

CMS Hospice Quality Reporting Program Forum – QM Manual v1.00 and QM Reports

October 19, 2021

Thank you for joining today's Hospice Quality Reporting Program Forum. During today's webinar, CMS will provide information on the "Quality Measure Specifications User's Manual, version 1, and updates for viewing your QM reports. At the end of today's webinar, we will have a question-and-answer section. We will address questions received via the Questions chat box. CMS will address as many questions as time allows. Please note the slides in 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's Center for Clinical Standards and Quality.

Thank you very much. So, welcome to the Hospice Quality Reporting Program Forum. Today a topic will be the new Quality Measure Specifications User's Manual version 1.00, and review of two new measures on your QM report.

I am Cindy Massuda, coordinator for the Hospice Quality Reporting Program at CMS's Center for Clinical Standards and Quality. With me today are Sharon Nakhimovsky, the HQRP Public Reporting subject-matter expert with Abt Associates, and T.J. Christian, a Hospice Quality Reporting Program quality measure subject-matter expert, also with Abt Associates. Abt Associates is the contractor supporting the Hospice Quality Reporting Program, which includes the development of the Hospice Quality Reporting Program quality measures. On behalf of CMS, I would also like to thank Ketchum for their work with this webinar today.

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Today we will discuss the "Quality Measure Specification User's Manual, version 1.00, hereafter referred to as the QM manual, which details the measures in the Hospice Quality Reporting Program. We will also walk through the reporting updates and present two examples in the quality measures, or QM, report. After the presentation, we'll leave time for discussion questions. As we said, to please enter those in the chat box.

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On this slide with the acronyms is the abbreviations and acronyms that you're going to see throughout today's presentation defined.

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So, the quality measure manual, version 1.00. First, I want to discuss the new QM specification user's manual, version 1.00. Please note that the prior QM manual was called the "Hospice Item Set-Based Quality Measures for Hospice Quality Reporting Program User's Manual," version 3.00. While the prior QM manual provided detailed information for the HIS-based measures, this new version addresses more Hospice Quality Reporting Program quality measures. Given its broader scope, the new manual is called the "Hospice Quality Reporting Program QM Specification

User's Manual," version 1.00. And we called it 1.00 to recognize that we're using -- starting a new version of the manual.

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So, the Hospice Quality Reporting Program data sources. First, I'd like to provide a brief introduction to the Hospice Quality Reporting Program. As a result of the provisions in the Fiscal Year 2022 Hospice Final Rule, the Hospice Quality Reporting Program is composed of four quality measures that fit into three data sources, as depicted here. It's the Hospice Item Set; the administrative claims, which shows the two measures -- the Hospital Visits Last Days of Life and the Hospice Care Index; and the CAHPS Hospice Survey. The four quality measures that we have, related to these categories, are: the HIS-based hospice visits Comprehensive Assessment Measure at admission; the claims-based Hospice Visits Last Days of Life; the claims-based Hospice Care Index; and the CAHPS Hospice Survey.

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The QM Manual overview, So, the QM Manual is organized into five chapters, the first of which provides an introduction to the manual itself. Chapter 2 through 4 describe specific measures. Chapter 2 details the HIS-based Comprehensive Assessment at Admission measure of the admission measure. Chapter 3 details the claims-based Hospice Visits in the Last Days of Life, or HVLDDL. Chapter 4 describes the Hospice Care Index, or HCI, which is another claims-based measure, And the final chapter, Chapter 5, summarizes the specifications for each of these three measures. The manual also includes two appendices, one of which provides definitions relevant to measure calculations in Chapter 2 and Chapter 4. The second appendix lists all help-desk resources available for questions. Each chapter and measure will be discussed in more detail in the coming slide.

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So, the quality measure resources. The new QM Manual was posted on the Hospice Quality Reporting Program current measures Web page on September 30th, this year. You can download the QM Manual in the download section. The QM Manual provides specifications for three of the Hospice Quality Reporting Program measures and directs readers to the CAHPS Hospice Survey's Web page for instructions relating to CAHPS. Since the Web page already provides details on CAHPS, the CAHPS Hospice Survey is not included in this manual. For each of the other quality measures, the manual provides measure definitions, inclusion and exclusion criteria, and measure calculation instructions. This slide includes a link for more information on the Hospice Quality Reporting Program measures. The new QM Manual describes the HIS Comprehensive Assessment at Admission measure, the Hospice Visits Last Days of Life, the Hospice Care Index, and does these three measures all in depth. The QM Manual can be found at the first link. And please note that the CAHPS measures can be found at the second link on the slide.

