Center for Medicare and Medicaid (CMS) Hospice Quality Reporting Program (HQRP) and Care Compare

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What We Are Reviewing this Hour

- Overview of the CMS Hospice Quality Program

- APU Implications
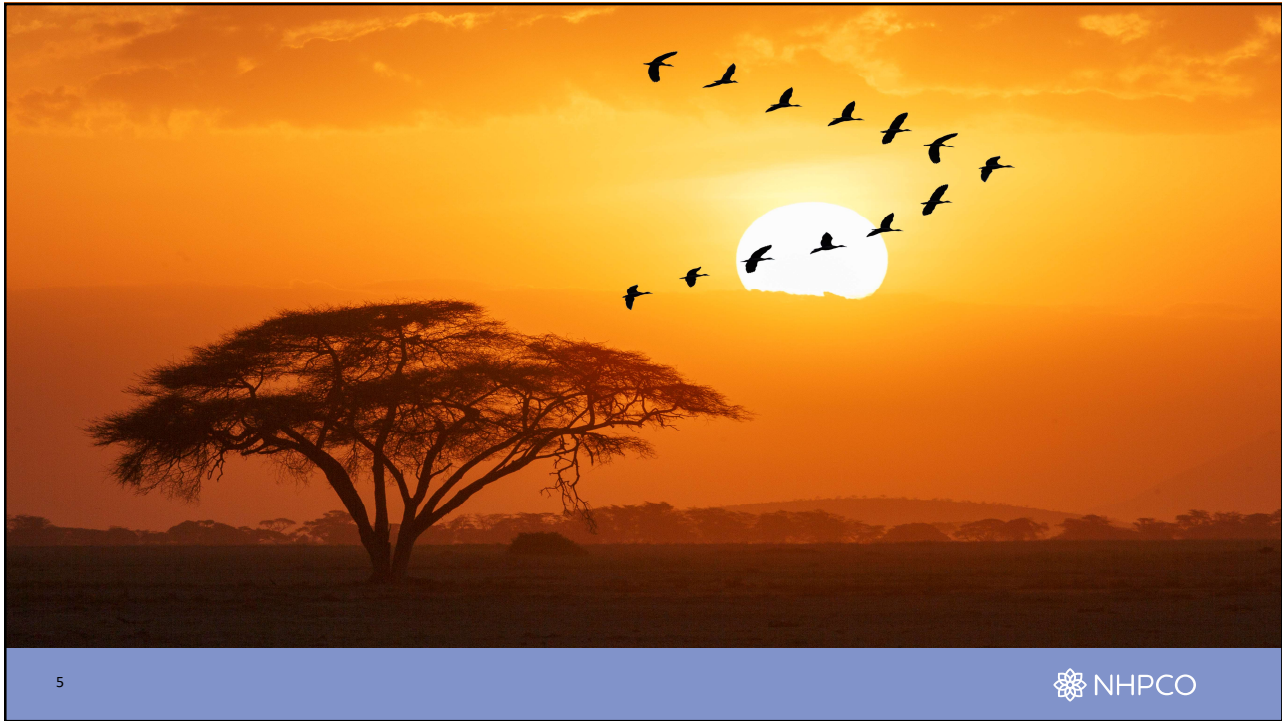
- Discuss Care Compare

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Disclosure

- Eugenia Smither, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.

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Hospice Quality Reporting Program

