

The Hospice Final Rule Training



The FY 2022 Hospice Final Rule: What Hospices Need to Know!

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August 31, 2021

Today's Agenda



Background of the Hospice Quality Reporting Program (HQRP).

Fiscal Year (FY) 2022 Hospice Final Rule.

Public Reporting.

Other Updates.

Q&A Session.

Today's Presenters



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Today's Presenters



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Acronyms in This Presentation

- ADC – Average Daily Census
- APU – Annual Payment Update
- CAA – Consolidated Appropriations Act
- CAHPS® – Consumer Assessment of Healthcare Providers and Systems
- CHC – Continuous Home Care
- CMS – Centers for Medicare & Medicaid Services
- CY – Calendar Year
- DME – Durable Medical Equipment
- FY – Fiscal Year
- GIP – General Inpatient
- HCI – Hospice Care Index
- HIS – Hospice Item Set

APU HCI ADC
CAHPS® GIP
HIS CMS CHC
CAA CY FY
DME

Acronyms in This Presentation (cont.)

- HOPE – Hospice Outcomes & Patient Evaluation
- HQRP – Hospice Quality Reporting Program
- HVLDL – Hospice Visits in the Last Days of Life
- HVWDII – Hospice Visits When Death Is Imminent
- NQF – National Quality Forum
- ODF – Open Door Forum
- PAC – Post Acute Care
- PDC – Provider Data Catalogue
- PHE – Public Health Emergency
- PUF – Public Use Files
- QM – Quality Measure
- RHC – Routine Home Care
- SSA – Social Security Act

SSA PDC
RHC HQRP PAC
ODF PUF NQF HVLDL
PHE PUF HOPE HVLDL
QM HVWDII

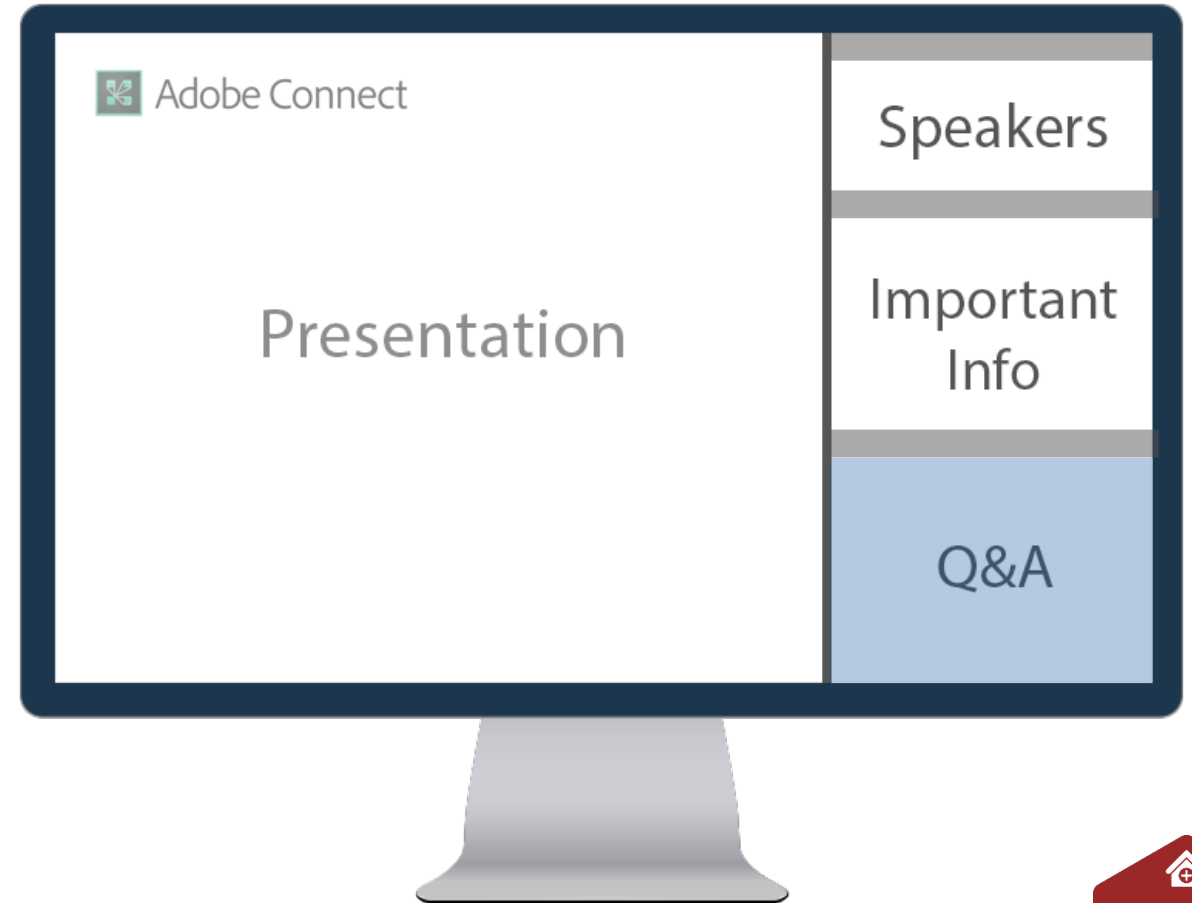
Objectives

- Discuss the background of the HQRP.
- List three important changes to the HQRP based on the Fiscal Year (FY) 2022 Hospice Final Rule.
- Describe the hospice information that will be publicly displayed on Care Compare in FY 2022.
- Summarize important updates to the HQRP.



