

CMS Hospice Quality Reporting Program Forum - 2022 Rulemaking Update

August 4, 2021

Hello, everyone. Thank you for joining today's Hospice Quality Reporting Program forum. During this webinar, CMS will provide information on the fiscal year 2022 hospice final rule and information on the public display of quality measures and other hospice data updates. At the end of the webinar, CMS will have a question-and-answer section. We will address as many questions as time allows, and we will also address questions received via the questions chat box, and we will take questions over the phone. To ask a question through the question box or through the phone line, please use the hand-raising feature, and we will unmute your line. For those dialed in by phone, you must have your audio PIN entered. If you will be using your computer speakers and want to ask a question, you must have a working microphone. Please note the slides from today's presentation will be posted on the Hospice Quality Reporting Program website in the coming weeks. Now, I will turn it over to Cindy Massuda, coordinator for the Hospice Quality Reporting Program at CMS' Center for Clinical Standards and Quality. Cindy?

Thank you very much and welcome, everybody. I am Cindy Massuda, the coordinator for the Hospice Quality Reporting Program, or HQRP at CMS' Clinical Standard and Quality. With me today, we are fortunate to have Charles Padgett, the Hospice Quality Reporting Program public reporting subject matter expert. So welcome to the HQRP forum. On behalf of CMS, I would like to thank Ketchum for their work supporting this webinar. Next slide, please.

So today we will be discussing the fiscal year 2022 hospice wage index and payment rate update, hospice COP update and hospice and home health quality reporting requirements final rule. We will be discussing the Hospice Quality Reporting Program portion only of the final rule. After the presentation, we will have time for discussion and questions. Next slide. So on this slide, please see all the acronyms and abbreviations that you will see during this presentation defined. Next slide.

So for the fiscal year 2022 final rule publication, the fiscal year 2022 hospice wage index and payment rate update, hospice COP update, hospice and home health quality reporting program requirement final rule was displayed on July 29, 2021, on the federal register website. It formally publishes today, August 4, 2021. You may view the rule at the federal register update or by visiting the website listed on the slide. Next slide, please. So from here forward, I'm going to be referring to the rule as the fiscal year 2022 hospice final rule. So the hospice fiscal year 2022 final rule includes several provisions related to the hospice quality reporting program. This slide and webinar highlight key topics. We will discuss these provisions in detail during the forum and encourage you to read the whole rule. Today we are highlighting that in the fiscal year 2022 Hospice Quality Reporting Program requirements there are four quality measures. Two of them are claim safe measures. Another key highlight, the statutory changes resulting from the Consolidated Appropriation Act of 2021 that impacts the Hospice Quality Reporting Program. Public reporting updates for the Hospice Quality Reporting Program is another update, and because we need to ready for the January 2022 home health refresh, the fiscal year 2022 hospice final rule includes one provision for the public reporting for the home health quality reporting program. The slides that follow will discuss each of these topics in more detail.

Next slide, please. The fiscal year 2022 Hospice Quality Reporting Program requirements: We like to present the quality measures using this visual, that the Hospice Quality Reporting Program equals HIS plus claims plus CAHPS. Next slide, please.

For the fiscal year 2022, the HIS portion of the Hospice Quality Reporting Program is NQF 3235, a hospice and palliative care composite process measure or the HIS comprehensive assessment measure as we abbreviate it. The HIS comprehensive assessment measure is a composite measure that captures the seven different process measures listed on the slide. The comprehensive assessment measure provides in a single measure meaningful differences between hospices regarding overall quality, setting a higher standard of care for hospices, encourages hospices to improve in all seven processes and requires all care processes for each patient, which aligns with public expectations. Previously, we also reported the seven HIS process measures individually as separate quality measures. However, the HIS comprehensive assessment measure is a more broadly applicable measure that addresses the same quality issue. Therefore, the seven individual HIS process measures meets one of our factors for measure removal and will no longer be publicly reported individually. Please note that that you must still report on all seven HIS measures in order to meet the HIS comprehensive assessment measure requirements. Next slide, please.

