

Hospice Quality Reporting Program Forum

QM Manual v1.00 and QM Reports



October 19, 2021

Welcome and Introductions

Cindy Massuda, JD

Centers for Medicare & Medicaid Services

Sharon Nakhimovsky, MA

Abt Associates

T.J. Christian, PhD

Abt Associates

HQRP Forum Agenda

- Quality Measures (QM) Specifications User's Manual v1.00
- Reviewing your QM Reports
- Discussion questions

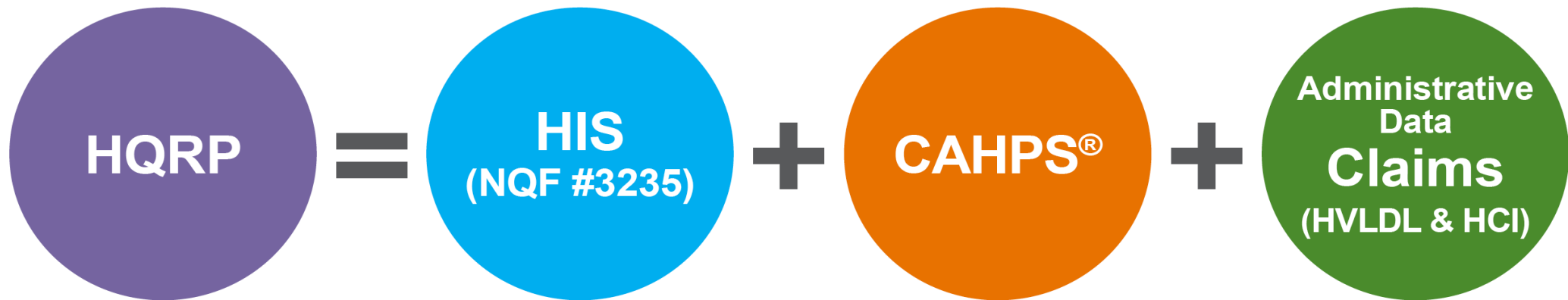
Acronyms/ Abbreviations

- **CAHPS:** Consumer Assessment of Healthcare Providers and Systems
- **CMS:** Centers for Medicare & Medicaid Services
- **CoPs:** Conditions of Participation
- **CY:** Calendar Year
- **FY:** Fiscal Year
- **HCI:** Hospice Care Index
- **HIS:** Hospice Item Set
- **HQRP:** Hospice Quality Reporting Program
- **HVLDL:** Hospice Visits in Last Days of Life
- **HVWDII:** Hospice Visits When Death Is Imminent
- **PHE:** Public Health Emergency
- **QM:** Quality Measure

QM Manual v1.00

HQRP Data Sources

- The HQRP combines sources of data from the HIS, CAHPS® Hospice Survey, and administrative data (e.g., Medicare claims).



QM Manual - Overview

- **Chapter 1:** Background, purpose, and structure of the manual.
- **Chapter 2:** The Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235) derived from Hospice Item Set (HIS) data
- **Chapter 3:** The Hospice Visits in the Last Days of Life (HVLDL) measure based on 8 quarters of Medicare hospice claims data.
- **Chapter 4:** The Hospice Care Index (HCI) measure based on 8 quarters of Medicare hospice claims data.
- **Chapter 5:** Specifications for each HQR measure.
- **Appendix 1:** Definitions in Chapter 2 and Chapter 4
- **Appendix 2:** Help Desk Contact List

Quality Measure Resources

- Access specifications for the HIS- and claims-based measures in the **QM Manual v1.00** at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>

Note: The **Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey** measure specifications are found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/CAHPS%C2%AE-Hospice-Survey>

Chapter 1: Background

- Provides an overview of the HQRP.
- Details the one HIS- and two claims-based measures.
- Provides a link to the CAHPS® Hospice Survey measure specifications, available on the CAHPS® website.
- The new QM Manual replaces the Hospice Item Set-Based Quality Measures for Hospice Quality Reporting Program: User's Manual Version 3.00.