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So, Chapter 1, the background. The new QM Manual begins with a short overview of the Hospice Quality Reporting Program and then details the HIS Comprehensive Assessment at Admission, the Hospice Visits Last Days of Life, and the Hospice Care Index. As previously mentioned, the QM Manual also provides a link to the CAHPS website, with measure specifications for the CAHPS Hospice Survey. As a reminder, the new manual is called the "Hospice Quality Reporting Program QM Specification User's Manual, Version 1.00," since it's a much larger scope than the previous quality measure, which only covered the HIS-based measures.

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So, Chapter 1, the Hospice Quality Reporting Program Measure Summary. Chapter 1 of the QM Manual summarizes the four Hospice Quality Reporting Program measures that are effective beginning with fiscal year 2022. The HIS-based Hospice Comprehensive Assessment at Admission measure indicates the proportion of patients for whom the hospice performed all seven care processes included in the measure. Then, claims-based Hospice Visits Last Days of Life measure, HVLDL, reflects the proportion of patients who received in-person visits from a registered nurse or medical social worker on at least two of the last three days of life. The claims-based Hospice Care Index, or HCI, is a single measure comprising 10 indicators representing hospice-care delivery. And fourth, we have the CAHPS Hospice Survey, which encompasses all eight of the CAHPS Hospice Survey measures that are endorsed under the one NQF number, 2651.

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Chapter 2, the HIS Comprehensive Assessment at Admission, NQF 3235. The second chapter of the QM Manual covers the HIS Comprehensive Assessment at Admission, NQF 3235, and follows the structure with six sections. Section 1 of the chapter provides a description and overview of the HIS Comprehensive Assessment at Admission measure. The second section describes the data sources for the measure. The third section, you can find the steps to calculate the measure. Sections 4 and 5 include information on the public reporting threshold and national and state average calculations, respectively. Since the HIS Comprehensive Assessment at Admission is a composite measure, this chapter includes Section 6, which provides the specifications for each of the seven component measures. Now we will cover some of the highlights from Chapter 2 of the QM Manual.

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So, Chapter 2, the HIS Comprehensive Assessment at Admission, which is NQF-endorsed number 3235. We'll start with a description of the HIS Comprehensive Assessment at Admission. It is a composite measure that captures the proportion of patients for whom the hospice performed all seven care processes on each patient. The HIS Comprehensive Assessment Measure specifications and calculations did not change in the fiscal year 2022 hospice final rule. It is now the only HIS-based measure in the Hospice Quality Reporting Program and for public reporting. The QM Manual

itself provides detailed explanations of the criteria for each process measure and the calculation of the composite measure.

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So, continuing with the HIS Comprehensive Assessment Measure at Admission, which is NQF 3235. The object of the measure is to capture the provision of services at admission. It is interdisciplinary, holistic, and aligned with the CoPs and consumer expectations for hospices. The HIS Comprehensive Assessment at Admission measure is broadly applicable and publicly reported. Information about the seven process measures are available at the link above in the Provider Data Catalog.

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So, Chapter 3, we're now looking at the Hospice Visits Last Days of Life measure, or HVLDDL, which is a claims-based measure. So, now, like the previous chapter, Chapter 3 begins with a measure description in Section 1, and it provides the data sources for the measures in Section 2, specifically claims data, and gives detailed steps for calculating the measure in Section 3. Section 4 provides information on the public reporting threshold for the Hospice Visits Last Days of Life. And Section 5 covers national and state average calculation. Because the Hospice Visits Last Days of Life is not comprised of component measures or indicators, it does not have a sixth section. The following slides will present an overview of the information included in Chapter 3 of this Quality Measure Manual.

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So, Chapter 3, the Hospice Visits Last Days of Life, or HVLDDL. The Hospice Visits Last Days of Life assesses hospice staff visits at the end of life. It indicates the proportion of patients at a hospice who receive in-person visits from a registered nurse or medical social worker on at least two out of the final three days of a patient's life. This is a claims-based measure constructed from eight quarters of Medicare Fee-For-Service hospice claims records, which are already submitted to CMS when hospices submit their claims. The Hospice Visits Last Days of Life is a respecified measure, replacing the HIS-based Hospice Visits When Death is Imminent measure. The new QM -- This new quality measure, HVLDDL, uses claims data instead of records from the Hospice Item Set. This is why hospices no longer need to collect the HIS data for Section O, which was originally associated with the HIS-based Hospice Visits When Death is Imminent measure. Public reporting for the Hospice Visits Last Days of Life will begin no sooner than May 2022 and will replace public reporting of the HIS-based Hospital Visits When Death is Imminent. To help hospices understand the Hospice Visits Last Days of Life and their hospice's performance, we revised the confidential QM report and provide a preview report. Hospice Visits Last Days of Life is included in the QM Report starting in September 2021, through the Certification and Survey Provider Enhanced Reports, or CASPER. This is an on-demand system to view your hospice's report. As a hospice, you must log in to the system to review the report.