For the fiscal year 2022, there are two claims-based measures. The first claims-based measure we will discuss is the Hospice Care Index. The Hospice Care Index or HCI reflects several processes of care during a hospice stay and better empowers patients, families and caregivers to make informed healthcare decisions. We will begin publicly reporting the HCI no earlier than May of 2022. Next slide, please. This slide shows the HCI indicators. These are the 10 indicators that make up the Hospice Care Index quality measure and are used to calculate its single score. The HCI is a single measure comprising 10 indicators calculated from Medicare claims. The index design of the HCI simultaneously monitors all 10 indicators. Collectively, these indicators represent different aspects of hospice services and thereby characterize hospices more comprehensively rather than on just a single care dimension. Therefore, the HCI composite yields a more reliable provider ranking. The HCI indicators were developed based on information gathering activities which identified several areas of quality improvement, and they're areas which were recommended for public reporting. These indicators aggregated into a single HCI score, convey a broad overview of the quality of hospice care. Together with the other measures already publicly reported in the Hospice Quality Reporting Program, HCI score helps patients, family and caregivers decide between hospice providers. Next slide, please.

The hospice...The second claims-based measure that we're going to discuss is the Hospice Visits Last Days of Life. Hospice Visits Last Days of Life assesses hospice staff visits to patients at the end of life. It indicates the hospice provider's proportion of patients who have received in-person visits from a registered nurse or a medical social worker on at least two out of the final 3 days of a patient's life. So Hospice Visits Last Days of Life is a respecified measure for the HIS-based hospice visits when death is imminent. Now that we are capturing the data via Medicare claims, we no longer need to collect the data using the HIS, and thereby remove section O from the HIS discharge. Once CMS has publicly reported the HIS-based hospice visits when death is imminent data, we will begin publicly reporting the claims-based Hospice Visits Last Days of Life measure. We plan to be public

reporting the Hospice Visits Last Days of Life no sooner than May of 2022. Next slide, please.

Now I will turn to the next topic we are highlighting from the fiscal year 2022 hospice rule related to the Hospice Quality Reporting Program. This is the new law that impacts hospices. It is the Consolidated Appropriation Act of 2021 or CAA 2021. The link to this new law is on the slide. We encourage you to read this law and become familiar with it. The new law has many parts, but the one part I want to address here is the payment penalty update impacting the Hospice Quality Reporting Program. Next slide. Beginning in fiscal year 2024 and in each subsequent year, hospices that do not comply with the quality data submission requirements for that fiscal year will have their payment penalty increase to four percent, 42 CFR section 418.306 was revised to reflect the statutory change of the payment penalty from the current two percent to the new four percent that takes effect starting in fiscal year 2021. This law is self-implementing. Next slide, please.

And now I would like to turn to Charles Padgett to discuss the public reporting provision in the fiscal year 2022 hospice final rule.

Thank you, Cindy, really appreciate it. Next slide, please. So we made a number of data collection and public reporting changes in response to the COVID-19 public health emergency, and initially we granted exemptions of Hospice Quality Reporting Program reporting requirements for quarter four of 2019 as well as quarter one and two of 2020. We also stated that we would not publicly report any post-acute care quality data that are greatly impacted by the exemption. Our analysis has indicated that quarter four of 2019, HIS and CAHPS data in fact did meet public reporting standards, and therefore, we decided to release the November 2020 refresh data, including quarter four of 2019 and hold that data constant on the Care Compare website throughout the November 2021 refresh. So moving on to the resumption of public reporting with the February 22, 2022, refresh, it's detailed in the fiscal year 2022 hospice... refresh will report a modified set of post-acute care quality data. We'll report HIS measures in February of 2022 using three quarters of data, which would include quarter three of 2020, quarter four of 2020 and quarter one of 2021. We will also report CAHPS Hospice Survey measures using the most recent eight quarters of CAHPS Hospice Survey data excluding quarters one and two of 2020. These public reporting plans will provide consumers with more relevant quality data and allow hospices to demonstrate more recent performance compared to the November 2020 data. Based on data testing results, CMS concluded that these modified public reporting data maintain high standards for reportability and reliability. Next slide, please. Equality measures to be displayed on the compare tool in fiscal year 2022 and beyond. This final rule also discusses the Hospice Quality Reporting Program quality measures to be displayed on the compare tool that meet the fiscal year 2022 Hospice Quality Reporting Program requirements. The full list of the four measures is presented on this slide. We will continue to display NQF 3235, which is the HIS comprehensive assessment measure. We're adding the claims-based Hospice Visits in the Last Days of Life and the claims-based Hospice Care Index no sooner than May 2022, and we will continue to display NQF 2651, which is the CAHPS Hospice Survey data, and just to clarify, while that is given one NQF number, that is based on eight separate CAHPS quality measures. Next slide, please.