Chapter 1: HQRP Measure Summary

HIS Comprehensive Assessment Measure at Admission (NQF #3235)	<ul style="list-style-type: none">• The proportion of patients for whom the hospice performed all seven care processes as applicable.
HVLDL (Claims-based)	<ul style="list-style-type: none">• The proportion of patients who have received in-person visits from a registered nurse or a medical social worker on at least 2 out of the final 3 days of life.
HCI (Claims-based)	<ul style="list-style-type: none">• A single measure comprising ten indicators calculated from Medicare claims.
CAHPS® Hospice Survey (NQF #2651)	<ul style="list-style-type: none">• All eight of the CAHPS® Hospice Survey measures are endorsed under NQF #2651.

Chapter 2: HIS Comprehensive Assessment at Admission (NQF #3235)

- **Section 1:** Measure Description
- **Section 2:** Data Sources
- **Section 3:** Measure Calculation
- **Section 4:** Public Reporting Threshold
- **Section 5:** National and State Average Calculation
- **Section 6:** Specifications for component measures

Chapter 2: HIS Comprehensive Assessment at Admission (NQF #3235)

HIS

- NQF #3235 is a composite measure that captures the proportion of patients for whom the hospice performed the following seven care processes, as applicable:
 1. Pain Screening
 2. Pain Assessment
 3. Dyspnea Screening
 4. Dyspnea Treatment
 5. Treatment Preferences
 6. Beliefs/Values Addressed (if desired by the patient)
 7. Patients Treated with an Opioid who are Given a Bowel Regimen

Chapter 2: HIS Comprehensive Assessment at Admission (NQF #3235) - continued



- This measure is interdisciplinary, holistic, and aligns with the CoPs and consumer expectations for hospice.
- NQF #3235 is broadly applicable and already publicly reported.
- The 7 HIS process measures are available at:
<https://data.cms.gov/provider-data/topics/hospice-care/data>

Chapter 3: HVLDL – Claims-based measure

- **Section 1:** Measure Description
- **Section 2:** Data Sources
- **Section 3:** Measure Calculation
- **Section 4:** Public Reporting Threshold
- **Section 5:** National and State Average Calculation

Chapter 3: HVLDL

- HVLDL: A claims-based measure representing hospice staff visits to patients at the end-of-life.
 - Measures whether patients received in-person visits by an RN or medical social worker **on at least two (2) of the last three (3) days of life.**
 - A re-specified measure replacing the HIS-based HVWDII.
- Hospices *no longer need to collect and submit HIS data from Section 0.*
- CMS will begin publicly reporting HVLDL no sooner than May 2022.
- Public reporting of HVWDII will stop, then HVLDL reporting begins.

Chapter 4: HCI – Claims-based Measure

- **Section 1:** Measure Description
- **Section 2:** Data Sources
- **Section 3:** Measure Calculation
- **Section 4:** Public Reporting Threshold
- **Section 5:** National and State Average Calculation
- **Section 6:** Indicators

Chapter 4: HCI

- A claims-based QM recently added to the HQRP.
 - It captures care across the entire hospice stay using 10 indicators.
- Public reporting on HCI will occur no sooner than May 2022.
- Confidential QM and Provider Preview Reports will include claims-based measure scores.



Hospice Care Index Indicators

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/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%
2	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
3	Early live discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
4	Late live discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
5	Burdensome Transitions (Type 1)	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
6	Burdensome Transitions (Type 2)	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
7	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
8	Nurse care minutes per routine home care days	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
9	Skilled nursing minutes on weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death	The percentage of beneficiaries receiving at 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).	Above 10 Percentile Rank

Chapter 5: Measure Logic Specifications

- Summarizes measure description and specifications for HIS Comprehensive Assessment at Admission, HVLVL and HCI.
- Provides a link to the CAHPS measure specifications.

Table 5-2. Hospice Visits in the Last Days of Life (claims-based)

Measure Description
The proportion of hospice patients who have received in-person visits from a Registered Nurse or Medical Social Worker (non-telephonically) on at least two out of the final three days of the patient's life.
Measure Specifications
Numerator 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. Registered nurse visits are identified by revenue code 055x with the presence of Healthcare Common Procedure Coding System (HCPCS) code G0299. Non-telephonic visits by medical social workers are identified by revenue code 056x (other than 0569); HCPCS code G0155. The last three days are defined as: the day of death (the same as the date provided in A0270, Discharge Date), the day prior to death (calculated as A0270 minus 1), and two days prior to death (calculated as A0270 minus 2).
Denominator All hospice patient stays except those meeting exclusion criteria as identified below.
Exclusions Patient stays are excluded if the patient: <ul style="list-style-type: none">• Did not expire in hospice care as indicated by reason for discharge (exclude if the patient discharge status code, PTNT_DSCHRG_STUS_CD, does not equal [40, 41, or 42]) OR