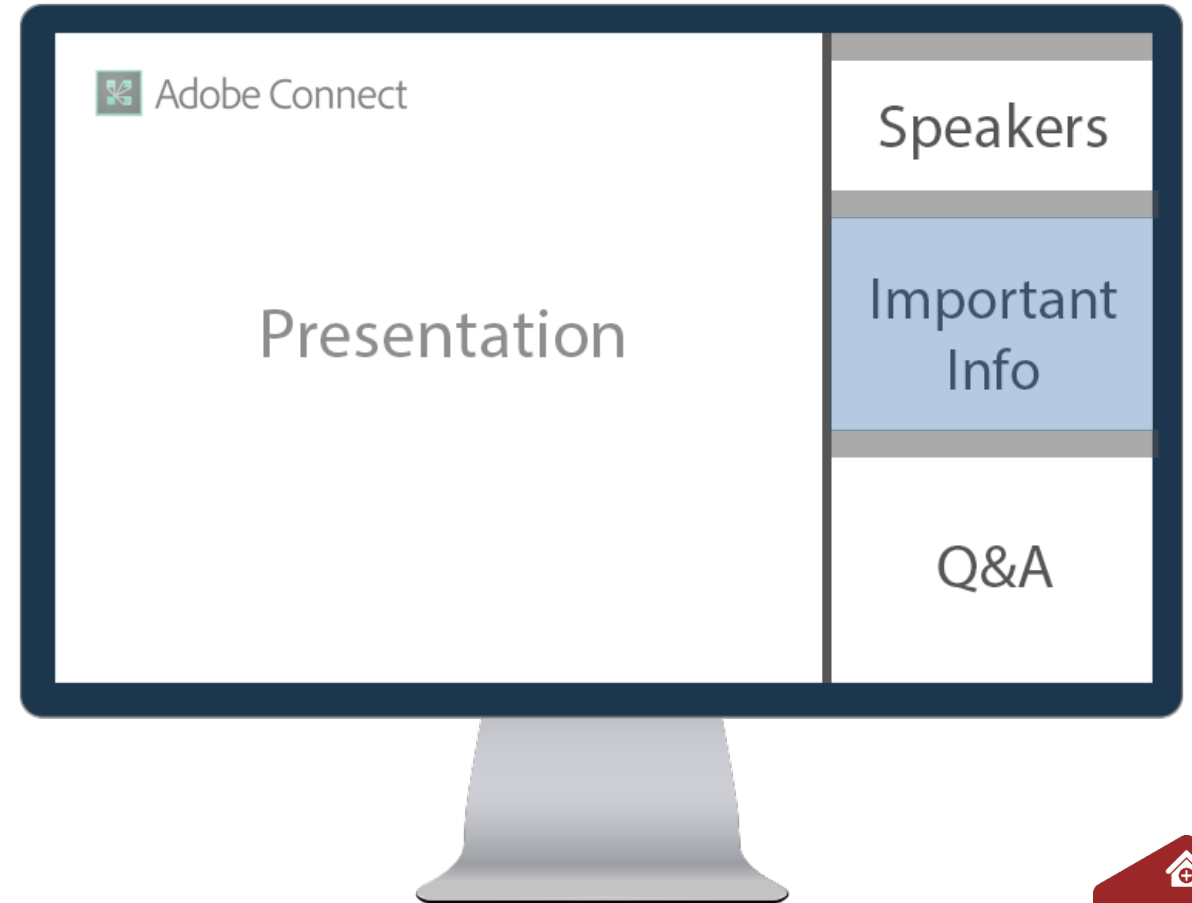
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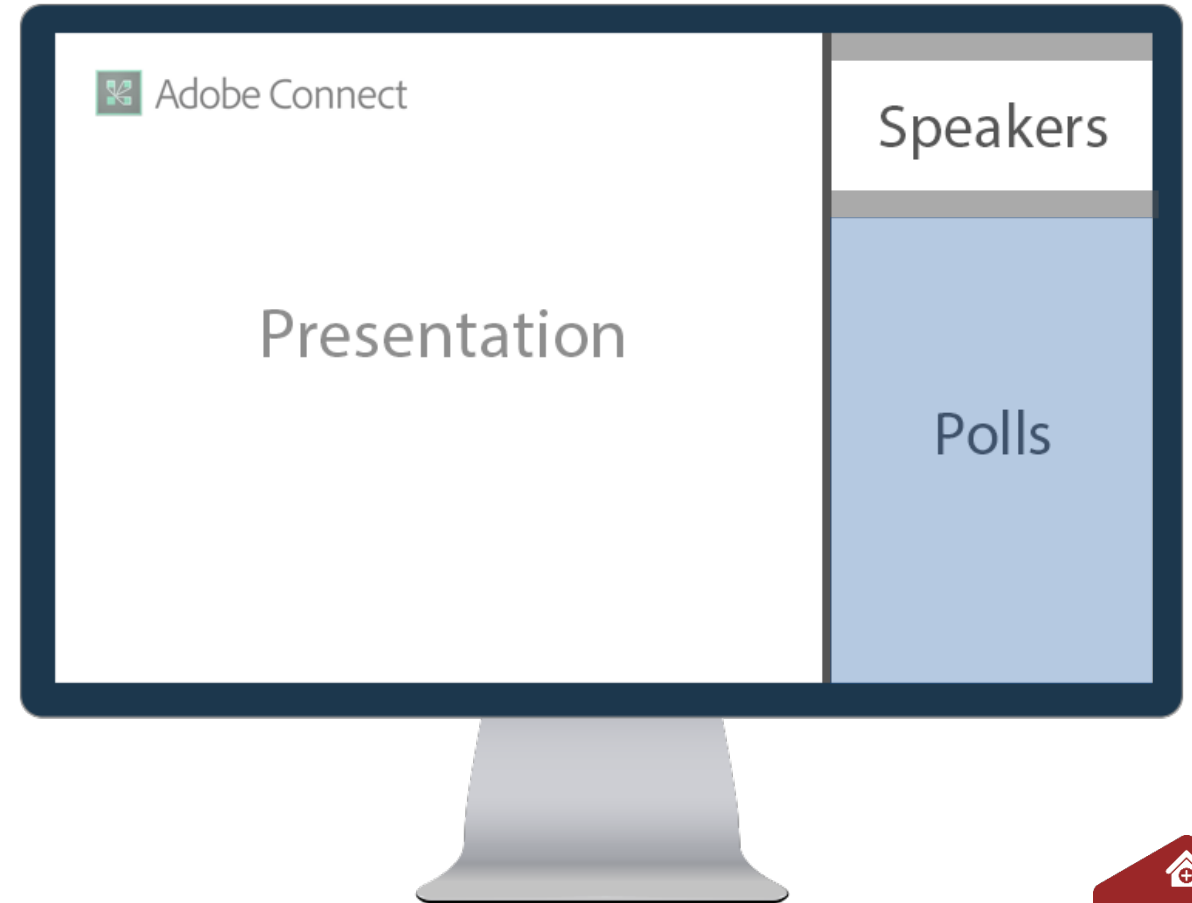
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 - To participate, simply select your desired response.
 - You will have some time to respond to each question.





According to the *meteorological definition*, August 31 is the end of which season?

- A. Spring
- B. Summer
- C. Fall
- D. Winter





According to the *meteorological definition*, August 31 is the end of which season? (cont.)



- A. Spring
- B. Summer**
- C. Fall
- D. Winter



Background of the HQRP

What Is the HQRP?

- The Hospice Quality Reporting Program (HQRP) was established under section 1814(i)(5) of the Social Security Act (SSA).
- The SSA established quality reporting requirements for hospice programs and required public reporting of quality measures (QMs) that relate to care provided by hospice programs across the country.



Background

- **July 2014:** Data collection via the Hospice Item Set (HIS) began.
 - It included the data needed for the seven HIS-based QMs.
- **April 2017:** Data collection for visits measures, Hospice Visits When Death Is Imminent (HVWDII), and Section O were added to the HIS.
- **April 2017:** Measure calculation for the Hospice and Palliative Care Composite Process Measure - National Quality Forum (NQF) #3235 began.
- **August 2017:** The Centers for Medicare & Medicaid Services (CMS) launched the Hospice Compare website with the original seven HIS QMs.
- **February 2018:** The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures were added to Hospice Compare.

Background (cont.)

- **December 2020:** Care Compare replaced the original Hospice Compare website. Access Care Compare at: <https://www.medicare.gov/care-compare/>.
- **February 2021:** The Office of Management and Budget approved the new HIS, which replaced the HVWDII measure with its claims-based version and resulted in the HIS Manual V3.00.
 - This change officially removed *Section O “Service Utilization”* from the HIS-Discharge assessment.
 - Section O data was used to calculate the HVWDII measure.