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The Hospice Quality Reporting Program (HQRP) was established under section 1814(i)(5) of the Social Security Act (SSA)
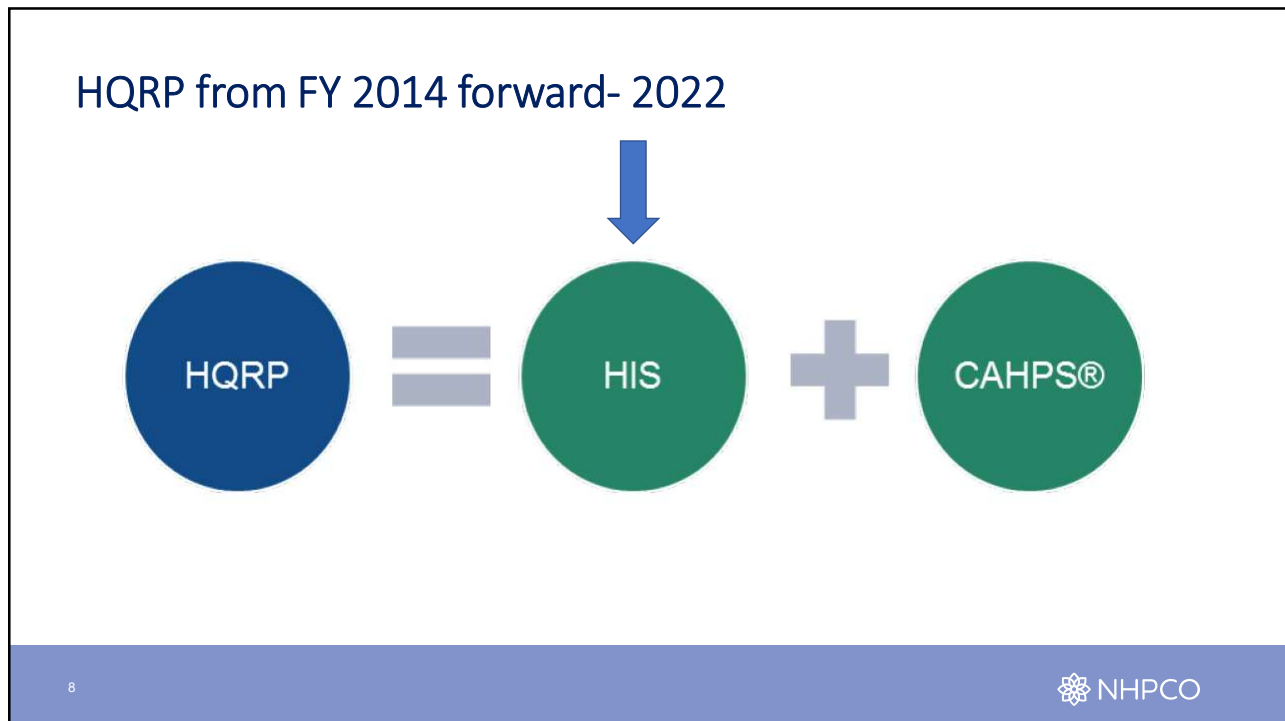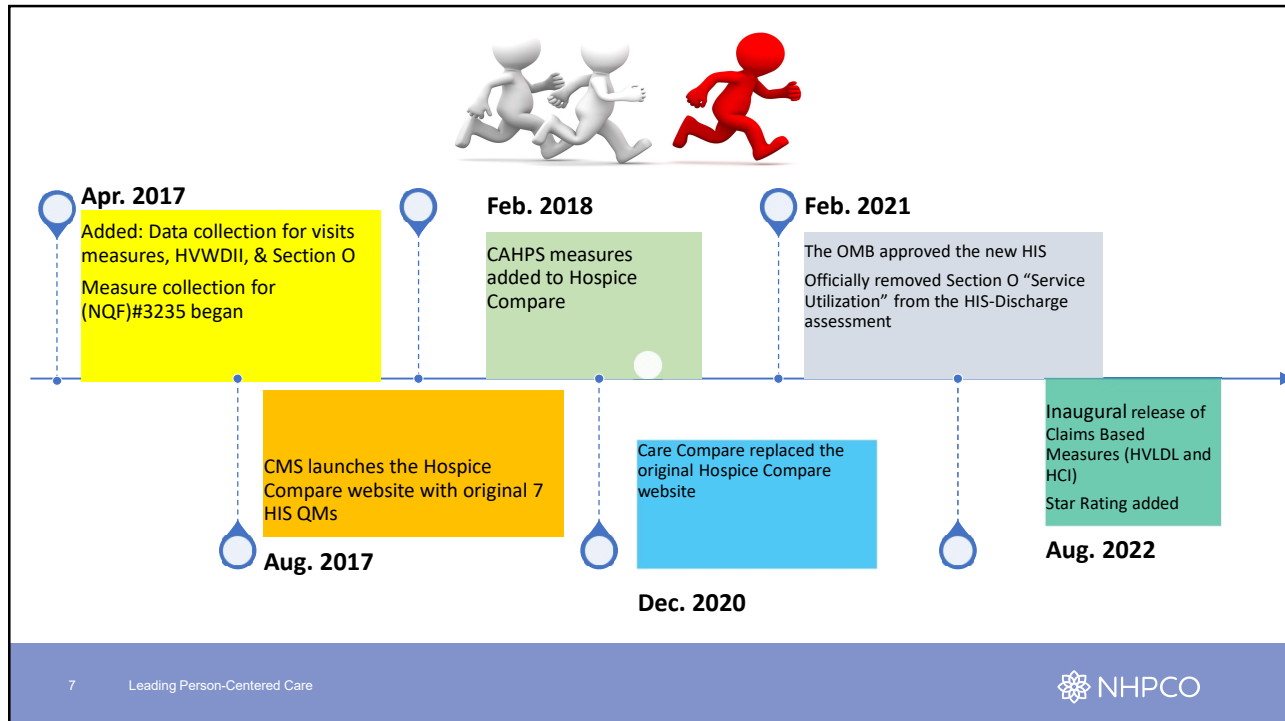