Public & Confidential Reporting

Public Reporting Updates

- The February 2022 refresh will contain fewer than the standard number of HIS quarters reported due to PHE exemptions.
- New claims-based measures (**HCI** and **HVLDL**):
 - The new measures will be publicly reported no sooner than May 2022.
 - Claims-based measures will use 2 years (8 quarters) of data to include small providers.
 - Initial reporting period will exclude Quarter 1 and Quarter 2 of 2020 data.
- **HIS:**
 - The 7 HIS process measures will be removed from Care Compare no sooner than May 2022.
 - The HIS Comprehensive Assessment at Admission (NQF #3235) composite measure remains in the HQRP.

Public and Confidential Reporting Updates

- New claims-based measures (**HCI** and **HVLDL**) are available in confidential the Hospice-Level QM Reports.
- State and national average data will be included in the future for the HIS Comprehensive Assessment at Admission (NQF #3235) and Claims-based HVLDL and HCI quality measures.
- The 7 **HIS** process measures and 10 **HCI** indicators will be included and will be publicly available in the Provider Data Catalogue at: <https://data.cms.gov/provider-data/topics/hospice-care>.

QM Report Review for HVLDL and HCI



CASPER Report Hospice-Level Quality Measure Report

Provider ID: 000000
CCN: 000000
Hospice Name: HOSPICE
City/State: TOWN, XX

Report Period - Claims (HVLDL): 10/01/2017 - 09/30/2019
Data was calculated on: 03/01/2021
Report Run Date: 10/28/2021
Report Version Number: 5.00

Source: Medicare Fee-For-Service Hospice Claims

Table 2 Legend

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	207	245	84.5%	62.1%	90

Illustrative example



CASPER Report Hospice-Level Quality Measure Report

Provider ID: 000000
CCN: 000000
Hospice Name: HOSPICE
City/State: TOWN, XX

Report Period - Claims (HVLDL): 10/01/2017 - 09/30/2019
Data was calculated on: 03/01/2021
Report Run Date: 10/28/2021
Report Version Number: 5.00

Source: Medicare Fee-For-Service Hospice Claims

Table 2 Legend

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	207	245	84.5%	62.1%	90

Illustrative example



CASPER Report Hospice-Level Quality Measure Report

Provider ID: 000000
CCN: 000000
Hospice Name: HOSPICE
City/State: TOWN, XX

Report Period - Claims (HVLDL): 10/01/2017 - 09/30/2019
Data was calculated on: 03/01/2021
Report Run Date: 10/28/2021
Report Version Number: 5.00

Source: Medicare Fee-For-Service Hospice Claims

Table 2 Legend

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	207	245	84.5%	62.1%	90

Illustrative example



CASPER Report Hospice-Level Quality Measure Report

Provider ID: 000000
CCN: 000000
Hospice Name: HOSPICE
City/State: TOWN, XX

Report Period - Claims (HCI): 10/01/2017 - 09/30/2019
Data was calculated on: 03/01/2021
Report Run Date: 10/28/2021
Report Version Number: 5.00

Table 3. Claims-based Quality Measure-Hospice Care Index

Hospice Care Index-Measure Overview	
Hospice Observed Score (higher is better)	8 out of 10
National Average	8.9 out of 10
The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.	

Table 3A Legend

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

Table 3A. Hospice Care Index-Provider's Points Earned on Each Indicator and Total HCI Score

Care Indicator Used To Calculate HCI	Provider Points Earned
CHC/GIP Provided (% days)	+1
Gaps in nursing visits (% elections)	+1
Early live discharges (% live discharges)	+1
Late live discharges (% live discharges)	+1
Burdensome transitions, Type 1 (% live discharges)	+1
Burdensome transitions, Type 2 (% live discharges)	+1
Per-beneficiary spending (U.S. dollars \$)	+1
Nurse care minutes per routine home care days (minutes)	+1
Skilled nursing minutes on weekends (% minutes)	0
Visits near death (% decedents)	0
Hospice Care Index Observed Score (out of 10)	8

Illustrative example

CASPER Report Hospice-Level Quality Measure Report

Technical Details on the Hospice Care Index's Observed Score

Table 3B Legend

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

Table 3B. Hospice Care Index-Hospice Score for Each of the 10 Indicators that Comprise the HCI Observed Score

