. Why is there a delay between the end of the reporting period and public reporting on Care Compare?

CMS uses this time to ensure the accuracy of the calculations, and to give providers time to do the same. Specifically, for a given Care Compare refresh, CMS will calculate claims-based measures using data that are pulled at least 90 days after the last discharge date in the reporting period. For example, if the last discharge date in the two-year reporting period is December 31, 2022, for data collected from January 1, 2021, through December 31, 2022, CMS would create the data extract on approximately March 31, 2023, at the earliest. The time between December 31, 2022, and March 31, 2023, is called the “90-day run-off period.” This 3-month window allows CMS to ensure the claims have been submitted and corrected for accuracy. CMS would use these data to calculate and publicly report the claims-based measures for the CY 2021 and 2022 reporting period.

9. When will hospices have an opportunity to review and validate claims-based measures before they are publicly reported?

Hospices can check the accuracy of their claims through the end of the 90-day run-off period. Then, as with measures calculated from the Hospice Item Set (HIS), and prior to the measures being publicly reported, CMS will implement a 30-day preview period for claims-based measures. This will serve as the final opportunity for hospices to review their data and alert CMS if they believe there are any errors in the measure calculations. If a hospice believes it has found an error with an HIS or claims-based measure calculation as displayed in their preview reports, they can request a review, and CMS will suppress the measure(s) if CMS agrees there is an error. For more information about this process, please visit the [Preview Reports and Review Requests](#) page on the HQRP website.

10. How does CMS schedule the publicly reported measure date ranges for claims-based measures? If publicly reported in November 2022, which data would CMS use to report the HCI and HVLDL?

CMS schedules the measure date ranges with 8 quarters of Medicare claims data for each refresh by accounting for a) the provider preview period, b) measure calculation time, c) the 90-day run-off, and d) COVID-19 exemptions. For example, if released in November 2022, the HCI and HVLDL measure reporting period may include:

- Q1, Q2, Q3, and Q4 2021 (CY2021)
- Q3 and Q4 2020 (CY2020, omitting Q1 and Q2)
- Q3 and Q4 2019

When posted, the publicly reported claims data will contain eight quarters of data, with the most recent data being no more than 11 months old. All periods of performance are subject to change based on availability of data.

III. Public Reporting: Display

11. Where will consumers find HCI and HVLDL measure scores?

Consumers will find the HCI and HVLDL measures reported under the Quality of Patient Care display on Care Compare and in the Provider Data Catalog’s Hospice Provider dataset. The publicly-reported version of HCI on Care Compare will only include one final HCI score, while the Provider Data Catalog datasets will include the final HCI score and scores for the ten indicators.

This approach aligns with the purpose of each website: Care Compare is a consumer-oriented website. The display of information is intended to support their informed decision-making with clear information they can understand appropriately and then apply. The Provider Data Catalog (PDC) provides data for consumers interested in more detail, and also for providers and researchers. Component measures and indicators are ideally placed within the PDC, but not on Care Compare, to support all stakeholders' appropriate use of the information.

12. Will a hospice with very low census have their HCI and HVLDL scores publicly reported?

CMS will only publicly report the HVLDL and overall HCI measure score for hospices with at least 20 claims (HCI) or decedents (HVLDL) across the 8-quarter reporting period. Note that CMS does not apply thresholds for the 10 component indicators beyond the threshold applied to the Overall HCI score. This approach ensures reportability while also protecting patient privacy and ensuring reliability of measure scores.

13. Will CMS identify on Care Compare the dates of the claims that are being used for the claims-based measures?

The dates of the claims data that are used for claims-based measures will not be displayed on Care Compare, but will be available on the [Topics page of the Provider Data Catalog](#) and in the datasets for downloads from the Provider Data Catalogue—specifically, the Hospice_Provider and Hospice_National files.

IV. Confidential Reporting: Update Frequency, Reporting Periods and Provider Use

14. In which confidential reports does CMS provide hospices with HCI and HVLDL scores for quality improvement?

CMS shares claims-based measure scores with hospices in the on-demand Hospice Agency-Level QM Report in CASPER. This report provides detail about measure scores (including for claim-based measures) to support hospices' quality improvement efforts.

15. How often does CMS update the Hospice-Level QM Report?

After initial off-cycle releases in 2021 and 2022, measure scores will be updated annually in the Hospice-Level QM Report. Please note that unlike the publicly-reported scores, the reporting period for measures in the QM Reports *will* include Q1 and Q2 of 2020.

16. How does CMS determine measure date ranges for claims-based measures in the confidential reports? Which measure date ranges will be reported in 2022?

In September 2021, CMS provided HCI and HVLDL scores within the Hospice-Level QM reports for the first time using FY2018 and FY2019 claims data (Q4 2017-Q3 2019). Before the end of calendar year 2022, CMS will update these scores to CY2020 and CY 2021 claims data (Q1 2020-Q4 2021). Note that, unlike the measure date ranges on Care Compare, measure date ranges for confidential reporting include Q1 and Q2 2020.

17. How can hospices use claims-based measure scores in the confidential reports for quality improvement?

After the release of the claims-based measures to the public, hospices will be able to use information on their scores in the QM Report along with data on other hospices, and state and

national averages in the Provider Data Catalog to further quality improvement initiatives. Hospices can conduct additional monitoring to trend their own data year over year.

V. Confidential Reporting: Display

18. Will CMS provide patient-level information for the claims-based measures in the Patient-Level QM Report?

At this time, CMS does not provide patient-level claims data in the confidential Patient-Level QM Report. CMS encourages hospices to check the accuracy of their claims before the 90-day run-off period and use their own patient and claims records to validate the claims-based measure scores.

VI. Additional Resources

19. Where can I find specifications for the measures?

Measure specifications for HCI, including its 10 component indicators, and HVLDL can be found in the revised QM Users' Manual located in the Downloads section of the [Current Measures](#) page of the HQRP. You can also find details about all of the current measures on the Current Measures page of the CMS HQRP website.

20. Where can I find more context about the impact of COVID-19 on public reporting for the HQRP?

For more information on this topic, find the HQRP Public Reporting TIP sheet in the Downloads section of the [Requirements and Best Practices](#) page of the HQRP.