

**HOSPICE
QUALITY REPORTING PROGRAM (QRP)
PROVIDER TRAINING**

Participant Questions From Provider Training

**THE FY 2022 HOSPICE FINAL RULE:
WHAT HOSPICES NEED TO KNOW WEBINAR**

On August 31, 2021

Current as of October 2021



Acronym List

| Acronym | Definition |
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| APU | Annual Payment Update |
| B.S.W. | Bachelor of Social Work |
| CAHPS® | Consumer Assessment of Healthcare Providers and Systems |
| CASPER | Certification and Survey Provider Enhanced Reports |
| CMS | Centers for Medicare & Medicaid Services |
| CY | Calendar Year |
| FY | Fiscal Year |
| GIP | Hospice General Inpatient Care |
| HCI | Hospice Care Index |
| HIS | Hospice Item Set |
| HQRP | Hospice Quality Reporting Program |
| HVLDL | Hospice Visits in the Last Days of Life |
| HVWDII | Hospice Visits when Death is Imminent |
| LPN | Licensed Practical Nurse |
| LVN | Licensed Vocational Nurse |
| M.S.W. | Master of Social Work |
| NQF | National Quality Forum |
| PDC | Provider Data Catalog |
| PPR | Provider Preview Report |
| QM | Quality Measure |
| QRP | Quality Reporting Program |
| RHC | Routine Home Care |
| RN | Registered Nurse |

| # | Topic | Question | Response |
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| Claims-Based Measures | | | |
| 1 | Claims-Based Measure Data | Will hospices be able to view their data related to the new claims-based measures: Hospice Visits in the Last Days of Life (HVLDL) and Hospice Care Index (HCI)? | <p>The Centers for Medicare & Medicaid Services (CMS) has revised the provider confidential quality measure (QM) report to include claims-based measure scores. On September 15, 2021, confidential QM reports became available in the Certification and Survey Provider Enhanced Reports (CASPER), including scores for the HCI and HVLDL claims-based measures. Hospices will have some time to view those reports to understand how they are performing and how the measures are working. The QM report also includes results of the individual indicators used to calculate the single HCI score. This information will be refreshed annually.</p> <p>HCI and HVLDL will also be included in the Provider Preview Reports (PPR) 3 months before they are publicly reported, which will be no sooner than May 2022.</p> <p>This is described in the fiscal year (FY) 2022 Hospice Final Rule, which is currently posted on the Hospice Center web page. You can also easily locate the FY 2022 Hospice Final Rule by viewing the announcement posted on the Announcement and Spotlight page on the CMS HQRP website.</p> |
| 2 | Hospice QRP (HQRP) Compliance | How is compliance with HQRP determined for claims-based data? | The data source for the claims-based measures will be Medicare claims data that are already collected and submitted to CMS. There is no additional submission requirement for administrative data (Medicare claims), and hospices with claims data are 100-percent compliant with this requirement. |
| 3 | Claims-Based Measures Display on Care Compare | For the claims-based measures, what will the date range be for the first display of the measures for the May 2022 refresh? | For the inaugural display of the measures, and for the first display, CMS expects to use Q2 through Q4 2019 and Q3 2020 through Q3 2021. CMS will exclude Q1 and Q2 2020. |
| Hospice Care Index (HCI) | | | |
| 4 | HCI Indicator Definitions | Where can I find the definitions of the HCI Indicators and how they are measured? | <p>Details and specifications about the 10 indicators are all described in the FY 2022 Hospice Final Rule that is currently posted on the Hospice Center web page.</p> <p>You can also find details about all of the current measures on the Current Measures page of the CMS HQRP website. The Downloads section includes a PDF of the current measures for printing, as well as the <i>HQRP QM Specifications User's Manual v1.00</i>.</p> |