ACA passed in 2010
Voluntary Reporting in 2011 and 12
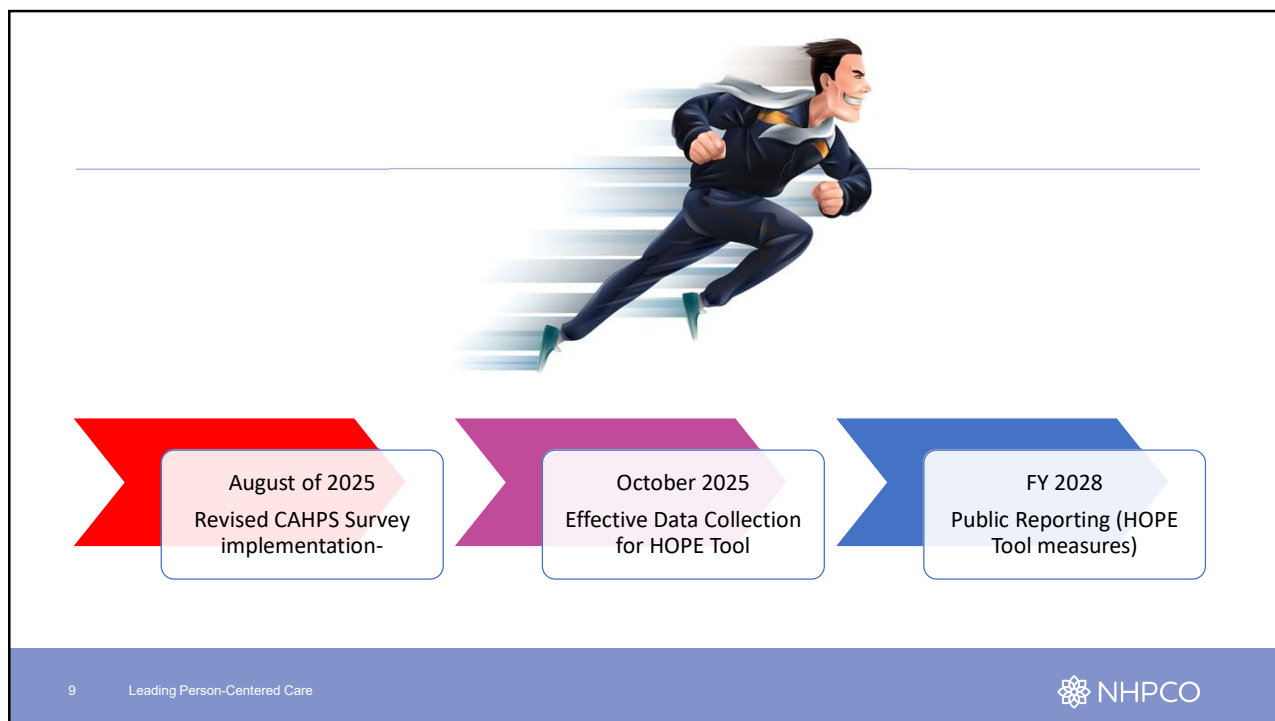Questionnaire QAPI structure in 2013
NQF 020913