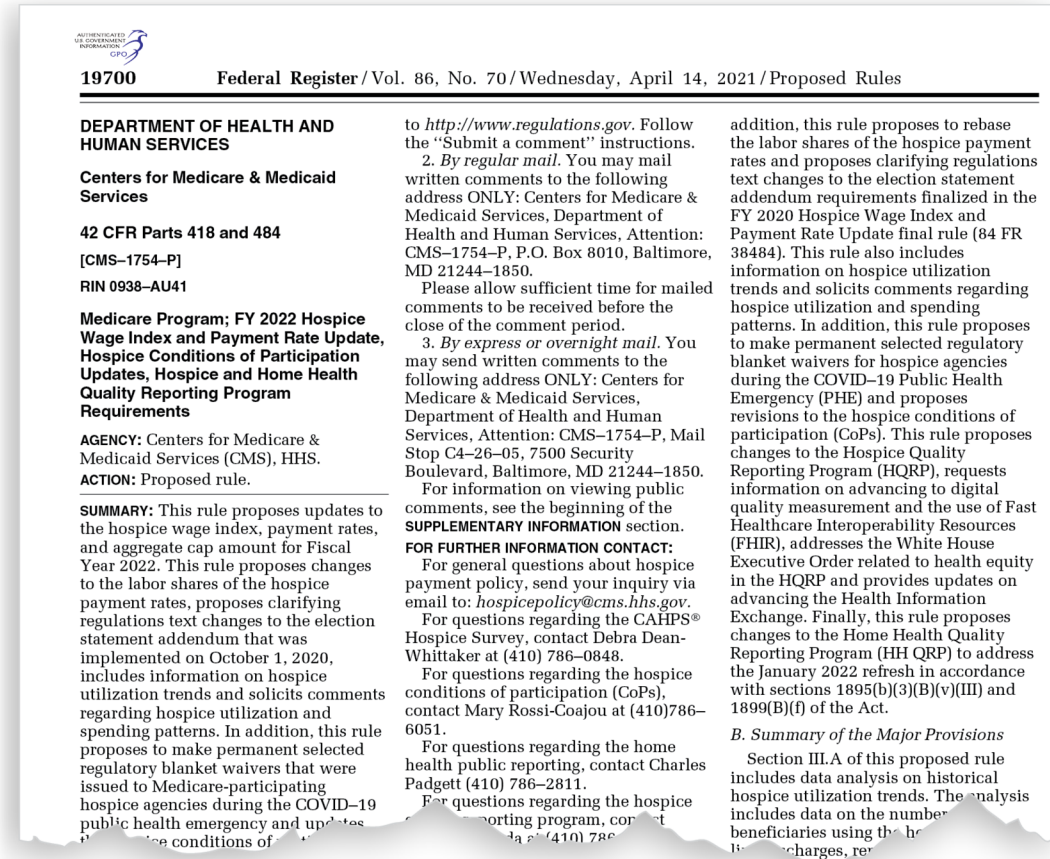
Brief Overview of the Annual Rulemaking Process

- The FY Proposed Hospice Rule publishes in April.
 - CMS provides for a 60-day comment period.
 - This time allows hospice providers to consider the proposal and submit comments.
- From May through July, CMS reviews the comments and writes responses that are included in the Final Rule.
- The FY Hospice Final Rule generally publishes by August 1.
- The Final Rule is effective 60 days later, on October 1.



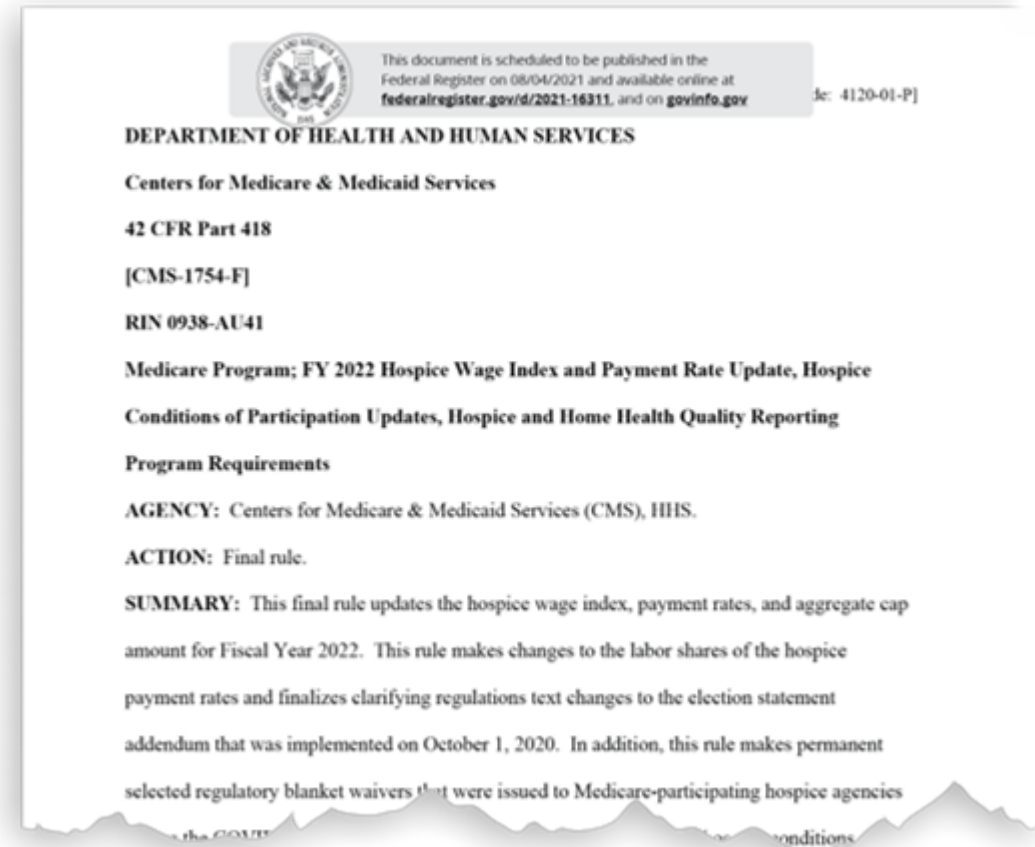
Proposed Changes to the HQRP Through Rulemaking

- In April 2021, CMS issued the FY 2022 proposed rule (CMS-1754-P) that provided updates to and the proposals for FY 2022 HQRP.