Calculating public reporting claims-based measures for Hospice Quality Reporting Program, for the Hospice Visits in the Last Days of Life and the Hospice Care Index and any future claims-based measures, we will update the

measure scores annually in alignment with most post acute care claims-based measures. We will extract claims data for calculating these measures at least 90 days after the last discharge date to strike a balance between timeliness and completeness of data. We will also calculate claims-based measures based on eight quarters of data. Calculating measures using multiple years of data can help include more hospices, including small hospices in the public reporting on Care Compare. Next slide, please.

Public reporting of claims-based measures, we will begin publicly reporting the Hospice Care Index and the Hospice Visits in the Last Days of Life no earlier than the May 2022 refresh. If these two measures are released in May of 2022, the reporting period will include quarters two, three and four of 2019, quarter three and four of 2020 and quarters one, two and three of '21. As noted previously, in accordance with past guidance regarding the COVID-19 PAG, we will exclude all claims data from quarter one and quarter two of 2020. Next slide, please.

CAHPS Hospice Survey Participation Requirements and Star Ratings, CMS will calculate Star Ratings for the CAHPS Hospice Survey for public reporting on Care Compare in fiscal year 2022. Star Ratings benefit the public in that they can be easier for some to understand than absolute measure scores, and they make comparisons between hospices more straightforward for consumers. Next slide, please.

The home health January 2022 refresh, so within the hospice proposed and final rules, it was necessary to propose this one home health quality reporting program provision due to the timing for resuming public reporting for the home health quality reporting program with the January 2022 refresh of Care Compare. In order to account for the exception we granted for quarter one and quarter two of 2020 home health QRP data, we will resume public reporting using just three out of four quarters of data for the January 2022 refresh. We proposed the policy in the fiscal year rules since it becomes effective on October 2021. This time frame fits for when we need to release the previous reports in October of 2021 related to the January 2022 home health refresh on Care Compare. Next slide, please.

This is a list of resources. We have several ways for hospice providers to receive announcements and regular updates about the Hospice Quality Reporting Program using any of the links on this slide. We encourage you to explore them. Next slide, please.

And I think that's it. Thank you for attending this Hospice Quality Reporting Program forum. We would now like to turn back to Ketchum and open up for discussion questions.

Okay. Great. Thank you, and thank you to both of our presenters. We will now begin the question and answer portion of this webinar. You can ask your questions in various ways. You can either submit your questions via the questions chat box or raise your hand, and we will unmute your line. As a reminder, to ask a question through the phone line, you must have your audio PIN entered. If you will be using your computer speakers, you must have a working microphone. We will address as many questions as time allows, and we will now stand by for our first question. Okay, and our first question is, "A new claims-based measure has been finalized in addition to the HQRP called the Hospice Care Index. What does this index measure?"

Thank you. So the Hospice Care Index includes 10 indicators that collectively represent different aspects of hospice care and aim to convey a comprehensive characterization of the quality of care furnished by a hospice throughout the hospice stay, and we're planning to publicly report this measure no earlier than May of 2022.

Thank you, Cindy. And our next question, "Why are you calculating and publicly reporting hospice Star Ratings for the CAHPS Survey measures on Care Compare?"

Charles, do you want to take that or...

Oh, sure. No problem. I'll take it. So CMS is adding the Consumer Assessment of Healthcare Providers and Systems or the CAHPS Hospice Survey Star Ratings on Care Compare for our final rule, and the Star Ratings benefit the public in that they can be easier for some to understand than absolute measure scores. In addition, they make comparisons between hospices more straightforward. Consumers find it easier to compare Star Ratings when looking and deciding upon where they want to seek hospice care.

Okay. Thank you. Our next question, "What are the other key HQRP public reporting changes in FY2022?"