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	481	24,521	2.0%	0.8%	90	Hospice Score Above 0%	Yes	+1
2	Gaps in skilled nursing visits (% elections)	112	174	64.4%	44.9%	77	Below 90 Percentile Rank	Yes	+1
3	Early live discharges (% live discharges)	5	45	11.1%	7.5%	81	Below 90 Percentile Rank	Yes	+1
4	Late live discharges (% live discharges)	15	45	33.3%	37.4%	40	Below 90 Percentile Rank	Yes	+1
5	Burdensome transitions, Type 1 (% live discharges)	0	45	0.0%	3.5%	37	Below 90 Percentile Rank	Yes	+1
6	Burdensome transitions, Type 2 (% live discharges)	0	45	0.0%	1.2%	59	Below 90 Percentile Rank	Yes	+1
7	Per-beneficiary spending (U.S. dollars \$)	\$3,983,340	541	\$7,363	\$14,572	10	Below 90 Percentile Rank	Yes	+1
8	Nurse care minutes per routine home care days (minutes)	251,070	24,015	10.5	15.9	17	Above 10 Percentile Rank	Yes	+1
9	Skilled nursing minutes on weekends (% minutes)	5,100	251,070	2.0%	9.3%	3	Above 10 Percentile Rank	No	0
10	Visits near death (% decedents)	370	470	78.7%	90.5%	10	Above 10 Percentile Rank	No	0
Hospice Care Index Total Observed Score (out of 10)									8

*The National Score is calculated as the average Hospice Observed Score for all hospices, nationwide.

Illustrative example

Except from Table 3B, Row 2

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
2	Gaps in skilled nursing visits (% elections)	112	174	64.4%	44.9%	77	Below 90 percentile rank	Yes	+1

Illustrative example

Except from Table 3B, Row 9

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
9	Skilled nursing minutes on weekends (% minutes)	5,100	251,070	2.0%	9.3%	3	Above 10 Percentile Rank	No	0

Illustrative example

CASPER Report
Hospice-Level Quality Measure Report

Table 3C. Hospice Care Index-Individual Indicators' Definitions*

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/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%
2	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
3	Early live discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
4	Late live discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
5	Burdensome Transitions (Type 1)	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
6	Burdensome Transitions (Type 2)	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
7	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
8	Nurse care minutes per routine home care days	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
9	Skilled nursing minutes on weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death	The percentage of beneficiaries receiving at 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).	Above 10 Percentile Rank

*All indicators are defined within the reporting period for the HCI measure.

Illustrative example

HQRP Compliance Reminder

- HQRP data collection requirements for both the Hospice Item Set (HIS) and CAHPS® Hospice Survey are defined for the **Calendar Year (CY): January 1-December 31.**
- Payment is impacted during the corresponding **Fiscal Year (FY): October 1-September 30.** Hospices are subject to a payment reduction in their annual payment update (APU) if they fail to comply with the HQRP requirements.
- Beginning in FY 2024 (CY 2022 data) the APU penalty will increase from 2% to 4%.

QM Manual - Key Takeaways

Quality Measures for HQRP

- HIS Comprehensive Assessment at Admission (NQF #3235)
- HCI
- HVLDL
- CAHPS® Hospice Survey

Re-specification of the HIS-based visits Measures

- HVLDL has replaced Hospice Visits when Death is Imminent (HVWDII) measure 1 and measure 2.

HIS Comprehensive Assessment at Admission (NQF #3235)

- The language reflects the removal of the 7 individual HIS-based process measures from the HQRP.

Public Reporting and National/State Averages

- Clarification regarding measure scores suppression and national/state averages is included.

Public Reporting - Key Takeaways

- The HIS Comprehensive Assessment at Admission (NQF #3235) is already publicly reported.
- HCI and HVLDL will be publicly reported no sooner than May 2022.
- COVID-19 PHE exemptions have temporarily shortened the reporting period for QMs.
- The revised QM reports including the two new measures were released in September.