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The Hospice Care Index. We're now in Chapter 4 of the QM Manual and overviews the Hospice Care Index. The fourth chapter of the QM Manual focuses on the Hospice Care Index, also known as HCI. The structure of this chapter mirrors that for Chapters 2 and 3. Since HCI is an index measure comprised of 10 indicators, Chapter 4 does include specifications for each indicator in Section 6. We will now cover the highlights of Chapter 4.

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So, 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. The HCI measure is constructed from eight quarters of Medicare hospice claims records. In HCI, a hospice is awarded a point for meeting the criterion for each of 10 claims-based indicators. Hospices will score better if they meet more indicators' criteria. And HCI scores can range from zero to a perfect 10. By combining the indicators into a single score, HCI makes it easier to compare hospices. The next two slides will provide information on the 10 indicators in HCI. And later in the forum, T.J. will walk through a couple examples to illustrate how a hospice earns a point. Please review the QM Manual because it contains complete instructions to calculate each indicator, as well as the HCI index score. Public reporting for HCI will begin no sooner than May 2022. To help hospices understand HCI and their hospice's performance, we revised the confidential QM Report and provide a preview report. HCI is included in the QM Report started in September 2021 through the CASPER system. It includes agency and national rates for QM, for the quality measure, and the Hospice Care Index overall score to support hospices in interpreting the information. The QM Report now includes results of the individual indicators used to calculate the single HCI score and provides details on the indicators. As I mentioned previously, these reports are on-demand and accessible in the CASPER system.

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So, these are the HCI indicators. It shows the 10 HCI indicators that collectively represent different aspects of hospice service. As depicted in the graphic, the 10 indicators are condensed into a single measure that characterizes hospices comprehensively. Using these 10 indicators, the HCI composite yields a more reliable provider ranking. The next slide provides more detailed information on each indicator.

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So, here, with the HCI indicators -- this is a continuation of this discussion -- you can see the name, the definition, and index earned point criterion for each indicator in the Hospice Care Index. Please note that the title of this slide reflects the table found in Chapter 4 of the QM Manual. The index earned point criterion is the threshold for determining whether hospice receives a point toward the cumulative

Hospice Care Index score. If the hospice meets the criterion for an indicator, has earned a point towards the full index score. As I said before, T.J. is going to be giving us some examples of that in a few moments. This chart is included in your QM Report, which can be downloaded on demand from the CASPER system.

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The Measure Logic Specification. The final chapter, Chapter 5, of the QM Manual provides the specifications for each measure in the HQRP base, or HIS and claims data. In tables like the one pictured on the slide, as an example, provides the measure's description and measure specification for the HIS Comprehensive Assessment at Admission, the Hospice Visits Last Days of Life, and the Hospice Care Index. This chapter also provides the link for the CAHPS website, where measure specifications for the CAHPS Hospice Survey can be found.

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I'd like to now turn it over to Sharon Nakhimovsky from Abt Associates to discuss the public and confidential reporting of the new claims-based measures included in the QM Manual.

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Thank you, Cindy. So, the COVID-19 public health emergency, or PHE, has impacted public reporting for the Hospice Quality Reporting Program. In response to the exemptions and as finalized in the FY2022 rule, for one refresh cycle, CMS will report fewer than the standard quarters of the HIS data. After that February 2022 refresh, public reporting for the HIS data will continue to be the most recent four quarters of data. For claims-based measures as well as CAHPS, it will be the most recent eight quarters of data, excluding the exempted quarter. HVLDL and HCI will use those eight quarters, or two years, of data in order to report on small providers. The final rule also specified that public reporting on the new measures will begin no sooner than May 2022. The scores for these claims-based measures will be updated annually, in alignment with most post-acute care claims-based measures. Additionally, the NQF 3235 HIS-based composite measure will be the only HIS measure on Care Compare. This change will also occur no sooner than May 2022.

