This third edition of the Public Reporting (PR) Tip Sheet:

1. Provides an update for the inaugural release of the two new claims-based measures, Hospice Visits in the Last Days of Life (HVLDL) (NQF #3645) and Hospice Care Index (HCI), with the August 2022 Care Compare refresh.
2. Describes the eight quarters of claims data used for the initial release of the two new claims-based measures.
3. Defines the quarters of claims data that will be displayed on Care Compare for these two new claims-based measures until the normal annual refresh using the specified eight consecutive quarters of data occurs with the November 2023 refresh.

To understand the background, please refer to the Second Edition HQRP COVID-19 PR Tip Sheet published in December 2021. This previous tip sheet provided information about CMS’ plan to adjust public reporting due to the calendar year (CY) 2020 COVID-19 exempted data. These temporary exemptions to the HQRP data submission requirements, which ended on June 30, 2020, were a result of the COVID-19 public health emergency (PHE). The resumption of public reporting on Care Compare with the February 2022 refresh cycle was also explained. The original plan to release the new claims-based HVLDL and HCI measures in May 2022, as described in the Second Edition HQRP COVID-19 Tip Sheet, is corrected with this tip sheet. They will now display in August 2022.

Public Reporting and Care Compare
The Inaugural Release of the Claims-Based Measures
The August 2022 refresh of Care Compare/Provider Data Catalog (PDC) will begin the display of the data for the two new claims-based quality measures, HVLDL and HCI.

Table 1 provides a summary of the data refreshes for each of the data sources in the HQRP, with the new claims-based measures highlighted. It also provides the dates that are included in the respective quarterly refreshes for measures derived from each of the three data sources. The footnotes provide more detail and definitions.

Document Terms

**CY 2020 COVID-19 Exempted Data:** Refers to exempted quarters, Q1 and Q2 2020, of data due to the COVID-19 PHE.

**Normal Refresh:** Refers to updates on Care Compare using the standard number of consecutive quarters of data.
CMS’ Approach to Exempted Data for Public Reporting

The CY 2020 COVID-19 exempted data is still impacting what is displayed on Care Compare. The following table depicts how CMS accommodated the exempted two quarters of data. CMS resumed public reporting with new data beginning with the February 2022 refresh.

Table 1. Summary of Data Refreshes

<table>
<thead>
<tr>
<th>Quarter Refresh*</th>
<th>HIS Assessment-Based Measure¹</th>
<th>Claims-Based Measures</th>
<th>CAHPS® Hospice Survey Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2022</td>
<td>Q3–Q4 2020 and Q1 2021²</td>
<td>N/A</td>
<td>Q4 2018–Q4 2019 and Q3 2020–Q1 2021³</td>
</tr>
<tr>
<td>May 2022</td>
<td>Q3–Q4 2020 and Q1–Q2 2021⁴</td>
<td>N/A</td>
<td>Q1–Q4 2019 and Q3 2020–Q2 2021</td>
</tr>
<tr>
<td>August 2022</td>
<td>Q4 2020 and Q1–Q3 2021</td>
<td>Q2–Q4 2019 and Q3 2020–Q3 2021⁵</td>
<td>Q2–Q4 2019 and Q3 2020–Q3 2021</td>
</tr>
<tr>
<td>November 2022</td>
<td>Q1–Q4 2021</td>
<td>No refresh⁶</td>
<td>Q3–Q4 2019 and Q3 2020–Q4 2021</td>
</tr>
<tr>
<td>February 2023</td>
<td>Q2–Q4 2021 and Q1 2022</td>
<td>No refresh⁶</td>
<td>Q4 2019 and Q3 2020–Q1 2022</td>
</tr>
<tr>
<td>May 2023</td>
<td>Q3–Q4 2021 and Q1–Q2 2022</td>
<td>No refresh⁶</td>
<td>Q3 2020–Q2 2022⁷</td>
</tr>
<tr>
<td>August 2023</td>
<td>Q4 2021 and Q1–Q3 2022</td>
<td>No refresh⁶</td>
<td>Q4 2020–Q3 2022</td>
</tr>
<tr>
<td>November 2023</td>
<td>Q1–Q4 2022</td>
<td>Q1–Q4 2021 and Q1–Q4 2022⁸</td>
<td>Q1 2021–Q4 2022</td>
</tr>
</tbody>
</table>

*Methodology used for measure calculation for refreshes to account for the missing CY 2020 COVID-excepted data was detailed in the FY 2022 Final Rule (see resources below).