Hospice Item Set
2014
Seven Measures

CAHPS
Added in 2015

Apr. 2017

Added: Data collection for visits measures, HVWDII, & Section O

Measure collection for (NQF)#3235 began

Feb. 2018

CAHPS measures added to Hospice Compare

Feb. 2021

The OMB approved the new HIS

Officially removed Section O "Service Utilization" from the HIS-Discharge assessment

CMS launches the Hospice Compare website with original 7 HIS QMs

Aug. 2017

Care Compare replaced the original Hospice Compare website

Dec. 2020

Inaugural release of Claims Based Measures (HVLDL and HCI)

Star Rating added

Aug. 2022

HQRP from FY 2014 forward- 2022

HQRP = HIS + CAHPS®

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August of 2025	October 2025	FY 2028
Revised CAHPS Survey implementation-	Effective Data Collection for HOPE Tool	Public Reporting (HOPE Tool measures)

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What IS (HIS)

Hospice Item Set

- The HIS is an *ITEM SET,* a standardized tool for *abstracting data* from the clinical record
- The HIS is **NOT** a patient assessment tool, and is not administered directly to the patient and/or family
- The data abstracted is used to calculate the HIS quality measures.
- Technical changes over the years – be sure you are using the **most up to date** information.

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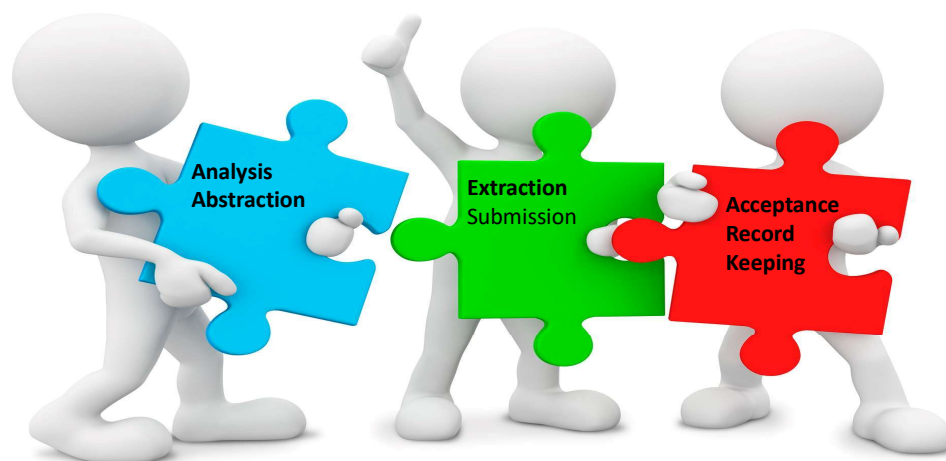## HIS Submission Requirements

Within 30 days of Admission and 30 days of Discharge:

All Medicare-Certified hospice providers are required to <mark>submit</mark> and have <mark>accepted</mark>:

- HIS Admission records
- HIS Discharge records

- **On ALL** patient admissions, regardless of payer, patient age, or location of receipt of hospice services