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Thanks. CMS had been providing hospices with confidential reporting of their measure scores in the QM Report, which are obtained through the Certification and Survey Provider Enhanced Reports, or CASPER. Since September 2021, the hospice-level QM report has been revised to include the HIS Comprehensive Assessment at Admission, the HCI and HVLDL measure scores, as well. The report includes hospice-specific scores and national averages. State averages will be added, as well, in future reports and in future refreshes. The QM Reports and the Provider Preview Reports will include the HIS composite measure and its seven process measures, along with the HCI and its 10 indicators. Only the HIS composite measure

and the single HCI overall score will be available on Care Compare. But the 7 HIS measures and the 10 HCI indicators will be made publicly available by visiting the Provider Data Catalog. You can see the link here. At this time, I would like to invite T.J. Christian from Abt Associates to review two fictitious examples of the confidential report.

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Thanks, Sharon. So, the examples I will review focus on the Hospice Visits in the Last Days of Life and Hospice Care Index measures. So, in your Provider QM Reports, you also have the HIS Comprehensive Assessment at Admission quality measure, but it is not being reviewed today, because you already are familiar with it through your confidential reports since 2017. There's no change to the reporting of that measure, and as Cindy just discussed, the measure specifications have not changed either. So, now let's review the Hospice Visits in the Last Days of Life in each QM Report.

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The Hospice Visits in the Last Days of Life report includes basic information about the hospice in the upper left-hand corner. So, there's I.D., name, and location. In the upper right-hand corner, there is information about HIS reporting, about this reporting period when the measure was calculated, the run date, and the version number. To understand the measure, we're going to review the table of change columns. In the column on the far left, you can see the measure and the name -- in this case, Hospice Visits in the Last Days of Life. The next column, CMS Measure I.D., is the assigned alphanumeric identifier for the measure.

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Great. So, the next two columns, highlighted here in yellow, show the numerator and denominator, respectively. If you divide the number in the numerator column by the number in the denominator column, you can calculate the Hospice Observed Percents, also highlighted as the third column in yellow. In this example, we divide 207 in the numerator column by 245 in the denominator column for a score of 84.5%. Alright, next slide, please. And so, for context, the national average is given in the next column, now here highlighted in green. So, this hospice has a Hospice Visits in the Last Days of Life score above the national average. So, that is the 84.5% of the provider is greater than the 62.1% national average. Note, this hospice would be at the 90th percentile of all hospices nationally, in the column that follows. The next claims-based measure in the QM Report is the Hospice Care Index.

So, next slide, please.

Okay, so, now let's review an example of the Hospice Care Index. So, again, we see the same information in the upper left and right corners as we saw with the previous measure. So, now let's focus on Table 3. This is the box near the top of the slide that displays the hospice's score in 8

out of 10. So, for reference, the national average is also given. The national average is also given, 8.9 out of 10. This measure, a higher observed score, is better. A hospice with a 10 out of 10 would have the highest possible score. Since the Hospice Care Index score reflects multiple indicators, the report also contains indicator-level data in the chart shown at the bottom of the slide, or Table 3A. This table shows that the provider earned one point for 8 of the 10 indicators, leading to their 8 out of a possible 10 index score. In this example, the provider did not meet the criteria for the last two indicators at the bottom of the table, and so thus the hospice did not earn a point for these indicators.

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So, this slide presents a more thorough view of the data available to hospices, relating to the Hospice Care Index measure. Each row represents one of the 10 Hospice Care Index indicators. So, let's take a moment to review two examples which are extracted from this Table 3B.

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Alright. Great. So, for the first example, which is the indicator named Gaps in Skilled Nursing Visits, you can see this indicator's criteria is a score below the 90th percentile rate. And this hospice has a percentile rank of 77, which is below 90. Because this example hospice met the indicator's criteria, the hospice earned a point, as shown in the far-right column.

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So, for the second example, which is the indicator named Skilled Nursing Minutes on Weekends, let's focus on the highlighted columns. You can see, this example hospice did not earn a point, as shown in the far-right column, because the hospice did not meet the indicator's criteria. The indicator's criteria, listed under Index Earned Point Criteria, is a score above the 10th percentile rank. And this hospice has a percentile rank below 10 -- specifically, a percentile rank of 3. Because 3 is below the 10th percentile rank, this hospice did not meet the indicator's criteria and did not earn a point.