Thank you. So we're removing the seven original HIS hospice items that measure the program because a more broadly applicable measure across settings, populations or conditions for the particular topics available, and it's already publicly reported. So the Hospice Care Index measure, which is NQF 3235, is the one measure that's calculated and rolled up by a completion of the seven individual measures, and so this measure helps to ensure that hospice patients receive a holistic comprehensive assessment. Additionally, we are publicly reporting in fiscal year 2022 the claims-based Hospice Visits Last Days of Life now that it's specified from HIS hospice visits when death is imminent, and related to the exchanges, we finalized reporting eight quarters of claims data in order to display small providers.

Great. Thank you, Cindy. And our next question, this questioner is asking, "So am I understanding that Care Compare will not be refreshed until February of 2022?"

This is Charles. Yes, that is correct. We...The last refresh of the Care Compare site for the Hospice QRP took place in November of 2020, and we have held the data constant on the website since that refresh with the exception of an update that we performed in early July related to demographic data on the site. Beyond that, we've held that quality data constant on the site and will continue to do so through the November 2021 refresh, and then we'll... public reporting will resume for Hospice QRP with the February 2022 refresh.

Thank you, Charles. And our next question, "Are you going to use 2019 and Q3 and Q4 of 2020 for HCI and HVLDDL?"

Can you repeat the question please?

Sure. "Are you going to use 2019 and Q3 and Q4 of 2020 for HCI and HVLDDL?"

So the claims-based measures are based off of the fiscal year 2017 through 2019 data, so the claims-based measures that we're using as we report in for the May 2022... what we expect to be May of 2022 refresh is... does not get

into the... the two years are fiscal year 2017 through 2019, so it doesn't get into the public health emergency time frame. -Yeah, and just to clarify, or add to that, Cindy, while we will be using some 2020 data, quarter three and quarter four, we will be absolutely excluding quarter one and quarter two of 2020 within the period of performance for those measures. So the exact quarters of data would be quarters two, three and four of 2019, quarter three and four of 2020 and quarters one, two and three of 2021.

Thank you both. Our next question, "When will hospices be able to view their data related to the new HVLDL and HCI measures?"

So we are getting that data ready for the hospice providers confidential reports. We're trying to have it ready as soon as possible right after this August of 2021, so you'll have sufficient time to get familiar with the measures, both of these two claims-based measures and get ready for the public reporting of them.

Okay. Our next question, "When looking at Care Compare now, some hospices' data show and some show none. Why is that?"

So this is Charles. So there's a number of reasons that that could be. When we display our measure scores on Care Compare, there are reasons that a provider's score could be not showing or could be showing what we term not available, a footnote, and some of the reasons for that is they may not have met the threshold for that measure, meaning they may have not had the minimum number of stays that are required for inclusion in that measure, or it could be that they did not submit a specific amount of data related to that measure, so we don't have the data that's needed to calculate. Normally when we have such a situation, we do footnote a measure that specifies one or the other.

Thank you. And our next question, "When will the Star Ratings be available to the public?"

Lori, do you want to take that question?

So the Hospice...Okay. Go ahead please. Or I can answer. This is Charles. For the Hospice CAHPS Star Ratings, which as you know, we had proposed and finalized in this fiscal year 2022 final rule, will be available within fiscal year 2022. We haven't been more specific than that at this point.

Okay. And our next question, "Will there still be a CAHPS reporting exemption if agency has less than 50 deceased in a calendar year?"

Lori, do you want to address the CAHPS questions? I can address it. They are...Lori, are you on?

Lori, your line may be on mute.

If you want to repeat the question, I can answer it.

Sure. "Will there still be a CAHPS reporting exemption if agency has less than 50 deceased in a calendar year?"

Yes, that continues in the CAHPS program.

Okay. And our next question, "Will we be provided preview data prior to it being published? If so, how soon before published?"

Yeah, this is Charles. I can take that one. So yes, we always provide providers with what we call preview reports prior to any... the public posting of any quality data, and generally we provide those reports 3 months prior to the release of that data on the Care Compare site. As we get closer to that, we do release messaging both on LISTSERV and on our Hospice Quality Reporting Program website relating to the release of those reports.

Thank you. And our next question, "Please explain the calculation based on the gap between nursing visits. Are RN and LVN/LPN visits counted?"

Is this for the HCI measure, or is this for the Hospice Visits Last Days of Life measure? So I'll answer... [Overlapping speakers]

Okay. Thank you.