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HIS Data Compliance

Analysis Abstraction

Extraction Submission

Acceptance Record Keeping

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HIS Measures

1. Patient Treated with an Opioid who are Given a Bowel Regimen (NQF #1617)
2. Pain Screening (NQF #1634)
3. Pain Assessment (NQF #1637)
4. Dyspnea Treatment (NQF #1638)
5. Dyspnea Screening (NQF #1639)
6. Treatment Preferences (NQF #1641)
7. Beliefs/Values Addressed (If Desired by the Patient) (NQF #1647)

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Composite Measure

• Hospice Composite Measure (NQF #3235)

Also known as the Comprehensive Assessment Measure

Creates a global metric

Takes all HIS questions and is an ALL or none measure

Only receive "credit" if all seven care processes for each patient are completed

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Hospice Outcome and Patient Evaluation (HOPE)

- Ultimately, CMS will replace the Hospice Item Set (HIS) and collect data through the HOPE assessment.
- CMS is developing HOPE to support the development of outcome measures that are expected to help consumers differentiate between hospices and provide more meaningful insight into hospice care throughout the dying process.
- The outcome measures also meet the objectives of the Meaningful Measures initiative. https://mmshub.cms.gov/blueprint-measure-lifecycle-overview

  https://www.cms.gov/files/document/hope-faqfinaldecember-2019.pdf

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Hospice Outcome and Patient Evaluation (HOPE)

- This tool is intended to help hospices better understand care needs throughout the patient's dying process and contribute to the patient's plan of care.
- It will assess patients in real-time, based on interactions with the patient. HOPE will support quality improvement activities and calculate outcome and other types of quality measures in a way that mitigates burden on hospice providers and patients.
- CMS's two primary objectives for HOPE are:
  - to provide quality data for the HQRP requirements through standardized data collection, and
  - to provide additional clinical data that could inform future payment refinements.

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Hospice Outcome and Patient Evaluation (HOPE)

- It gathers detailed clinical information
    - Expanded diagnoses*,
    - Sociodemographic information updated
    - Symptom Impact Assessment
    - Skin Conditions
    - Medications
    - Imminent Death

https://www.cms.gov/files/document/hope-faqfinaldecember-2019.pdf

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HOPE Implementation and Timeline

Required for all patients	• Regardless of payer or age
Requires up to 4 visits per patient, depending on length of stay	• HOPE Admission (day 0-5) • HOPE Update Visit (HUV) 1 (day 6-15) • HOPE Update Visit (HUV) 2 (day 16-30) • HOPE Discharge
Finalized timeline	• Data collection to begin on or after **Oct 1, 2025** • Public reporting FY2028

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HOPE-based Process Measures

Timely Reassessment of Pain Impact and Timely Reassessment of Non-Pain Impact

- Measures how many patients who were assessed with moderate/severe pain or non-pain symptom impact were reassessed within two calendar days
- Severity and impact based on HOPE assessments
- Non-pain symptoms include shortness of breath, anxiety, nausea, vomiting, diarrhea, constipation, and agitation

Exclusions

- Died or discharged within 2 days
- Reassessment visit refused
- Unable to contact/locate patient
- Patient in ER/hospital
- Patient travelling outside of service area

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Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

- National Survey of family members or friends who cared for a patient who died while under hospice care
- Conducted Monthly/47 questions currently
- Three modes of survey administration currently
  - Mail only
  - Telephone only
  - Mixed mode (mail with telephone follow-up)
- Consistent with externally validated aspects of hospice care (e.g., NQF preferred practices)
- Use language that most respondents find easy to understand
- **Statistical sampling used**

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Hospice CHAPS Quality Measures

Composite Measures
- Communication with Family (6 questions)
- Getting Timely Help (2)
- Treating with respect (2)
- Emotional and Spiritual Support (3)
- Help with Pain and Symptoms (5)
- Training (5)