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The CASPER report will also include a Table 3C, shown here, which lists each Hospice Care Indicator, along with its definition and the corresponding Index Earned Point criteria. This is also available in the QM Manual's Chapter 4's measure specifications. So, at this point, I'd like to turn the floor back to Cindy.

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Thank you, T.J. So, the final public reporting note -- we would like to remind everyone that the Annual Payment Update, or APU, will be changed,

beginning in fiscal year 2024. As a fiscal year 2024 Annual Payment Update, which uses calendar year 2022 data -- and just as a reminder, calendar year 2022 data runs from January 1st to December 31st of 2022 -- the penalty for hospices that don't meet the Hospice Quality Reporting Program requirements will increase to 4%. So I just want to remind you that beginning with calendar year 2022 data, which impacts your fiscal year 2024 APU, the penalty is increasing from 2% to 4%. So I just want to make sure our providers are familiar with that.

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So, for QM Manual, the key takeaways. There's a few key takeaways from the information presented. As previously mentioned, the new QM Manual provides detailed information from the HIS-based and claims-based measures. Specifically includes the HIS Comprehensive Assessment at Admission measure, the Hospice Care Index, and the Hospice Visits Last Days of Life. The QM Manual also provides a link to the CAHPS Hospice Survey measure specifications. Per the fiscal year 2022 hospice final rule, the HIS-based hospice visits and Death is Imminent measures 1 and 2 have been respecified. The claims-based Hospice Visits Last Days of Life will now be used to measure quality at the end of life in the Hospice Quality Reporting Program. Additionally, the seven process measures for the hospice item set will no longer be individually publicly reported. The composite measure, which is NQF number 3235, which is the HIS Comprehensive Assessment at Admission, is a more broadly applicable measure and continues to provide meaningful differences between hospices regarding overall quality of hospice care upon admission. Therefore, the HIS Comprehensive Assessment at Admission measure remains in the Hospice Quality Reporting Program, and the seven process measures are used as components to calculate this composite measure. And those components -- those seven component measures -- are publicly available, as we talked about earlier. The QM Manual, Version 1.00, has additional information clarifying when measure scores are suppressed from public reporting. It also includes instructions on calculating national and state averages. All the updates, including the specifications for the two new claims-based measures, can be found [audio drop] website. This included [audio drop]. The QM Manual, Version 1.00, was published in September this year and can be found on the HQRP website. The manual includes detailed information about the HIS Comprehensive Assessment at Admission measure, in addition to the Hospice Visits Last Days of Life and the Hospice Care Index are two new claims-based measures. It also provides a link to the website for the CAHPS Hospice Survey. Next slide, please. The public-reporting key takeaways/the notable public-reporting takeaways include the addition of the Hospice Visits Last Days of Life and Hospice Care Index to public reporting, which will occur no sooner than May 2022. As a reminder, the HIS Comprehensive Assessment at Admission is already publicly reported. Additionally, the COVID-19 public health emergency exemptions have temporarily shortened the reporting period for the quality measures that occur with the February refresh of Care Compare. That's the February 2022 refresh of Care Compare. There's more information included in the reference slide at the end of this presentation, and you can monitor the Announcements & Spotlight page for an announcement soon about the second edition of the Hospice Quality Reporting Program Public Reporting COVID-19 Tip Sheet. That address is

Public Reporting, starting with February 2022 refresh. Finally, the confidential QM reports were made available to providers in September of 2021. We urge hospices to access them through their CASPER system.

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So, Slides 36 through 38 provide the resources. We have several ways for hospice providers to receive information, announcements, and regular updates about the Hospice Quality Reporting Program. Using the links on the next few slides gives you a good access to many of the information that we've talked about today.

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And these continue to be resources that we've mentioned throughout today and also resources that are useful based on the presentation we gave today.

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And this continues with additional resources, that you could see we're chock-full of resources for our providers, to help you with the Hospice Quality Reporting Program.

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So, on this slide, we're showing you our Help Desk Assistance. We would also like to highlight here that we do have multiple help desks as resources. And these are the contact information for the different help desks, from our Quality Help Desk to our Hospice Survey Help Desk, our Public Reporting Help Desk. Our APU Reconsiderations Help Desk, and our I.T.'s Help Desk.

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So, now we're at discussion questions. So, I want to thank you for attending the discussion on the Hospice Quality Reporting Program. And I want to turn it over to Ketchum to open it up for discussion. Thank you.