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| 5 | HCI Benchmarks | Will there be HCI national benchmarks that are publicly available this fall or only in the QM reports? | On September 15, 2021, the confidential QM reports became available in CASPER and included measure scores for both the HCI and HVLDL claims-based measures, including national averages. CMS will be including both state and national averages on future QM reports. In the future, the PPR, Care Compare, and Provider Data Catalog (PDC) will display both state and national averages for the HCI overall score; the PPR and PDC will also display both state and national averages for the HCI indicators. |
| 6 | PDC | Will the individual HCI indicator performance be posted and available in the database that is publicly available through the quality website? | Yes, the 10 HCI indicators will be publicly available. They are included in the data posted on the PDC . The single HCI Observed Score, which is the sum of the points earned from the 10 indicators, will be displayed on Care Compare. |
| 7 | Payor Source for Data | Are all payor sources included in HCI measures, or is it just for Medicare patients? | The data for the claims-based measures, including HCI, are based on Medicare claims. These data are already collected and submitted to CMS, so there is no provider burden related to these measures. Medicare is the largest payer of hospice services, covering more than 90 percent of hospice patient days, which supports Medicare claims as being a good source to use for measuring hospice quality of care. |
| 8 | Skilled Nursing Visits | For HCI, do skilled nursing visits include both Licensed Practical Nurse (LPN) and Registered Nurse (RN)? | Yes, the HCI claims-based measure includes both RNs and LPNs for skilled nursing visits. CMS is using revenue code 055x on the hospice claim, which includes both nursing types (RN and LPN), in the calculation for the HCI indicators. Skilled nursing visits are calculated differently in HCI than in the HVLDL, which does not include both RNs and LPNs. |
| 9 | HCI Specifications | When will CMS release the details on the HCI measures, numerator/denominator, exclusion, other parameters, and how the 10 measure scores will be merged into one score? | You can find details about all four of the measures in the HQRP for FY 2022, including the HCI measure, on the Current Measures page of the CMS HQRP website. The Downloads section includes a PDF of the current measures for printing, as well as the <i>HQRP QM Specifications User's Manual v1.00</i> . |

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| 10 | HCI | How do you measure “Gaps in Skilled Nursing Visits” for the HCI? | <p>For the Gaps in Skilled Nursing Visits indicator:</p> <ul style="list-style-type: none"> • The Numerator = The number of elections with the hospice where the patient experienced at least one gap between nursing visits exceeding 7 days. • The Denominator = The total number of elections with the hospice, excluding hospice elections where the patient elected hospice for less than 30 days within a reporting period. <p><i>NOTE: Hospice elections where the patient elected hospice for less than 30 days within a reporting period are excluded.</i></p> <p>This indicator identifies whether a hospice is below the 90th percentile in terms of how often hospice stays of at least 30 days contain at least one gap of 8 or more days without a nursing visit. For additional details about the revenue codes that determine this indicator, please refer to the FY 2022 Hospice Final Rule.</p> |
| 11 | HCI | What are the two types of Burdensome Transitions #1 and #2? | <ol style="list-style-type: none"> 1. (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission. 2. (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital. |
| 12 | HCI | Could you describe HCI measure calculation for “Burdensome Transitions?” | <p>For the Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission indicator:</p> <ul style="list-style-type: none"> • The Numerator = The total number of live discharges from the hospice followed by hospital admission within 2 days, then hospice readmission within 2 days of hospital discharge, within a given year. <ul style="list-style-type: none"> ○ Hospitalizations are found by looking at all fee-for-service Medicare inpatient claims. • The Denominator = The total number of all live discharges from the hospice within a given year. <p>For the Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital indicator:</p> <ul style="list-style-type: none"> • The Numerator = The total number of live discharges from the hospice followed by a hospitalization within 2 days of live discharge, then death in the hospital, within a given year. • The Denominator = The total number of all live discharges from the hospice within a given year. <p><i>NOTE: Hospitalizations are found by looking at all fee-for-service Medicare inpatient claims.</i></p> |