I'll just answer correctly. So for the Hospice Care Index, the gap between... We are including the RN and the LPN in the measure, so if anybody is referring to the Hospice Care Index measure where we have gaps in nursing care, that is we do include both the RN and the LPN, which is different from Hospice Visits Last Days of Life measure, which is a claims-based measure where that only includes the registered nurse. Thank you.

Thank you. All right. And our next question, "How will Star Ratings for CAHPS be determined?"

So the Star Ratings... I think Lori is having trouble with her speaker. We're hoping to have the CAHPS lead on the call for this, but they're going to... it's scored... It's a stars of zero up to five similar to the other programs, and it's using top box scores.

Okay. Thank you. Okay. And our next question, "Specifically what are the 10 measures in the HCI?"

So the HCI's 10 measures go through for... We have burdensome transition. We also include the visits... It would be easier if I can just send it in a... We put it back in an e-mail to the board. I will write that out, what the 10 measures are, the 10 indicators.

Okay. Thank you, Cindy. Okay, and our next question, what will the preview methodology be for the claims-based measures? Will the numerator and denominator as well as weighting of the claims-based measures be published?

This is Charles. So we generally don't publish the numerator and denominator on the Care Compare site. That said, we do include that information within the preview reports. That information can also be found within the public recording files that we release on the provider data catalog site, the CMS provider data catalog.

Okay. And our next question that comes in, I think we might have addressed this earlier, but just to reiterate for the group, will agencies have the ability to see their current scores before they are publicly reported to have time to change processes, or do they have to depend on their EHR for this information?

Yeah, so this is Charles Padgett. So, yes, they will have a few different ways of doing that. One will be releasing confidential feedback reports that we'll have available to hospices, we figure sometime within the next month, and that's an approximate date, and following that, we always will release provider measure scores as they will be shown on Care Compare within provider preview reports, and we release those reports approximately 3 months prior to any public display of that metric data, so there are several instances that providers will have a chance to review and understand their measure scores and how the measures work.

And just to go back, for the Hospice Care Index, the 10 indicators are guest and skilled nursing visits, skilled nursing minutes per routine home care, live discharge in the first 7 days, live discharge after 180 days. We have burdensome transitions for patients released to the ER, burdensome transitions for patients who end up hospitalized and die and then visit near the end of life, and then we have per beneficiary spending and that the hospice provides continuous home care and general inpatient care and skilled nursing visits on weekends. Those are the 10 indicators.

All right. Thank you, Cindy. Okay and our next question. Since HCI will be based on performance of a hospice compared to a national benchmark, how will the hospice assess their current performance? Will there be a report of what current benchmarks are?

So the HCI is looking at the hospice against other similar hospices. So it's... Since that's how we are looking at the benchmark of the providers.

And just to add to that. We do release on our reports national data so they will see how their hospice compares to national data, and we hope to be adding state data to our reports and public reporting in the future.

And our next question. Will the hospice receive a composite score or rating for the combined HCI measures?

So the HCI is taking each of the individual 10 indicators, and you get a score on each of the 10 indicators, and you either get a zero for passing the indicator because you've passed that threshold, or you have not. And so for every one that you get a one, meaning you've passed that threshold, then we add those scores up. So if you pass for all 10 indicators, you get a perfect 10, and for anyone that you don't meet the indicator your score would be less than 10, and that's how we're scoring it. So there's one score to make it straightforward representing all 10 indicators.

Our next question, is there any specification available for the Hospice Care Index Measure published now which shows the specific claims data element and calculations that will be used for this measure?

So we provided a lot of material in the final rule that goes into a lot of detail, so I encourage you to look at the final rule.

Okay. Thank you, Cindy.

And we also have our quality measure manual coming out that will also have the specifications in there.

Great. Okay. Moving on to our next question, can you clarify on the HDLVL, if the nurse and SW visit on the same day, will that only count as one visit made in the last 3 days of life?

Yes. We're using the same... The answer is yes that it only counts as one visit, and we use the same criteria that we use from the hospice visits when death is imminent measure, so it should be familiar to hospices.

Okay. And our next question; is data collection for the HCI being done now, or is there a start date to start collecting it?

The Hospice Care Index is a claims-based measure, and so we're using 2 years of data to start defining that measure. So it's using your fiscal year claims data that are already submitted to CMS.