Global measures
- Rating of Care
- Willingness to Recommend

Top Box vs. Bottom Box

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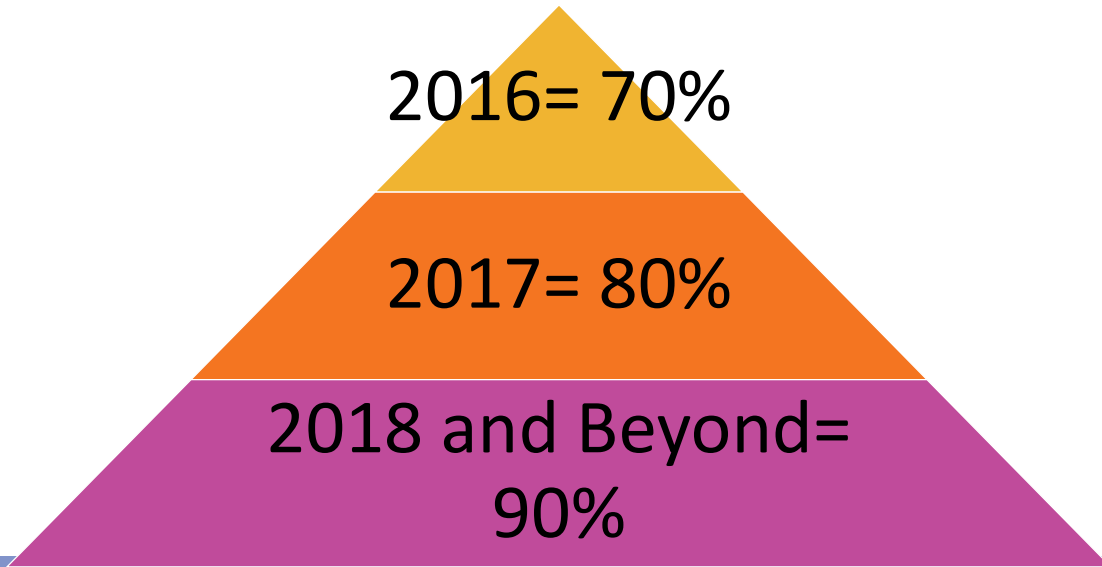
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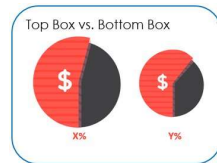
Hospice CAHPS® Data Submission

- Contract with an approved survey vendor to collect and submit data using the CAHPS® Hospice Survey on an ongoing monthly basis

- Hospice is responsible to see that vendor is in compliance!

- Key dates for CAHPS® submission - When will the survey be administered?
  - Data collection for sampled decedents/caregivers
  - Currently initiated two months following the month of patient death.
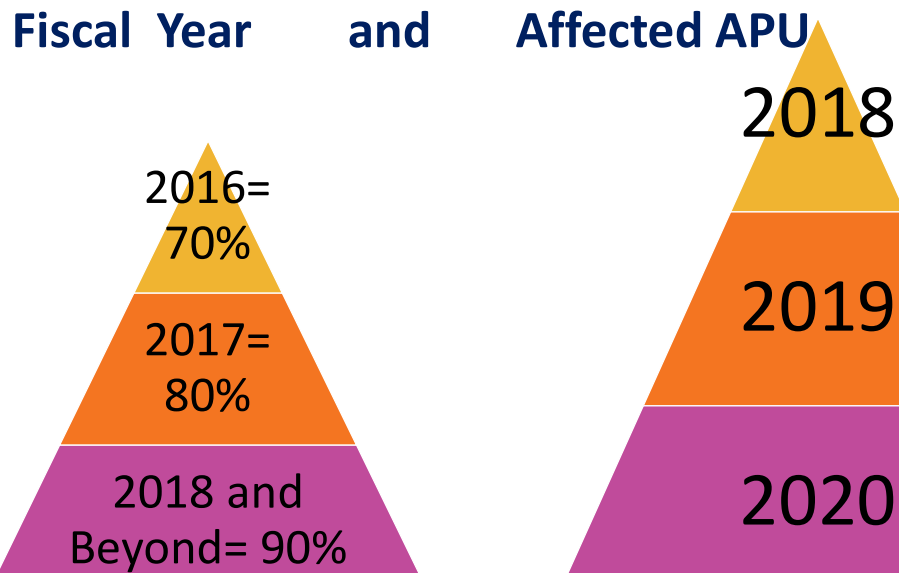 - https://hospicecahpssurvey.org/en/hospice-specific-faqs2/

