



HOSPICE QUALITY REPORTING

Understanding Quality Measures for Success





Introduction

The Hospice Quality Reporting Program (HQRP) was created to evaluate a hospice provider's response to the patient, family and caregivers' needs and to ensure hospices have a solid foundation for providing quality care. The Centers for Medicare and Medicaid Services (CMS) determines the measures that will be utilized in the HQRP. Currently, the HQRP consists of four different quality measures:

1. Hospice Care Index (HCI)
2. Hospice Visits in the Last Days of Life (HVLDL)
3. Hospice Item Set (HIS)
4. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS star ratings, HCI scores and HVLDL are reported publicly on the CMS Care Compare website, and hospices that do not submit their quality data will get a deduction in their Medicare reimbursement. Through fiscal year 2023, hospices face a 2% reduction in reimbursement for failure to meet requirements for HIS and CAHPS data submission, and in fiscal year 2024 the penalty doubles. Therefore, it is critical for hospice providers to understand, monitor and submit their quality data.

This eBook will provide an overview of each of the four quality measures to help hospice providers understand how each measure is evaluated.

Hospice Care Index

As a part of the fiscal year 2022 Hospice Final Rule, CMS introduced the Hospice Care Index, which is designed to identify current hospice aggregate performance trends relative to other hospices. The Hospice Care Index measures the hospice organization's ability to address patient needs and care outcomes throughout a patient's stay in hospice.

HCI is a single measure comprised of 10 indicators calculated from Medicare claims data. Each of the 10 index measures is worth one point and will be calculated to inform a total Hospice Index Score for the provider.

Hospice Care Index Measures:

- Continuous home care or general inpatient care level provided
- Gaps in skilled nurse visits of more than eight consecutive days in each 30-day care period
- Early live discharges during the first seven days of hospice care
- Late live discharges after 180 days of hospice care
- Hospital admission within two days of live discharge with hospice readmission within two days of hospital discharge
- Live discharge from hospice followed by hospital admission when death occurs within two days of hospital admission
- Per beneficiary spending
- Skilled nursing care minutes per routine home care day
- Skilled nursing visits on the weekend
- Visits in the last days of life



Hospice Visits in the Last Days of Life

Hospice Visits in the Last Days of Life is constructed from the Medicare hospice claim records. It assesses the number of visits made by a registered nurse or medical social worker on at least two of the last three days of life. The goal of the measure is to improve the quality of care provided in the last days of life when patients experience the most pain and symptoms.

Hospice patients must receive hospice services for at least three days to be included in the measure; patients who did not die on hospice or received continuous home care, general inpatient care or respite care in the last three days of life are not included in the calculation. Visits that occur after a patient's death are also excluded from the measure.

Hospice Item Set

The Hospice Item Set Comprehensive Assessment at Admission (NQF #3235) is the only HIS measure publicly reported on the CMS Care Compare website. As a composite score, hospice providers will only get credit if each care process is performed at the time of admission. Patients must be 18 years old to be included in the calculation of the score; the threshold for reporting this measure is 20 admissions during a reporting period.

The following chart shows the care processes and their associated time frames.

HIS ID	Care Process Included in the HIS Comprehensive	
F2000A F2000B	Patient/responsible party asked about CPR preference	Seven days prior to admission or within five days of admission
F2100A F2100B	Patient/responsible party asked about preferences regarding life sustaining treatments other than CPR	Seven days prior to admission or within five days of admission
F2200A F2200B	Patient/responsible party asked about preferences regarding hospitalization	Seven days prior to admission or within five days of admission
F3000A F3000B	Patient/responsible party asked about existential concerns	Seven days prior to admission or within five days of admission
J0900B J0900D	Patient screened for pain AND Report that they do not have pain OR Report mild, moderate, or severe pain AND A standardized pain tool is used	Within two days from the date of admission
J0900C	For patients reporting mild, moderate or severe pain: comprehensive pain assessment that includes at least five of the following characteristics: location, severity, character, duration, frequency, what relieves or worsens the pain and the effect on function or quality of life.	Within one day of the pain screening
J2030B	Patient screened for shortness of breath	Within two days of admission
J2030C J2040A	Patient screened positive for shortness of breath AND Did not decline treatment for shortness of breath	Within one day of the screening for shortness of breath OR Treatment of shortness of breath occurred prior to the screening
N0500A N0520A N0520B	Patient has scheduled opioid initiated or continued has a bowel regimen started OR There is documentation of why a bowel regimen was not started OR The patient did not have a bowel regimen scheduled or continued	Within one day of the scheduled opioid being scheduled or continued

Consumer Assessment of Healthcare Providers and Systems

With the August 2022 Care Compare refresh, CAHPS survey scores were converted from a percentage to a star rating that will be posted on the Care Compare website. The star ratings range from one to five stars, with one being the lowest rating. The goal of the star rating system is to provide consumers with an easy-to-understand method to summarize CAHPS scores and make the comparison between hospices easier.

Survey responses will be converted to top-box scores, which are scores that reflect the proportion of respondents who gave the most favorable response. Each top-box score will be adjusted for survey mode and case mix prior to being converted into a star rating.

An overall summary score, the Family Caregiver Survey Rating, will be published for organizations that complete 75 or more surveys during a reporting period. The Family Caregiver Survey Rating is a summary star that reflects the average star rating the hospice based on the top-box score for each measure included in the survey. “Rating of this Hospice” and “Willingness to Recommend Hospice” are global measures that do not point directly to the care provided, so these measures are valued at 0.5 in calculating the Family Caregiver Rating. The six remaining measures are each valued at 1.0.

Measure	Scoring Weight
Communication with family	1
Getting timely help	1
Treating patient with respect	1
Emotional and spiritual support	1
Help for pain and symptoms	1
Training family to care for patient	1
Rating of this hospice	0.5
Willing to recommend this hospice	0.5

The overall CAHPS star rating calculation will be the average of the star ratings across the eight measures. Scoring weights will be rounded to the whole number.

Conclusion

Quality of care touches every aspect of hospice; therefore, quality improvement should be the hub of every hospice organization. It's important for hospices to have regular meetings to review their quality data and compare it to the HQRP regulatory requirements, benchmarks and organizational goals. Hospice providers that commit to this data analysis will find quality becoming an integral part of the organization.

For additional information or questions, or to learn more about hospice technology solutions that can help your team develop a strong quality improvement program, please connect with Axxess.

About the Author



Zaundra Ellis is the Vice President of Hospice Solutions for Axxess. She leverages her many years of expertise in the hospice industry to create a software solution that is easy to use and allows clients to be clinically, administratively and financially compliant. Prior to joining Axxess, Zaundra served as the Executive Director for Kindred Hospice and Heart to Heart hospice agencies across Texas. In this role, she oversaw a hospice house, created and implemented a companywide QAPI program for an organization that served more than 2,500 patients, and used her experience to create operations that improved compliance and maximized reimbursements.