Okay. And then we do have someone whose asking a clarifying question. Are star ratings based solely on the CAHP scores, or do they also include HIS, HDLVL and HCI scores?

Thank you, that's a good question. So for the CAHP star ratings, when we start out it is just the CAHP scores.

Okay. And our next question, and would each agency receive a breakdown of how it performed on each indicator on the HCI?

So that's going to be in the confidential reports that the hospices receive and can access through their CASPER folders, and it will have all the details on how they're performing on each of the 10 indicators.

Thank you, Cindy. Okay, and then we do have someone who's asking, "Can you repeat when we can expect to see our first preview reports showing our performance on the claims-based measure, and how much time will we have until the scores are made public?"

Yeah, this is Charles Padgett. So we generally release our preview reports 3 months prior to the public display of quality measure data on Compare, so for the February 2022 refresh, which is going to be the resumption of public reporting for the Hospice Quality Reporting Program, we generally would expect to release a preview report right around November. We give providers 30 days to review the data within that preview report and contact us if they have questions or concerns about that data. And then, as I said, it's usually 3 months from the release of the preview reports that they see that data then go up actually publicly on Care Compare.

And our next question, will the public see the 10 indicators which comprise HCI or just the index score number?

So we're only... For public reporting, they have the one score, which is the composite of all the indicators.

And our next question, is Care Compare the same as Hospice Compare?

Well, I should put it this way. Care Compare is the new Hospice Compare. So we used our legacy site, which was called Hospice Compare, those legacy sites were retired in December of 2020, and everything is now... that was on there though can be now found on the Care Compare site. It's sort of a one-stop shop across eight different health care settings, including hospice. -

Our next question, is HIS reporting through QIES or CASPER required after May 2022?

The HIS, or HIS, is still... that needs to be reported until we... unless we state otherwise. So that exists, and the admission and the discharge are expected to be reported. They're needed. Obviously we have NQF 3235, the HIS Comprehensive Assessment Measure, which is a HIS-based measure, and we are capturing the data for that. So the answer is, yes, the HIS is still to be captured, which is why in the Hospice Quality Reporting Program we're staying that that formula that we like to use, that it is HIS, which is the NQF 3235, plus claims, which are two new claims measures, the HCI and Hospice Visits Last Days of Life, and then CAHPS, and those are the requirements for fiscal year 2022. Those are the categories of the requirements of fiscal year 2022.

Okay. Our next question, will we no longer be required to upload the HIS forms to the CMS website?

Can you repeat that question? I'm sorry.

Sure. Will we no longer be required to upload the HIS forms to the CMS website? -You do still need to upload the HIS to the CMS website. That's what we're saying, that we have to collect all seven of the HIS measures in order to calculate the NQF 3235. And so the admission and discharge of the HIS still has to be collected and submitted to CMS. That has not changed.

Thank you, Cindy. Okay, and our next question. Why is there a delay in reporting to Care Compare? What is the usual expected time frame to report?

So this is Charles Padgett. The delay in reporting on Care Compare has to do with the public health emergency, during which we accepted quarter one and quarter two as far as quality reporting requirements were concerned. So for quarter one and quarter, we stated that providers did not have to submit data to CMS during those quarters, and the idea was that we would provide relief to providers so that they could focus on patient care related to the public health emergency. The consequence of that is that we have two quarters of missing data essentially and, as those two quarters of data roll through our periods of performance, because we end up having refreshes or what would have been refreshes, that we did not have enough data to appropriately calculate our quality measures as they're specified, and so we decided that we would hold the data constant on the Care Compare site for a year. Essentially, we last refreshed the data during November of 2020, and that data is still on the website today and will continue to be there through November of 2021, and then we will resume public reporting with the February 2022 refresh. I'm not sure what they mean by the second part of that question. Can you just repeat the second question for me?

Sure. It is what is the usual expected time frame to report?

Yeah, so I'm not quite sure what is meant by that. I mean, as far as quality reporting and data submission to CMS, you know, that is ongoing and for every calendar year quarter providers... For every assessment, I believe, hospices are required to submit that assessment within 30 days. We also allow 4 1/2 months beyond the end of each quarter for review and data correction to occur. So any given calendar year quarter providers have 4 1/2 months beyond the end of that, during which to review and correct their data.