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Hospice CAHPS Data Compliance

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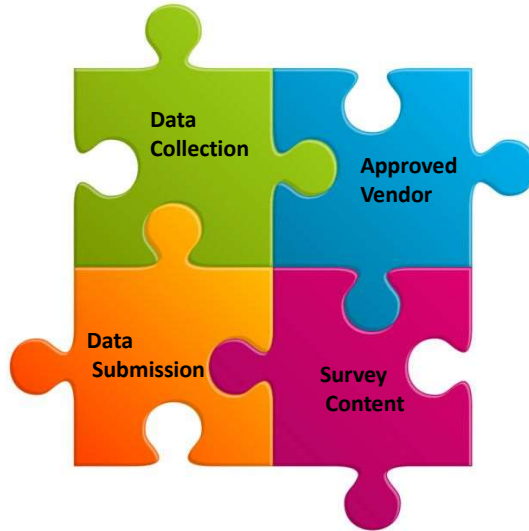
Pay For Reporting Timeline

2016= 70%

2017= 80%

2018 and Beyond= 90%

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APU

- Annual Payment Update
- Used for healthcare programs for their annual adjustments based on compliance and reporting requirements

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Fiscal Year   and   Affected APU

2016=
70%

2017=
80%

2018 and
Beyond= 90%

2018

2019

2020

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## Non- Compliance with HQRP Reporting Requirements

- Any hospice determined to be non-compliant with the HQRP requirements may be subject to a reduction in their **APU** that becomes effective October 1.

- Hospices are subject to a 4% reduction in their APU for failure to meet the requirements for the HIS and/or the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey.

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HQRP 2022 and Forward
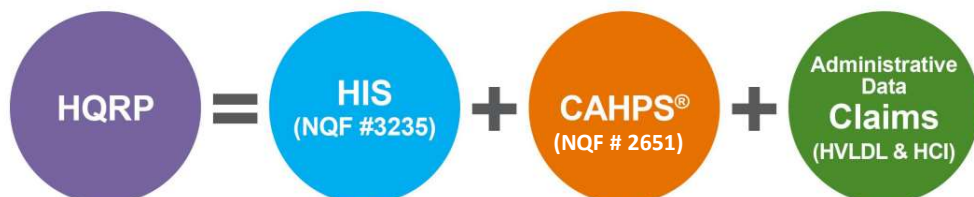
The New HQRP combines sources of data from the HIS, and CAHPS®, with administrative data (e.g., Medicare claims)

Source: The FY 2022 Hospice Final Rule: What Hospices Need to Know!
https://www.cms.gov/files/document/2021aug31hospice-final-rule-webinar.pdf

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HQRP Claims Based Measures

**Hospice Visits in the Last Days of Live**

HVLDL

Measures the proportion of a hospice's decedent patients who have received in-person visits from a registered nurse or medical social worker on at least two out of the final three days of the patient's life.

Hospice Care index

HCI

A single measure comprising ten indicators; the sum of the points earned from meeting the criterion of each individual indictor results in the hospice's overall HCI score, with 10 as the highest possible score.