¹ As of May 2022, the seven individual process measures for NQF #3235 are no longer publicly reported as individual measures on Care Compare. They are available by visiting the Provider Data Catalog (PDC) https://data.cms.gov/provider-data/topics/hospice-care.
² Public reporting resumed with only three quarters of data, excluding Q1 and Q2 of 2020.
³ Public reporting resumed with eight quarters of data, excluding Q1 and Q2 of 2020.
⁴ Normal refresh using four consecutive quarters of data.
⁵ Public reporting begins with eight quarters of data, excluding Q1 and Q2 of 2020.
⁶ No refresh = data remain unchanged from the August 2022 refresh.
⁷ CAHPS® Hospice Survey refreshes return to normal with eight consecutive quarters of data.
⁸ Normal refresh using two years or eight consecutive quarters of data.

When did or will refreshes return to their expected (“normal”) quarters of data?

- May 2022 refresh:
  - Display of the HIS Comprehensive Assessment Measure at Admission (NQF #3235) normalized, with the use of four consecutive quarters of data.

- May 2023 refresh:

- November 2023 refresh:
  - The HVLDL and HCI claims-based measures will normalize to use eight consecutive quarters (two full calendar years).
Figure 1 shows the eight quarters of data in dark green (without using Q1 and Q2 2020) that will display for the two claims-based measures, HVLDL and HCI, beginning in August 2022 until November 2023.

**Note:**

- The claims-based measures refresh once per year with new data. Since we cannot use Q1 and Q2 2020 data for public reporting, the refreshes from August 2022 through August 2023 show the same eight quarters of data excluding the Q1 and Q2 data. After this inaugural year, CMS will use the November refresh for the annual update of the claims-based measures.
- Starting with the November 2023 refresh, the normal annual refresh of eight consecutive quarters (2 years of data) is scheduled to occur. The eight dark green blocks shown in the last row display the consecutive quarters (2 full calendar years) of claims data that will be used for the November 2023 refresh.

**Figure 1. PHE: Reporting of Claims-Based Measure Data***

<table>
<thead>
<tr>
<th>Quarter Refresh</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>August 2022*</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>November 2022*</td>
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<tr>
<td>February 2023*</td>
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<td>May 2023*</td>
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<tr>
<td>August 2023*</td>
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<td></td>
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<tr>
<td>November 2023</td>
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</tbody>
</table>

* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

**Provider Reports**

**How can providers review their data?**

Providers can review their data, including CY 2020 COVID-19 exempted data if submitted, using reports accessible via the Certification and Survey Provider Enhanced Reports (CASPER) application.

- **Provider Preview Reports (PPR):** The Hospice Provider Preview report and the CAHPS® Hospice Survey Provider Preview report are both available in CASPER. These two separate reports are located in your CASPER folder. The purpose of these reports is to give providers the opportunity to preview their measure results prior to public display on Care Compare. The new claims-based measures were added to the PPR as of November 2021. *Release of the PPR in May 2022 was related to the August 2022 refresh.*

- **Review and Correct (R&C) Report:** The purpose of the R&C Report is for providers to have access to the HIS QM data prior to the data correction deadline for public reporting. This report includes 12 full months of data. It notes which quarters listed within the report remain “open” for correction and which are “closed,” no longer allowing correction. The report does not include claims data.
HQRPs Quality Measure (QM) Reports:

- **Hospice-Level QM Report**: These user-requested, on-demand reports provide hospices with confidential reporting of their HIS, HVLDL, and HCI measure scores through CASPER. The report includes hospice-specific scores and national and state averages (as of May 2022). Details of the 7 component process measures are included for the HIS Comprehensive Assessment at Admission Measure (NQF #3235) as well as the details for the 10 individual HCI indicators.

- **Hospice Patient Stay-Level QM Report**: The Hospice Patient Stay-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 details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure (NQF #3235). Claims-based measures are not included in these reports.

**Resources**

- [Second Edition HQRP COVID-19 PR Tip Sheet](#).
- [FY 2022 Hospice Final Rule](#).
- [CMS Medicare Learning Network memo released March 27, 2020](#).
- [Program guidance and information about the CMS response to COVID-19](#).
- [Program guidance, updates, and announcements regarding the Hospice QRP – Announcements & Spotlight web page](#).
- [Public Reporting for the Hospice QRP](#).
- [Public Reporting – Key Dates for Providers](#).
- [Claims Measure Calculation and Reporting – Q&A](#).
- [FY 2023 Hospice QRP Reporting Year Requirements](#).

**Hospice Quality Help Desk:**

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