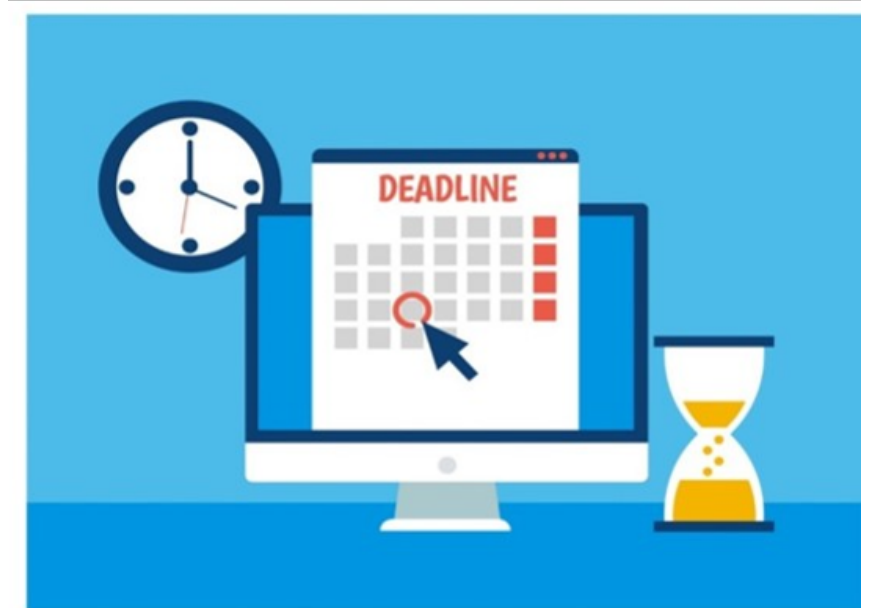
Finalized Changes to the HQRP Through Rulemaking

- The Hospice FY 2022 Final Rule is now posted and includes updated requirements for the HQRP.
- The Hospice FY 2022 Final Rule can be accessed via the CMS Hospice Center webpage at: <https://www.cms.gov/Center/Provider-Type/Hospice-Center>.



HQRP Requirements

- Currently, there are three sources of data used to fulfill the HQRP requirements:
 - HIS data collection and submission.
 - CAHPS® Hospice Survey submission.
 - Administrative data (Medicare claims).
- All Medicare-certified hospice providers must comply with the HIS and CAHPS® requirements for all patients, regardless of payer.
- Failure to comply may result in a payment reduction.





How many days do hospice providers have to comment once the proposed rule is published each FY?

- A. 15 days
- B. 30 days
- C. 90 days
- D. 60 days





How many days do hospice providers have to comment once the proposed rule is published each FY? (cont.)

- A. 15 days
- B. 30 days
- C. 90 days
- D. 60 days**




FY 2022 Hospice Final Rule

Overview: Changes to the HQRP

- The HQRP now consists of four Quality Measures (QMs).
- The seven individual HIS process measures have been removed.
- Claims-based measures have been added:
 - Hospice Visits in the Last Days of Life (HVLDL).
 - Hospice Care Index (HCI).
- Public Reporting:
 - Clarified the display of quality measures and other hospice data for the HQRP.
 - Introduced CAHPS® Hospice Survey Star Ratings.
- Revised regulation § 418.306(b)(2) adds conforming language regarding the 4% payment penalty for failure to meet the HQRP requirements, starting FY 2024 Annual Payment Update (APU).
- Revised regulation § 418.312(b) requires collection of Administrative Data, including claims data.

The Seven HIS Individual Process Measures

- CMS removed the seven HIS process measures as individual measures from the HQRP.
 - There will be no scoring on the individual measures.
- These seven process measures **are still used to calculate** the more broadly applicable measure: NQF #3235 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission.
 - This measure will report the *“Percentage of patient stays during which the patient received all care processes captured by the 7 component quality measures.”*



The Admission – HIS
and **Discharge – HIS**
are still required.

Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission

NQF Number	Measure Name
#3235	Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission
	Hospice and Palliative Care—Treatment Preferences
	Beliefs/Values Addressed (if desired by the patient)
	Hospice and Palliative Care—Pain Screening
	Hospice and Palliative Care—Pain Assessment
	Hospice and Palliative Care—Dyspnea Screening
	Hospice and Palliative Care—Dyspnea Treatment
	Patients Treated with an Opioid Who Are Given a Bowel Regimen

The Publicly Reported HIS-Based QM in FY 2022

NQF Number	Measure Name
#3235	Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission

The Impact of the Removal of the Seven HIS Measures

- The APU: CMS will no longer apply the seven individual measures to determining compliance with HQRP requirements. This means they no longer affect the APU, beginning with calendar year (CY) 2022 data that impacts the FY 2024 APU.
 - *Note: The HIS composite measure, NQF #3235, remains part of the HQRP requirements and is therefore used for determining HQRP compliance that impacts the APU.*
- Public Reporting: Details on the seven individual HIS measures will be removed from display on Care Compare no earlier than May 2022.
- Providers will still have an opportunity to review the results of the seven individual measures on their confidential QM reports along with the information about the HIS composite measure, NQF #3235.

HQRP Compliance for CY 2022 Data / FY 2024 APU and Beyond

- All hospices must meet the threshold requirements for HIS submission and participate in CAHPS® to avoid a reduction in their annual payment update (APU).
- Beginning with the FY 2024 APU and for each subsequent year, the reduction will *increase from 2 to 4 percentage points* for hospices that do not comply with the HQRP for that FY.

Records From	HIS Submission Threshold	CAHPS® Hospice Survey	Reporting Year	APU Reduction for Non-Compliance
CY 2021	90%	Ongoing Monthly Participation	FY 2023	2%
CY 2022	90%	Ongoing Monthly Participation	FY 2024	4%
CY 2023	90%	Ongoing Monthly Participation	FY 2025	4%

Administrative Data: Claims-Based Measures

- The HQRP now includes administrative data (claims-based measures).
- The HQRP has added claims-based measures, similar to every other CMS quality reporting program.
- The two new claims-based measures added to the HQRP are:
 - Hospice Visits in the Last Days of Life (HVLDL).
 - Hospice Care Index (HCI).

Why Add Claims-Based Measures?

- Claims-based data are readily accessible.
- The use of claims data minimizes provider burden.
- Quality data submitted through claims means that hospices will be **100 percent compliant** with submission of this information.
- Complements quality measures already in the HQRP and considered with Hospice Outcomes & Patient Evaluation (HOPE).



Hospice Visits in the Last Days of Life (HVLDL)



- A replaced claims-based version of the HVWDII measure pair.
- CMS will rely solely on existing administrative data (claims) for the calculation of this measure.
- The use of Medicare claims data minimizes provider burden by removing the need for data collection through clinician assessment.
- Hospices *no longer need to collect HIS data from Section O* originally associated with the HVWDII measures.

Calculating the HVLDL Measure

- The HVLDL measure is the hospice provider's proportion of 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.



Calculating the HVLDL Measure (cont. 1)

Numerator

The number of patient stays in the denominator in which the patient and/or caregiver received in-person visits from registered nurses or medical social workers on at least 2 of the final 3 days of the patient's life, as captured by hospice claims records.

Denominator

All Medicare hospice decedents discharged to death within the reporting time period.

Calculating the HVLDL Measure (cont. 2)

- The calculation of the last three days remains unchanged from the last three days documented for the HVWDII previously derived from Section O.
- The three days are *“indicated by the day of death, the day prior to death, and two days prior to death.”*
 - The day of death is the same as the date provided in A0270, Discharge Date (or the day of death).
 - One day prior to death is calculated as A0270 minus 1.
 - Two days prior to death is calculated as A0270 minus 2.
- Any visits occurring after the time of the patient’s death **do not count** towards the measure score.