Claims Based Data Compliance

Submit Claims

100% Compliant

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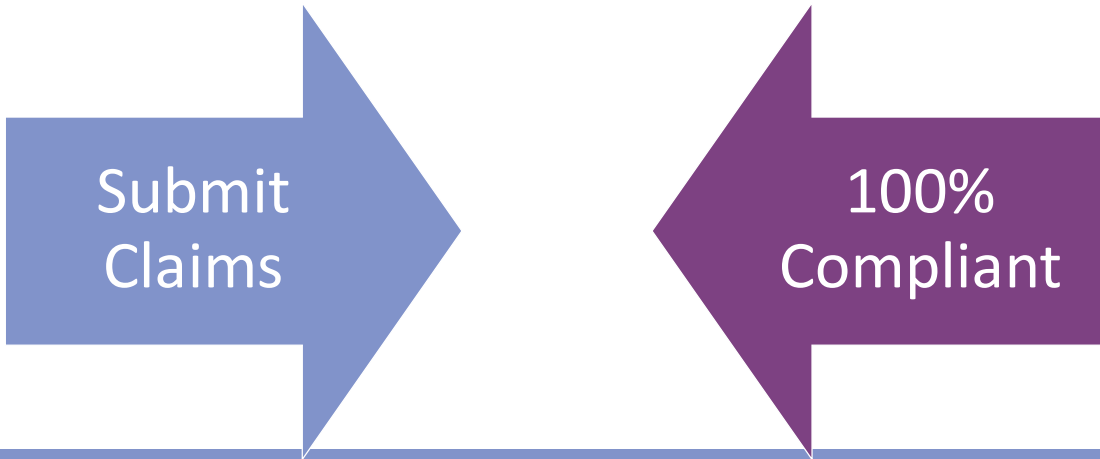
Care Compare

Find & compare nursing homes, hospitals & other providers near you.

Learn more about the types of providers listed here

https://www.medicare.gov/care-compare/#search

MY LOCATION	PROVIDER TYPE	KEYWORDS (optional)	
Street, ZIP code, city, or state	Select one		Search

Or, select a provider type to learn more:

Doctors & clinicians   Hospitals   Nursing homes   Home health services

Hospice care   Inpatient rehabilitation facilities   Long-term care hospitals   Dialysis facilities

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Care Compare

- Hospice Compare was retired on December 1, 2020, and hospice joined other providers on Medicare Care Compare.
- Users can compare up to 3 hospices against each other and the national average.
- Hospice data on Care Compare
  - HIS
  - CAHPS®
  - CAHPS® star ratings
  - Hospice Visits in the Last Days of Life and Hospice Care Index claims-based measure scores
  - Public Use File (PUF)
    - Levels of care, location of care, medical conditions (patient diagnoses)

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Family caregiver experience

Compare hospices based on results from a survey that asks a family member or friend of a hospice patient about their hospice care experience.

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Communication with family   81%
↑ Higher percentages are better   National average: 81%

79%
National average: 78%

The hospice team always gave patients and families help when they needed it.

Treating patient with respect   91%
↑ Higher percentages are better   National average: 91%

The hospice team always treated the patient with dignity and respect.

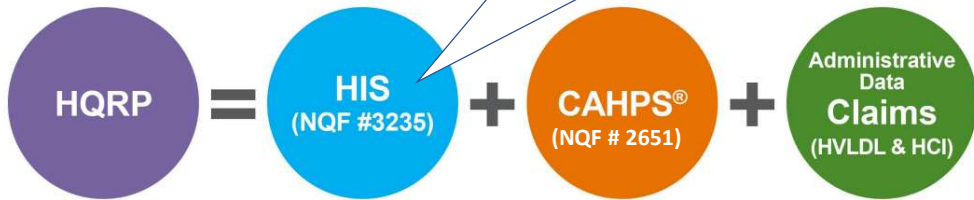34   Leading Person-Centered Care   ❀ NHPCO

Star Ratings

Added to provide consumers with an easy- to-understand method for summarizing CAHPS scores

Make comparisons between hospices more straightforward

Calculated using Adjusted Top- Box Scores

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HQRP

The HOPE Assessment will replace the HIS

HQRP = HIS (NQF #3235) + CAHPS® (NQF # 2651) + Administrative Data Claims (HVLDL & HCI)

Hospice Outcomes and Patient Evaluation (HOPE) assessment tool

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THE NEVER ENDING RACE

Revised CAHPS Survey Implementation

HOPE Tool Data COLLECTION

HOPE tool reporting on Care Compare

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QUESTIONS COMMENTS CONCERNS PROBLEMS COMPLAINTS

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