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| 13 | HCI | For the HCI indicator #10, Visits Near Death, does this indicator include all patients at all levels of care? | <p>The Visits Near Death indicator includes the number of decedent beneficiaries served by the hospice within a reporting period.</p> <p>For HCI indicator #10, Visits Near Death:</p> <ul style="list-style-type: none"> • The Numerator = The number of decedent beneficiaries receiving a visit by a skilled nurse or social worker staff for the hospice in the last 3 days of the beneficiary's life within a given year. <ul style="list-style-type: none"> ○ Whether a beneficiary was in hospice for at least 1 day during their last 3 days of life is determined by comparing days of hospice enrollment from hospice claims to their date of death. ○ Nursing visits and medical social service visits are identified by the presence of revenue codes 055x (Skilled Nursing) and 056x (Medical Social Services) on the claim. The dates of those visits are identified by the revenue center date for those revenue codes. ○ Code 055x (Skilled Nursing) includes both RN and LPN/Licensed Vocational Nurse (LVN) visits. ○ <i>NOTE: Days billed as Hospice General Inpatient Care (GIP) (revenue code 0656) are assumed to include nursing visits.</i> • The Denominator = "The number of decedent beneficiaries served by the hospice within a reporting period." <p>Index Earned Point Criterion:</p> <ul style="list-style-type: none"> • Hospices earn a point toward the HCI if their individual hospice score falls above the 10th percentile ranking among hospices nationally. |
| 14 | HCI | For HCI indicator #9, Skilled Nursing Minutes on Weekends, how will nursing care minutes per Routine Home Care (RHC) day be captured? | <p>Skilled Nursing Minutes on Weekends is the percentage of skilled nurse visit minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days. RHC days are identified by the presence of revenue code 0651 on the hospice claim.</p> |

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| 15 | HCI | For HCI indicator #9, Skilled Nursing Minutes on Weekends, how is the weekend defined? | <p>For HCI indicator #9, Skilled Nursing Minutes on Weekends, “weekend” is defined as Saturday and Sunday. For this measure:</p> <ul style="list-style-type: none"> • The Numerator = Total sum of skilled nurse visit minutes provided by the hospice during RHC service days occurring on Saturdays or Sundays within a given year. <ul style="list-style-type: none"> ○ RHC days are identified by the presence of revenue code 0651 on the hospice claim. The dates of RHC service are identified by the corresponding revenue center date (which identifies the first day of RHC) and the revenue center units (which identifies the number of days of RHC (including the first day of RHC)). ○ Nursing visits are identified by the presence of revenue code 055x (Skilled Nursing) on the claim. ○ Code 055x (Skilled Nursing) includes both RN and LPN/LVN visits. ○ Skilled nursing visits are counted when the corresponding revenue center date overlaps with one of the previously identified RHC days. ○ Minutes of skilled nursing visits are calculated by taking the corresponding revenue center units and multiplying by 15. • The Denominator = Total skilled nursing minutes provided by the hospice during RHC service days within a given year. <p>Index Earned Point Criterion</p> <ul style="list-style-type: none"> • Hospices earn a point toward the HCI if their individual hospice score for the percentage of skilled nursing minutes provided during the weekend is above the 10th percentile ranking among hospices nationally. |

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| Consumer Assessment of Healthcare Providers and Systems (CAHPS®) | | | |
| 16 | Star Ratings | <p>How will Star ratings for CAHPS® be determined?</p> <p>How will Star ratings for the CAHPS® Hospice Survey be determined? For example, what earns you 5 versus 4 stars?</p> | <p>As described in the FY 2022 Hospice Final Rule, Star Ratings will be calculated based on “top-box” scores for each of the eight CAHPS® Hospice Survey measures. Cut points between stars (e.g., four vs. five stars) will be constructed using statistical clustering procedures that minimize score differences within a star category and maximize differences across star categories.</p> <p>A summary CAHPS® Hospice Survey Star will be calculated for each hospice by averaging the Star Ratings across the eight measures. Only the summary Star Rating will be publicly reported.</p> <p>CMS plans to review the methodology that was finalized in the FY 2022 Hospice Final Rule this fall at one of the Home Health, Hospice, and Durable Medical Equipment Open Door Forums. Monitor the CMS HQRP website for an announcement.</p> <p>For additional information about CAHPS®, contact one of the following CAHPS® Hospice Survey Help Desks:</p> <ul style="list-style-type: none"> • For technical assistance, contact the CAHPS® Hospice Survey Project Team at hospiceCAHPSsurvey@hsag.com or (844) 472-4621. • To communicate with CMS staff about CAHPS® Hospice Survey implementation issues, contact hospicesurvey@cms.hhs.gov. |
| 17 | Star Ratings | Please clarify: Star Ratings will be based on CAHPS® scores only? | Yes, the Star Ratings being discussed will be based on CAHPS® scores only. |
| 18 | Exception for Size | Currently CAHPS® are not required if an agency does not have large enough patient base, can it be assumed that CAHPS® will be required for all patients despite an agency's size? | For the CAHPS® Hospice Survey, we still do have exceptions for size or newness. If you have fewer than 50 survey-eligible patients, you can apply for an exemption from the CAHPS® Hospice Survey. For more information or to apply, contact hospicesurvey@cms.hhs.gov . |
| Hospice Visits in the Last Days of Life (HVLDDL) | | | |
| 19 | Hospice Item Set (HIS) Data | Will the discharge HIS go away, since not capturing the end-of-life measure, Hospice Visits When Death is Imminent (HVWDII), through HIS anymore? | Hospices are still required to complete and submit an Admission-HIS and a Discharge-HIS for each patient in order to capture patient-level data, regardless of payer or patient age. CMS uses the data from the Discharge-HIS for more than just the HVWDII measure calculations. |