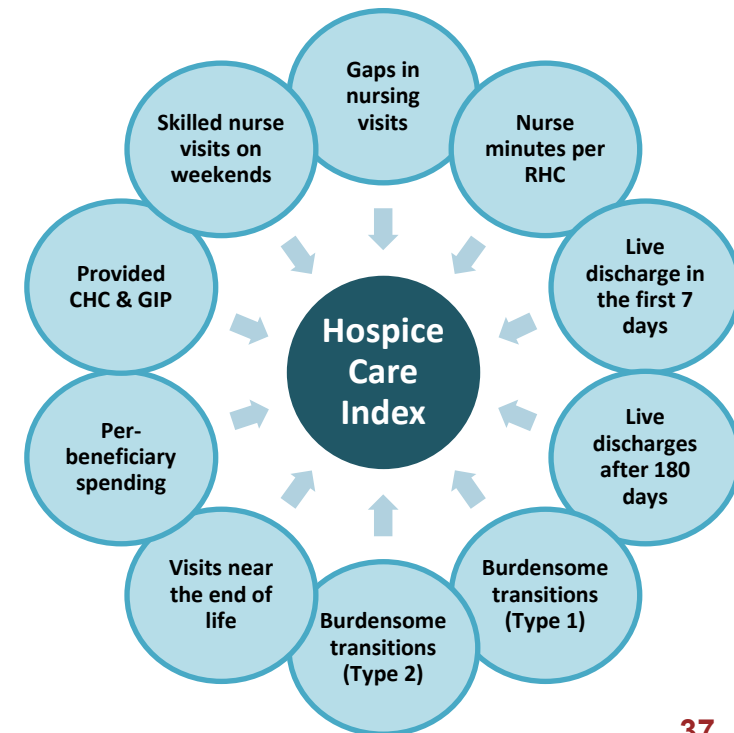
Exclusion Criteria for HVLDL

- Same exclusions as HVWDII:
 - Patient did not die under hospice care as indicated by reason for discharge.
 - Patient received any continuous home care, respite care, or general inpatient care in the final three days of life.
- Patient was enrolled in hospice less than three days.
 - HVLDL looks at visits in the last three days of life; patients must receive hospice services for **at least three days** to be included in the measure.
- A variety of resources with more details can be found on the [Current Measures](#) webpage and are included in the resource slides at the end of this presentation.

The Hospice Care Index (HCI)



- HCI comprises ten claims-based indicators to comprehensively represent different aspects of hospice service throughout the hospice stay.
- HCI Indicators reflect several aspects of care and hospice service, including:
 - Level of care provided.
 - Frequency and timing of clinical visits.
 - Transitions to and from hospice care.
 - Medicare spending.



The Hospice Care Index (HCI) (cont.)

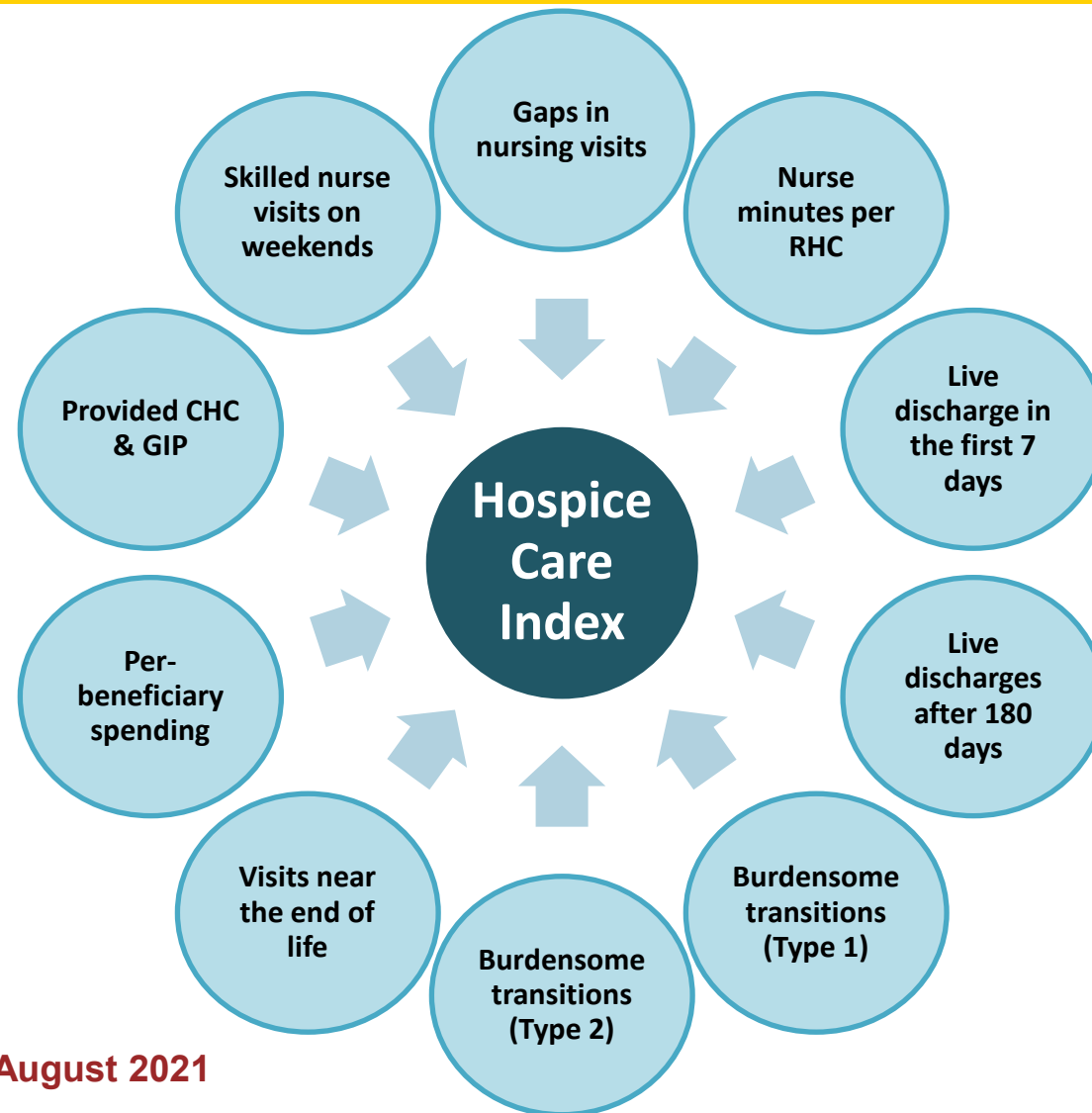


Admission
(HIS)

Discharge
(HIS and CAHPS®)

- The HIS currently only collects data at two timepoints: Admission and Discharge.
- HCI will add value to the HQRP by filling information gaps in aspects of hospice care, using available claims data.
- HCI's data source, Medicare claims, is already collected and submitted to CMS.

HCI Indicators



Scoring the HCI Measure

- HCI combines the 10 indicators into a single score to easily compare hospices.
 - The addition of HCI to the HQRP will offer a more comprehensive and holistic view of hospices.
 - HCI will help patients, families, and caregivers to make the best possible decisions when it matters most.