Okay. Thanks, Cindy. We will now begin the question-and-answer portion of today's webinar. Just a reminder that if you would like to ask a question, could you please submit it using the Questions box from the side panel of your screen. We will address as many questions as time allows. So, our first question -- "What is the website to get to the on-demand report that was mentioned?"

Thank you. So, you can search or Google "QTSO," which we affectionately call Cute-So. You'll see there that there's a link to the user side on the QTSO website. When these guys are -- When these slides are posted, you'll also be able to access the link from the resource section of the slides. Thank you.

Okay. Thanks, Cindy. And then our next question -- "What happened to the 7 HIS measure?"

That's a good question. So, consistent with our policy for measure retention and removal, we reviewed the measures against the factors for removal. And this was all discussed in our fiscal year 2022 hospice final rule. Our analysis found that more broadly applicable measure exist, and that's the HIS Comprehensive Assessment at Admission, which is NQF 3235. And it's more broadly applicable and continues to provide meaningful information that shows variability. Therefore, the HIS Comprehensive Assessment at Admission measure remains in the Hospice Quality Reporting Program, while the seven process measures are removed from the Hospice Quality Reporting Program and public reporting. And so, starting no earlier than May of 2022, the seven process measures will no longer appear on Care Compare. The seven measures can be publicly accessed in the Provider Data Catalog. And as we've discussed throughout this presentation, obviously, those seven component measures are used and still captured in our HIS in order to calculate the HIS Comprehensive Assessment Measure at Admission, NQF 3235, which remains in the program. Thank you.

Alright. Our next question -- "Are the seven HIS-measures data publicly available somewhere?"

Thanks. So, as Cindy mentioned, the HIS Comprehensive Assessment at Admission composite measure will be reported on Care Compare. The seven component measures will not be, but they will be available in the Provider Data Catalog. They will still need to be collected to calculate the HIS Comprehensive Assessment at Admissions measure.

Okay, thank you. Our next question -- "Can you please explain why there isn't a change table for the QM Manual Version 3 to this QM Manual?"

Sure. I'll take that question; this is Cindy again. So, the scope of the QM Manual expanded from HIS measures to all Hospice Quality Reporting measures. So, it includes the HIS, the hospice visits on admission, the Comprehensive Assessment at Admission, and assumes the claims data, which are the HCI and the Hospice Visits Last Days of Life measure. So, this manual is considered the first version of the HQRP manual, instead of an updated version of the HIS-based measure QM Manual. So that's why there's no change table, since we newly published the manual, and it's considered the first version. Thank you very much for that question.

Alright, next question -- "Are the HIS-based measure specifications exactly the same from the Version 3 manual?"

I can take this. So, yeah, the HIS Comprehensive Assessment Measure specifications and calculation do not change. However, it is now the only HIS-based measure in the Hospice Quality Reporting Program. So we do recommend reviewing the new QM Manual for details.

Okay, thanks, T.J. Our next question -- "Can you describe how to access our QM Report through CASPER?"

Here, I'll take that question. So, the Hospice Level Quality Measure Report is a user-requested, on-demand report in CASPER. The CASPER

reporting link is available to providers on the welcome to the CMS QIES, Q-U-I-E-S -- excuse me, Q-I-E-S -- System for Providers Web page. Providers log in to the application using their QIES -- Q-I-E-S -- user ID and password credential. The hospital-specific reports are located in the Hospice Provider and Hospice Quality Reporting Program report categories. You can obtain more information about accessing reports in the "CASPER Reporting User's Guide," available on the CMS QIES System for Providers Web page and on the QIES Technical Support Office, or QTSO, website. And we've included a lot of those resources with this presentation. Thank you.

Great. Thanks, Cindy. Our next question -- "How do I access the QM Report that was presented?"

Sure, I'll take that. In the Certification and Survey Report enhanced reporting, which is the CASPER system, two reports are available as confidential provider feedback reports -- the Hospice Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report. These two reports fall under the class of CASPER reports known as QM Reports. Thank you.

Great. Thank you. "When will we see the preview report with the claims-based measures?"

I'll take that. So, if the claims-based measures were to be first publicly reported in the May 2022 refresh, then hospices will see these measures appear in the preview reports associated with that refresh. So, for May 2022, that will be in early spring. That is, a few months prior to the refresh. So, please do note, though, that hospices can already see scores for these new claims-based measures in their on-demand hospice level QM Reports. Thanks.

Thanks, Sharon. Our next question -- "Why are you using eight quarters of data for public reporting claims-based measures?"