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| 20 | Visits | Will a registered nurse visit and medical social work visit on the same day count for the 2 visits in the last 3 days of life? | <p>No, the visits by the RN and medical social worker must be on 2 different days during the last 3 days of life in order to count toward the numerator for the HVLDL measure. These visits can be made by the RN and/or the social worker.</p> <p>For the HVLDL measure, the visits included are the hospice provider's proportion of patients who have received in-person visits from an RN or medical social worker on at least 2 of the final 2 days of the patient's life.</p> <p>A resource document detailing the HVLDL specifications can be found in the Downloads section on the Current Measures page of the CMS HQRP website.</p> |
| 21 | Visits | For HVLDL, why aren't the visits from other team members counted in this new measure? For example, Chaplains, LPNs, nurse practitioners, or hospice aides. | <p>HVLDL is a re-specification of the HVWDII measure, which included multiple disciplines. The HVWDII measure pair was not meeting public reporting standards and therefore needed to be re-specified. As CMS analyzed the data to re-specify the measure, it was found that the only staff types with strong evidence of a positive correlation to the CAHPS® Hospice Survey outcomes were RNs and medical social workers. These were the only disciplines that validated with CAHPS®; the other staff types included in the HVWDII measure pair did not positively correlate with CAHPS®. Since these two disciplines (RNs and medical social workers) are captured in the claims data, CMS re-specified the measure, HVLDL, using claims data to reduce provider burden.</p> <p>A resource document detailing the claims-based HVLDL can be found in the Downloads section on the Current Measures page of the HQRP website.</p> |
| 22 | Medical Social Work Visits | For the HVLDL measure, does the social worker need to be a Master in Social Work (M.S.W.) or can it be a Bachelor in Social Work (B.S.W.)? | <p>For the HVLDL measure, visits from medical social workers are based on billing code 056X and are not distinguished based on the educational degree of the social worker.</p> |
| 23 | Day of Death | Please clarify if day of death is day zero (not counted) or is counted in HVLDL? | <p>The day of death is counted in the HVLDL measure. The calculation of the last 3 days remains unchanged from the last 3 days previously documented in Section O for the HIS-based HVWDII. Specifically, these 3 days are "indicated by the day of death, the day prior to death, and two days prior to death."</p> <ul style="list-style-type: none"> • The day of death is the same as the date provided in A0270, Discharge Date (or the day of death) = Day 1. • One day prior to death is calculated as A0270 minus 1 = Day 2. • Two days prior to death is calculated as A0270 minus 2 = Day 3. |
| 24 | Days of Service | For the HVLDL measure, will patients that are on service for less than 3 days be counted? | <p>No. For the claims-based HVLDL, CMS uses the same approach that was used with the HIS-based HVWDII measure. The patient would have to be on hospice service for at least 3 days to be included in the HVLDL measure.</p> |