Resources

- HQRP QM User's Manual and the latest information on the HQRP, visit the HQRP Current Measures page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>
- HIS manual v3.00, visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS>
- Access CASPER through the QIES Technical Support Office:
 - <https://qtso.cms.gov/providers/hospice-providers>
 - <https://qtso.cms.gov/providers/hospice-providers/reference-manuals>
- FY 2022 Final Rule at: www.cms.gov/Center/Provider-Type/Hospice-Center.html
- Access the Consolidated Appropriations Act 2021 at: <https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>

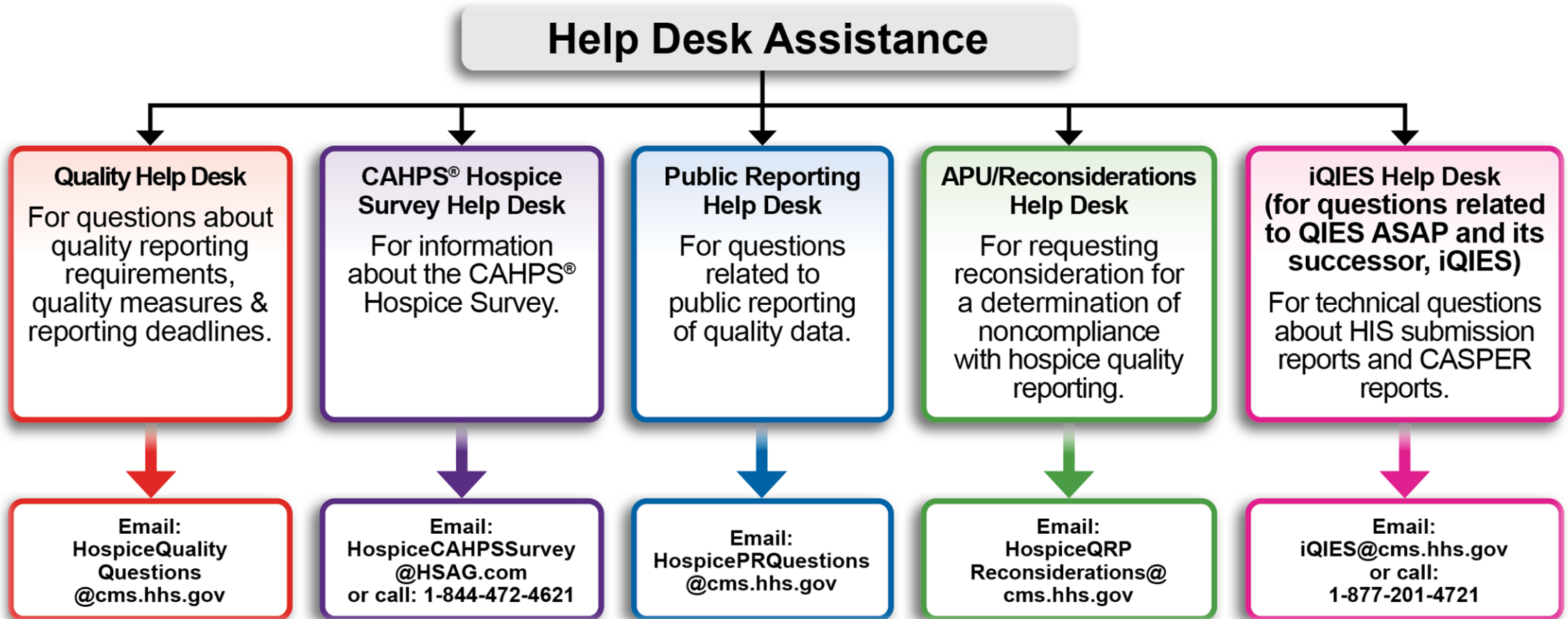
Resources (continued)

- For recent news and updates, refer to the Spotlight and Announcement page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight>
- For the latest Hospice quality reporting information, subscribe to the PAC QRP listserv: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265
- For HQRP Quarterly Updates: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices>

Resources (continued)

- For information about hospice public reporting and COVID-19 PHE, please review the HQRP Public Reporting see: <https://www.cms.gov/files/document/hqrp-pr-tip-sheet081320final-cx-508.pdf>
- For information about claims measure calculation and reporting, please review this Q&A: <https://www.cms.gov/files/document/questionsandanswersclaims-basedmeasuresoctober2021.pdf>
- For information about Public Reporting: Key Dates for Providers: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers>

Help Desk Assistance



Discussion Questions

- If you'd like to ask a question, please type your question into the "Questions" chat box.
- CMS will answer questions as time permits.