Calculating the Score for HCI

- A hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators.
- A hospice's given indicator score determines whether the hospice earns a point for that individual indicator.
 - Each point earned contributes towards the full index score.
 - HCI scores can range from 0 to a perfect 10.

HCI Indicator = Earned Criterion Point
The **SUM** of all ten HCI indicators = HCI Score

Hospice Care Index Indicator Scoring

Indicators (Hospice Score Units)	Index Earned Point Criteria	Points Earned?	Points Awarded
Provided CHC/GIP (% days)	Hospice Score Above 0%	Yes	+1
Gaps in skilled nursing visits (% elections)	Below 90 Percentile Rank	No	0
Early live discharges (% live discharges)	Below 90 Percentile Rank	Yes	+1
Late live discharges (% live discharges)	Below 90 Percentile Rank	Yes	+1
Burdensome transitions, Type 1 (% live discharges)	Below 90 Percentile Rank	Yes	+1
Burdensome transitions, Type 2 (% live discharges)	Below 90 Percentile Rank	Yes	+1
Per-beneficiary Medicare spending (U.S. dollars, \$)	Below 90 Percentile Rank	Yes	+1
Skilled nursing care minutes per RHC day (minutes)	Above 10 Percentile Rank	No	0
Skilled nursing minutes on weekends (% minutes)	Above 10 Percentile Rank	Yes	+1
Visits near death (% decedents)	Above 10 Percentile Rank	Yes	+1
	HCI Total Score =		8

§ 418.306(b)(2)

- Since FY 2014, hospices that fail to report quality data have their market basket percentage increase reduced by 2 percentage points.
- Section 1814(i)(5)(A)(i) of the Act was amended by the [Consolidated Appropriations Act, 2021 \(CAA\), \(Pub. L. 116 260\)](#).
 - The payment reduction for failing to meet hospice quality reporting requirements is increased from 2 percent to 4 percent.
 - Beginning in FY 2024 and for each subsequent year, the Secretary shall reduce the market basket update by 4 percentage points for any hospice that does not comply with the quality data submission requirements for that FY.
 - Any reduction of the percentage change will apply only to the fiscal year involved and not for a subsequent fiscal year.

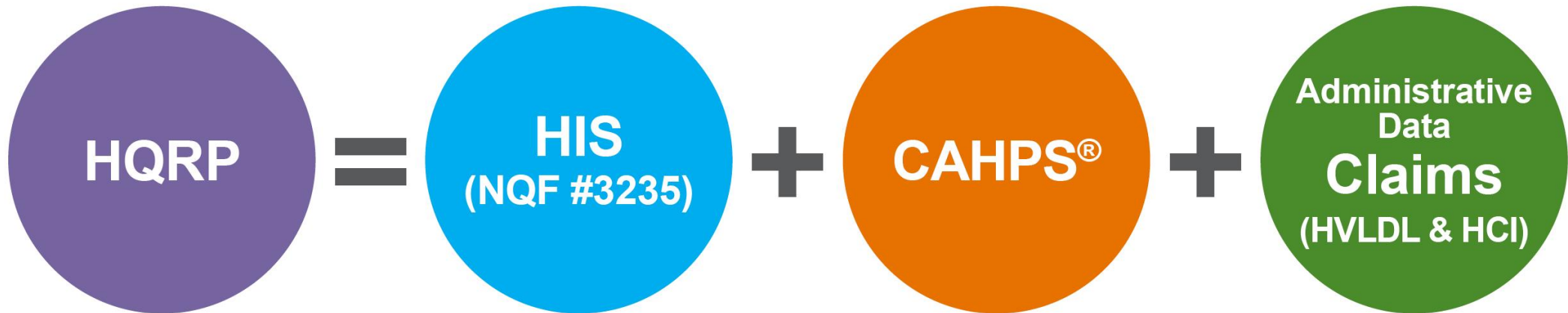
The Revised Regulation § 418.312(b)

- Regulation § 418.312(b) was revised to require the collection of Administrative Data.
 - Paragraph (b)(1) includes the existing language on the standardized set of admission and discharge items.
 - Paragraph (b)(2) requires collection of Administrative Data, including Medicare claims data, used for hospice quality measures to capture services throughout the hospice stay.

The NEW HQRP Requirements



- Now finalized through rulemaking, the *New* HQRP combines sources of data from the HIS, and CAHPS®, with administrative data (e.g., Medicare claims).





Based on the FY 2022 Rule, how will hospices report the visits for the HVLDL measure?

- A. Visits can still be included in Section O and submitted by hospices with other HIS data.
- B. CMS will rely on the data from hospice claims.
- C. Hospices will need to email CMS to let them know, once the patient dies.





Based on the FY 2022 Rule, how will hospices report the visits for the HVLDL measure? (cont.)

A. Visits can still be included in Section O and submitted by hospices with other HIS data.



B. CMS will rely on the data from hospice claims.

C. Hospices will need to email CMS to let them know, once the patient dies.



The New Hospice Care Index (HCI) contains which of the following indicators?

- A. Level of care provided.
- B. Frequency and timing of clinical visits.
- C. The number of hospice patients who agreed to a volunteer.
- D. Medicare spending.
- E. A, B and D only.





The New Hospice Care Index (HCI) contains which of the following indicators? (cont.)

- A. Level of care provided.
- B. Frequency and timing of clinical visits.
- C. The number of hospice patients who agreed to a volunteer.
- D. Medicare spending.



E. A, B, and D only.



Public Reporting

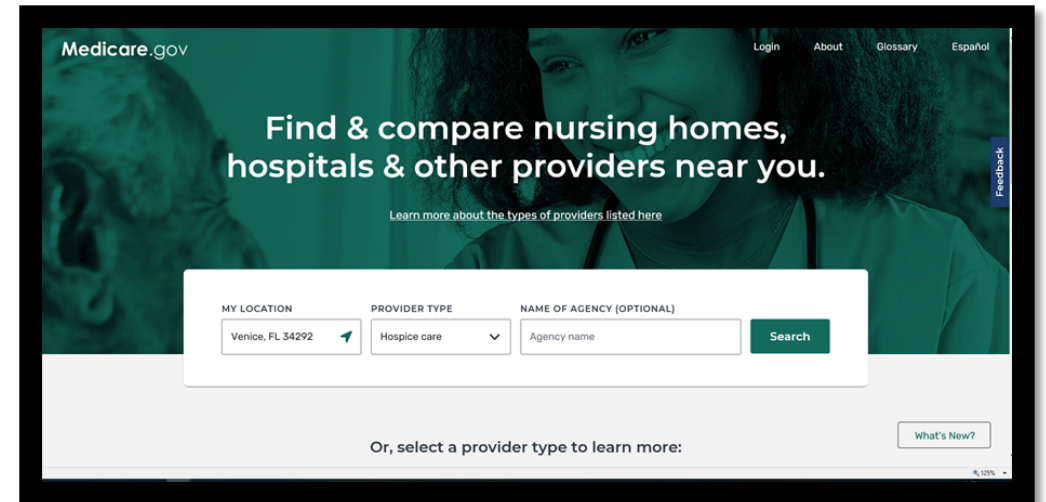
Public Reporting of Quality Measures (QMs)

- Hospice QMs are publicly reported on Care Compare.
- CMS publicly reports these QMs so that consumers can compare providers in their service area to assist in selecting a hospice.
- Care Compare replaced the original Hospice Compare in December 2020.
 - Allows consumers to select and compare multiple hospices (up to three at a time) based on their QM information.
 - To access the Care Compare website, please visit <https://www.medicare.gov/care-compare/>.