I'll take that question. Thank you. So, this is Cindy. We conducted reportability testing for the Hospice Care Index and Hospice Visits Last Days of Life to help us consider how best to balance the need for recent data with the need for transparency in reporting the Hospice Quality Reporting Program claims-based measures. And we discussed a lot of this -- all of this -- in the fiscal year 2022 hospice final rule. So, I also recommend you looking at that rule. But results for both the Hospice Care Index and the Hospice Visits Last Days of Life indicate that using two years of data, or eight quarters, increases reportability. The use of two years, or eight quarters, of quality data is already publicly reported for the quality measures related to the CAHPS Hospice Survey. So hospices are familiar with this approach, and we believe it's important to support consumers by sharing information on the performance of hospices to be able to -- as more hospices as possible. So, by doing eight quarters of data, we can include the smaller hospices. And the results demonstrate that using multiple years of data help include more hospices, and that also gives us all hospices that show much more varied performance in their rates for the Hospice Visits Last Days of Life and the Hospice Care Index and public reporting on Care Compare. Thank you.

Thank you. Our next question -- "Who do I contact if I have a question about my CASPER report?"

Okay. I got that. So, for questions about your CASPER report, please contact the iQIES Help Desk. The e-mail is just igies@cms.hhs.gov. You can find this e-mail and the phone contact on the Help Desk page of the HQRP website.

Thanks, Sharon. Our next question -- "Do we still have to report the seven HIS measures?"

I'll take that question, Thank you. So, those seven individual HIS -- H-I-S -- process measures are removed from the Hospice Quality Reporting Program and public reporting. The requirement to submit the HIS admission assessment has not changed. Since the HIS Comprehensive Assessment measure is a composite of the seven HIS process measures, the burden, and requirements report, the HIS data remain unchanged. Hospices which do not report the HIS data used for the HIS Comprehensive Assessment measure will not meet the requirements for compliance with the Hospice Quality Reporting Program. And as I mentioned on one of the last slides of this presentation, beginning with calendar year 2022, which is fiscal year 2024 Annual Payment Update, not meeting the requirements for compliance with the Hospice Quality Reporting Program will result in a 4% penalty -- payment penalty. Thank you.

Thanks, Cindy. Our next question -- "What are the eight quarters of data for the claims-based measures if they start in May 2022?"

Okay, thanks for that question. So, if the claims-based measures are reported in May 2022, the eight quarters of data will be: quarters 2, 3, and 4 of 2019; quarters 3 and 4 of 2020; And quarters 1, 2, and 3 of 2021. Together, that's eight, skipping the exempted quarters.

Okay. Thank you, Sharon. Our next question -- "Will the claims-based measures include national and state averages?"

I'll take that question. The preview reports currently include the national average. State averages will be added sometime in 2022. Thank you.

Thanks. Our next question -- "What is the difference between HVLDL and the last indicator in HCI, Visits Near Death?"

I'll take that. So, HVLDL, Hospice Visits in the Last Days of Life, measures the number of patients stays in which the patient or caregiver receives an R.N. or a medical social worker visit on at least two of the last three days of life. So, the Hospice Care Index indicator, Visits Near Death, measures the number of stays in which the patient or caregiver receives an R.N. or a social worker visit on at least one of the last three days of life.

Thanks, T.J. Our next question --

I just want to caveat -- I'm sorry. Just want to caveat, T.J., for the HCI indicator, it also includes L.P.N.s and R.N.s. I just wanted to clarify.

That's a good point.

Yeah. Thank you. Okay. Thanks, Cindy. Our next question -- "Can you talk about how you chose these HCI indicators?"

I'll take that question. So, the Hospice Care Index describes provider performance across a broad array of leading indicators of hospice service, representing care throughout the hospice stay and represented by the multidiscipline team. The holistic set of indicators for hospice care processes aren't otherwise addressed within the current quality measures of the Hospice Quality Reporting Program. And the index augments the reporting program with new measure domains that were either directly recommended for CMS to publicly report or identified as areas for improvement by the Office of the Inspector General, MedTech, and academic literature. And we also got feedback through our rulemaking that these were areas that people were interested -- providers and consumers, stakeholders -- were interested in seeing in the program. So, thank you.

Okay. Our next question -- "Where are the 10 HCI indicators publicly available?"