Okay. Thank you. And our next question is, our data disappeared in July, and now we have no data on Care Compare. Who can help us restore our data? -I would just ask that you submit an inquiry to the Hospice Quality Reporting Program Public Reporting Help Desk. You can find that email on the Hospice Quality Reporting Program website, the cms.gov website, and once you're there, you can navigate to the Hospice QRP Public Reporting web page... or to the help page web page, I'm sorry, which you can find in the left-hand column on the landing page. And that help desk web page will provide the specific email address for the Hospice Quality Reporting Program Public Reporting Help Desk. You can also submit that same question to the Hospice Quality Reporting Help Desk. There's a few help desks there, any one of which if you submit that question you will get to the right person. But that's the best way to go about that, and we can look into it for you and get back to you with an answer.

Okay. Our next question, will the seven quality measures that are no longer going to be publicly reported on Care Compare going to continue to be available in quality measure reports, preview reports and in the provider data catalog?

Yes.

Thank you, and we will stand by for our next question. Okay. Where can we find the specifics and definitions regarding the index measure?

So we have information on... There's the details in the fiscal year 2022 hospice final rule that we're discussing today. And obviously we will be having our quality manual out for implementation by the October 1st date.

Okay. And our next question, if we have submitted data and did meet the threshold and the information is not showing on Care Compare, who do we contact to find out why?

Again, it would be the Hospice Quality Reporting Program Public Reporting Help desk, which I believe is hospicewrppr@pms.hhs.gov. Again you can find the specific email listed on our Hospice Quality Reporting Program website. There's a help desk web page there that you can go over to, and it lists all of our help desks. But you can submit to the Public Reporting Help Desk, and we'll help you get that answer.

Next question, depending on patient census and deaths per year, is there any exemptions for HIS and public reporting?

We don't have exemptions in the hospice item set for our measures. So the only time is, for public reporting purposes, if there is less than 20 patients in a year. Then, because of needing to avoid any sharing of publicly identifiable information, we wouldn't be publicly reporting. But in terms of submission of data, there are no exemptions, which is unlike the CAHPS that has some of their exemptions per size.

Thank you, Cindy. And our next question, it is clear that CMS will not count a visit from the RN and the MSW on the same day for the HDLVL measure. But will CMS allow hospice agencies to count more than one RN visit on the same day? For example, a routine visit is made at 10:30 a.m. and another PRN RN visit is made that same evening, can the hospice count both for these visits for the HDLVL?

Are you on mute?

Yeah, I'm sorry. I asked to repeat the question. I'm sorry.

Sorry, sure thing. So the question states, it is clear that CMS will not count a visit from the RN and the MSW on the same day for the HDLVL measure, but will CMS allow hospice agencies to count more than one RN visit on the same day?

No, it's only one visit regardless of how many RNs are visiting. Thank you.

Okay, and I believe we have time for one more question, and our last question will be, can you please define the burdensome transition?

Sure. So for burdensome transitions, we have two of them. And one of them... The first burdensome transition is live discharges from hospice followed by hospitalization and subsequent hospice readmission. And so this indicator reflects hospice life charge with a hospital admission within 2 days of hospice discharge and then hospice readmission within 2 days of a hospital discharge. And this pattern of transitions can lead to fragmented care and associated with problematic care processes, so that's that burdensome transition. And the other burdensome transition, referred to as type two, is live discharges from hospice followed by hospitalization with the patient dying in the hospital. So this pattern is associated with discharge processes that don't appropriately assess the ability of a hospice patient's conditions prior to live discharge. And so those are the two burdensome transitions.

All right. Thank you, Cindy. And that actually concludes the Q and A portion of the webinar. As a reminder, the slides from today's presentation will be posted on the Hospice Quality Reporting website in the coming weeks. We will now pass it back to Cindy Massuda to close the call.

Thank you very much, and we want to thank everybody for joining us today for this Hospice Quality Reporting Program forum. We appreciate your attendance and also want to recognize that we provide these webinars both live, and then they are available recorded so that you can access them 365 days a year, 24/7 to fit your schedule. And with, including this webinar today, we have several education and training webinars on our website, on the HQRP website, the training and education web page and encourage you to be looking at that along with the hospice final rule. The fiscal year 2022 hospice final rule, and thank you very much.