Public Reporting Updates in the FY 2022 Rule

- The Hospice QMs currently reported on Care Compare include process measures.
- These will now also include the claims-based measures and report using two-years of data so we can report on more and small hospices.
- In time, CMS plans to include outcome measures.

**NOTE: Hospices with fewer than 20 patient stays will not have their QM scores publicly displayed, because a score with such a small denominator may not be reliable.*



Data Collection and Reporting during a Public Health Emergency (PHE)

- Based on the COVID-19 PHE, CMS:
 - Granted exemption to HQRP reporting requirements for Q4 2019, Q1 2020, and Q2 2020.
 - Determined Q4 2019 submissions were appropriate for public reporting in November 2020.
 - Decided to hold the November 2020 refresh data constant through the November 2021 refresh.
- For more information, view the COVID-19 Public Reporting Tip Sheet at <https://www.cms.gov/files/document/hqrp-pr-tip-sheet081320final-cx-508.pdf>.

PHE: Data Collection and Reporting

- The Care Compare website data will gradually return to its expected quarters of data displayed.
- In the meantime, HIS & CAHPS® data has been frozen as of the November 2020 refresh.
- Adjustments have been finalized to alter the quarters of data used for public reporting, starting in February 2022.
- These changes will provide consumers with more relevant quality data and allow hospices to demonstrate more recent performance.



PHE: Reporting of HIS Measures

- CMS will report HIS measures using 3 quarters of data (Q3 2020, Q4 2020, and Q1 2021) in February 2022.
- By May 2022, HIS reporting will resume with the usual 4 quarters of data.



PHE: Reporting of HIS Measures – Three Quarters of Data

Quarter Refresh	2019				2020				2021	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
November 2020										
February 2021										
May 2021										
August 2021										
November 2021										
February 2022										

-  HIS Quarters in Original Schedule for Care Compare
-  HIS Quarters in Revised/Proposed Schedule for Care Compare*

The February 2022 refresh will contain **three quarters of data.**

* Footnote: Per CMS direction, Q1 & Q2 2020 data cannot be publicly reported

PHE: Reporting of CAHPS® Hospice Survey Data

- CAHPS® Hospice Survey Data will be reported using the *most recent 8 quarters, excluding Q1 and Q2 2020*.
- In May 2023, CAHPS® Hospice Survey Data will reach eight quarters of post-exemption data.
- Therefore, as of May 2023, CMS will resume reporting a rolling average of the most recent 8 quarters of data, with all quarters of data from the post-exempt period.



PHE: Reporting of CAHPS® Hospice Survey Data*

Quarter Refresh	2018				2019				2020				2021				2022	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Freeze: November 2020– November 2021																		
February 2022																		
May 2022																		
August 2022																		
November 2022																		
February 2023																		
May 2023																		

* Footnote: Per CMS direction, Q1 & Q2 2020 data cannot be publicly reported

HQRP Claims-Based Measures: Public Reporting

- HQRP claims-based measures will be updated annually, in alignment with most post acute care (PAC) claims-based measures.
- Claims data for calculating measures will be extracted at least 90 days after the last discharge date to balance timeliness and completeness of data.
- Claims-based measures will be calculated using two years of data.
- Two years of data will help to include more and small hospices in public reporting on Care Compare.

QM Changes on Care Compare in FY 2022 and Beyond

- The seven individual HIS process measures will be removed from public reporting on Care Compare no earlier than the May 2022 refresh.
- Public reporting of HCI will begin no earlier than May 2022, using two years of Medicare hospice claims data.
- The HVLDL measure will replace HVWDII no earlier than May 2022 and use two years of Medicare hospice claims data.
- The Provider Data Catalogue (PDC) will display the data from the seven HIS measures allowing this information to continue to be publicly available.
 - The PDC can be accessed through a link at the bottom of the main page of [Care Compare](#) and at this link: <https://data.cms.gov/provider-data/>.

QMs to be Displayed on Care Compare

NQF #3235

The Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission based on the HIS-Admission data.

CAHPS®

The eight CAHPS® measures created from the caregiver survey results. These can be found under the “Family Caregiver Experience.”

HVLDL

A claims-based measure indicating visits in the last 3 days of life.

HCI

A single score measure that combines the results of 10 claims-based indicators.

QM Reports

- CMS will refresh claims-based measure scores on Care Compare, in preview reports, and in the confidential CASPER QM preview reports *annually*.
 - This period of updates aligns with most claims-based measures across PAC settings.
 - HCI and HVLDL will be included in the Preview Reports used for the refresh planned no sooner than the May 2022 refresh.

As with the HIS based measures, should a hospice believe there is an error with a claims-based measure calculation as displayed in their preview reports, they can request a review.



Updates: CAHPS® Hospice Survey Participation Requirements

- As finalized in the FY 2022 Rule, CMS will calculate Star Ratings for the CAHPS® Hospice Survey for public reporting on Care Compare.
- Prior to public reporting, CMS will have a dry run of the Star Ratings through hospice preview reports beginning in 2022.
- Additional details around the timing of the dry run and a review of the Star Ratings methodology will be discussed on a Home Health, Hospice, and Durable Medical Equipment (DME) Open Door Forum (ODF) in fall 2021.



Additional Data on Care Compare

- Since 2019, the HQRP publicly reports characteristics describing Medicare hospice organizations and their patients using Post-Acute Care and Hospice Utilization and Payment Public Use File (PUF) data.
- Hospice PUF data is used to complement quality and can be found on Care Compare.
 - Current characteristics reported include the average daily census (ADC), levels of hospice care provided, conditions treated, and locations of care.
 - For more information, please visit the PAC PUF webpage at:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/PAC2017>.

Update: Additional Data on Care Compare in FY 2022

- Beginning in May 2021, CMS began to display additional information on Care Compare from the Hospice PUF data. These include:
 - The percentage of patients enrolled in Medicare Advantage.
 - Hospice services to patients with both Medicaid and Medicare coverage (also known as dual eligible patients).
- Care Compare will also include a new link to the APU Compliance file.
- Survey data will be added in 2022 as required by statute.

Other Updates

Updates: Integrating HOPE into the HQRP

Hospice Outcomes & Patient Evaluation (HOPE).