I'll take that. Thanks. So, the scores for the HCI indicators will be publicly available on the Provider Data Catalog. Only the single HCI observed score will be displayed on Care Compare. If you're interested in details and specifications for those indicators, you can find that described in the FY2020 hospice final rule, and that is posted in the CMS Hospice Center Web page. And you can also find details about all the current measures on the Current Measures page of the CMS HQR website. That page, in the Download section, you can find a PDF of the current measures for printing, and also this user's manual -- QM user's manual. Thanks.

Thank you. Our next question -- "How are the index earned-point criteria thresholds selected?"

I'll take that. So, each individual indicator has its own threshold, determined by the national distribution of hospice performance trends. The exception is one indicator. The threshold for it is just providing any GIP or continuous home-care days in order to earn a point. So, the index earned point criteria represent points to help identify hospices that substantially deviate from typical hospice performance.

Thanks, T.J. Our next question -- "Can you explain why there are no benchmarks for the HCI measure?"

I can take that one, too. Yes, there are no benchmarks reported for the HCI, or Hospice Care Index, but the QM Reports provide information that the hospice can use to improve. So, for example, the QM Reports currently include information that help hospices understand their performance

in relation to other hospices. So, specifically, each indicator is going to include a national score, reflecting the national average performance on that indicator. So hospices can compare their own observed score to this average, to understand how they can compare to other providers for different indicators. Essentially, each indicator's index and point criteria indicates how well a hospice must perform in order to earn a point for that indicator. If the hospice misses or does not meet the criteria for a particular indicator, they can focus their quality improvement efforts on that dimension of care.

Okay. Thanks, T.J. Our next question -- "When can hospices stop reporting visits in Section O of the HIS?"

I'll take that. When we had providers could stop reporting back in February of this past year, when we turned off -- when we stopped with a Section O on the HIS, we actually left -- we set up the system, as of January 1st, that was accepting both with the Section O included or without, so that your records wouldn't get rejected. But as of February, we made announcements, when OMB officially approved the new public PRA package, that we no longer needed to include Section O. And providers, as of February -- this past February of this past year, 2021 -- no longer had to include the data. Thank you.

Thanks, Cindy. Our next question -- "Can you please clarify if the QM Manual is available yet, or is it not available?"

The QM Manual is available. It's in the Download section on our website. And we've had Spotlight Announcements and also LISTSERV announcements and it let people know. It's been there since September 30th of 2021. And the slide for this, if you relisten to this webinar, we discussed it in this webinar and also on the slide. So please visit our Hospice Quality Reporting Program website, and you can find it in the Download section. Thank you.

Thanks, Cindy. Our next question -- "Will CMS identify on Care Compare the dates of the claims that are being used for the claims-based measures?"

I'll take that. And so the dates used will be available -- The reporting periods will be in the -- So, the Hospice Level QM report has the reporting period at the top of each page for the claims-based measures. And then, in the Provider Data Catalog, it lists, currently -- it will list the currently displayed reporting period for the claims-based measures, as well as the HIS and CAHPS measures.

Okay. Thank you. Our next question -- "When did the reporting time period begin for the claims-based data?"

I can take that. Currently, in the CASPER Hospice Level QM report, it is fiscal year 2018 and fiscal year 2019 -- those eight quarters. And that will be updated when they become publicly reported.

Okay, thank you. Our next question -- "How often are the reports updated on CASPER?"

This is Sharon again. So, the plan is to update the claims-based measures annually. And that will be for both confidential reporting and public reporting.

Okay. Thanks, Sharon. Our next question -- "Can you please explain why an L.P.N. visit -- why isn't an L.P.N. visit considered in the last three days of life?"

So, I'll take that question. This is Cindy. So, when we set up the Hospice Visits Last Days of Life measure, which is a respecified version of the Hospice Visits When Death is Imminent measure, we were looking at all disciplines for that measure. And when we developed it, didn't see only the R.N., the registered nurse, and the medical social worker visit. We're showing validation against the CAHPS data. And so that is why we ended up going with R.N.s and medical social workers. In contrast, in the Hospice Care Index, where we have the Visits Near Death, that measure is using claims. And because we're using claims -- and I believe it's Claims 055X -- that captures L.P.N.s and R.N.s. And so, since the claim captures it, it's included in the Hospice Care Index, that indicator. Thank you.

Okay. And that takes us to just about time. So we will go ahead and wrap up the Q&A session. Thank you all for joining, and as a reminder, the slides from today's presentation will be posted on the Hospice Quality Reporting Program website in the coming weeks. We thank you again for attending and hope you have a great rest of your day.