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| 25 | RHC | Are hospice patients receiving the RHC level within a hospice inpatient unit included in the denominator as long as they have received the RHC level of care for the final 3 days of life? | Yes. For HVLDL, the hospice beneficiary must have been receiving hospice services for at least 3 days and be on RHC for the last 3 days of life to be included in the claims-based HVLDL measure. |
| 26 | Postmortem Visits | If the family calls at 1:00 p.m. to report the death, and the hospice nurse arrives at 1:20 p.m., does this visit not count in the HVLDL? | Any visits occurring after the patient's death do not count toward the HVLDL measure score. In other words, the RN pronouncement or postmortem visits do not count. While these are important visits, the calculation of the last 3 days is unchanged from Section O of the previous HIS-based HVWDII measure. |
| 27 | Visit Definition | Do these telehealth visits count for the HVLDL measure? Patients may decline a visit or in some cases, the medical social work routine assessment can be conducted over the telephone. | While all communication with patients and families are important, only in-person visits on at least 2 of the final 3 days of the patient's life will count toward the numerator for this measure. These visits can be made by the nurse or social worker on different days. |
| Composite Measure – Comprehensive Assessment on Admission | | | |
| 28 | HIS Data | Will the 7 QMs, that will no longer be publicly reported on Care Compare, continue to be available for providers to see in QM reports? | Yes. The seven individual component measures will continue to be available on the confidential QM feedback reports for providers, so that they can understand how they are performing in each of them. The seven individual HIS measures will also be publicly available on the PDC . |
| 29 | APU Impact | How do the 7 component HIS measure impact the Annual Payment Update (APU) other than that 90% of the HIS admission and HIS discharge records should be submitted and accepted on time? | <p>CMS will no longer use the seven individual measures to determine compliance with HQRP requirements. This means those measures will no longer affect the APU, beginning with calendar year (CY) 2022 data that impacts the FY 2024 APU. In order to meet HQRP requirements, however, hospices must still submit the seven measures, as they are used to calculate the HIS Comprehensive Assessment at Admission measure (NQF #3235). To avoid the percentage-point reduction in the APU, hospices are still required to submit 90 percent of their HIS records by the 30-day submission deadline.</p> <p><i>NOTE: Per statute, beginning with the FY 2024 APU (CY 2022 data), the penalty will increase to 4 percent for hospices that do not meet HQRP requirements.</i></p> |

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| 30 | HIS Data | Are the seven HIS measures actually being removed from the HIS, or are they just not going to be reported any longer? | <p>The seven original HIS process measures have been removed from the HQRP as individual measures effective October 1, 2021, as finalized in the FY 2022 Hospice Final Rule. Since the seven HIS measures are still used to calculate the more broadly applicable Hospice and Palliative Care Composite Process Measure: HIS Comprehensive Assessment at Admission (NQF #3235), those seven component measures still need to be collected on the HIS-Admission.</p> <p>CMS removed the seven HIS process measures as individual measures from the HQRP because they were not showing sufficient variability, and they have therefore also been removed from public reporting on Care Compare. The seven HIS are publicly available on the PDC, however, since they are the components of the HIS Comprehensive Assessment at Admission measure (NQF #3235).</p> <p>Note that the HIS Comprehensive Assessment at Admission measure (NQF #3235) continues to be publicly reported on Care Compare.</p> |
| Public Reporting | | | |
| 31 | Rolling Quarters for Public Reporting | When discussing which quarters will be used to calculate HIS and CAHPS® data, are you talking about calendar year quarters or fiscal year quarters? | <p>Both the HIS and CAHPS® Hospice Survey measures use rolling quarters of data. CMS generally uses 4 quarters of data for the HIS and 8 quarters for CAHPS®. For example, with the HIS, if we begin with 4 quarters of data, then as we advance, we add the most recent quarter of data to the period of performance and drop the oldest quarter of data, to end up with 4 quarters of data. Note that the resulting period is not based on the calendar or fiscal year, but the number of quarters.</p> <p>For more details about the quarters included in each Care Compare refresh, visit the Public Reporting: Key Dates for Providers web page.</p> |
| 32 | Reporting Period for Claims-Based Measures | Can you describe the period for the data that will be used for the claims-based measures? | Results for the claims-based measures, such as HCI and HVLDL, indicated that 2 years of data increases reportability, so CMS will report claims-based measures using 8 quarters of data in order to include small hospices. |