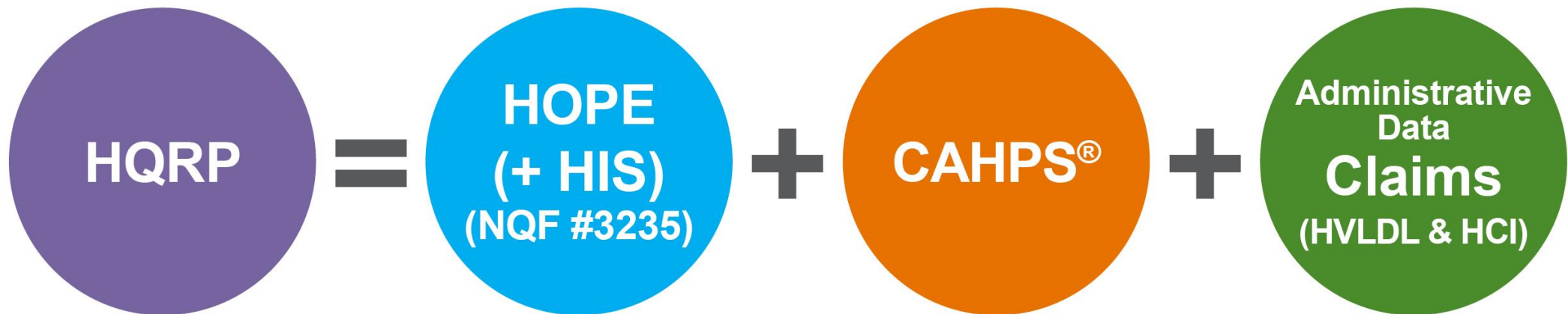
- HOPE is a real-time patient assessment instrument that is currently being tested.
- CMS's goal for HOPE is to be more comprehensive by capturing patient and family care needs in real-time and throughout the hospice stay.
- CMS anticipates proposing HOPE in future rulemaking after testing is complete.
- HOPE will incorporate data from the HIS and is expected to become the one tool for the hospice industry.



HOPE
(including HIS)

Integrating HOPE into the HQRP

- HOPE will incorporate data from the HIS and is expected to become the one tool for the hospice industry.



- For updated information visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE>.

QM Development in the Future

- CMS is considering development of:
 - HOPE-based measures, including pain and symptom management.
 - Claims-based measures to help beneficiaries and family caregivers make more informed choices about hospice care.
 - Hybrid quality measures calculated using claims, assessment, or other data sources.

HQRP Resources

- FY 2022 - Hospice Final Rule: <https://public-inspection.federalregister.gov/2021-16311.pdf>.
- Consolidated Appropriations Act, (CAA) 2021: <https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>.
- Hospice Care Index (HCI): <https://www.youtube.com/watch?v=by68E9E2cZc>.
- CMS HQRP Main Page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index>.
- HIS Web Page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS>.

HQRP Resources (cont. 1)

- HQRP Current Measures: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>.
- HIS Manual V3.00: <https://www.cms.gov/files/document/drafthismanualv30-10-02-2020508c.pdf>.
- For the HQRP QM User's Manual, visit the Current Measures page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>.
 - The HQRP QM User's Manual v4.00 will be posted on October 1, 2021.

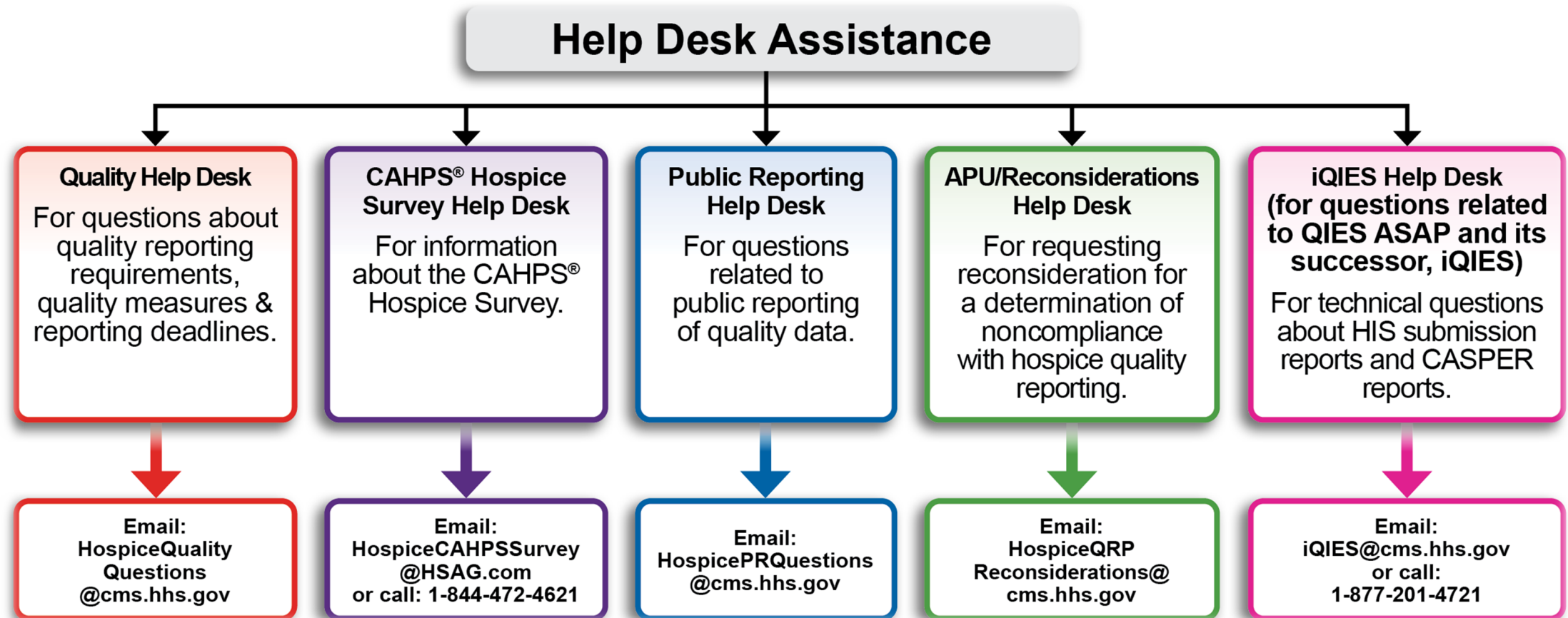
HQRP Resources (cont. 2)

- HVLDL Measure Specifications: <https://www.cms.gov/files/document/hospice-visits-last-days-life-hvldl-measure-specifications.pdf>.
- Hospice Visits When Death is Imminent: Measure Validity Testing Summary and Re-Specifications Report: <https://www.cms.gov/files/document/hqrphospice-visits-when-death-imminent-testing-re-specification-reportoctober-2020.pdf>.
- Care Compare: <https://www.medicare.gov/care-compare/>.
- The Provider Data Catalogue (PDC) – access via a link at the bottom of the main page of Care Compare or here: <https://data.cms.gov/provider-data/>.

HQRP Resources (cont. 3)

- CMS Hospice CAHPS® Survey web page:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/CAHPS%C2%AE-Hospice-Survey>.
- The official Hospice CAHPS® Survey website:
<http://www.hospicecahpssurvey.org>.
- HOPE webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE>.
- To communicate with CMS about HOPE, please email the Hospice Quality Help Desk at HospiceAssessment@cms.hhs.gov.

Help Desk Assistance



Summary



- At the conclusion of this webinar, participants should now be able to:
 - Discuss the Background of the HQRP.
 - List three changes to the HQRP based on the FY 2022 Hospice Final Rule.
 - Describe the hospice information that will be publicly displayed on Care Compare in FY 2022.
 - Summarize the updates to the HQRP.

Thank You.