



CMS HOSPICE QUALITY REPORTING PROGRAM FORUM

***FY 2023 Hospice Final
Rule & HQRP Updates***

September 28, 2022



AGENDA

- FY23 Hospice Final Rule
- HQRP Updates
- Public Reporting
- Resources
- Q&A



ACRONYMS IN THIS PRESENTATION

- CAHPS® – Consumer Assessment of Healthcare Providers and Systems
- CMS – Centers for Medicare & Medicaid Services
- HCI – Hospice Care Index
- HQRP – Hospice Quality Reporting Program
- HVLDL – Hospice Visits in the Last Days of Life
- NQF – National Quality Forum
- PDC – Provider Data Catalog
- QM – Quality Measure



FY23 HOSPICE FINAL RULE



FY 2023 HOSPICE FINAL RULE – PUBLICATION

- The FY 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule was published on July 29, 2022.
- The final rule can be accessed on the Federal Register's webpage at:
<https://www.govinfo.gov/content/pkg/FR-2022-07-29/pdf/2022-16214.pdf>.
- The final rule is also available on CMS' Hospice Regulations and Notices webpage.

Hospice Regulations and Notices

This list includes proposed and final regulations and notices about Medicare Hospice Payment.

Showing 1-10 of 43 entries

Show entries: 10 per page

Filter On

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Regulation No. ↕	Title ↕	Display Date ↕	Publication Date ↕
CMS-1773-F	FY 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements	2022-07-27	2022-07-29

RULE OVERVIEW: UPDATES ON THE HQRP

- In the FY 2023 Hospice final rule, we did not propose any new quality measures.
- The rule provides updates related to HQRP and future measures:
 - Annual Payment Update (APU)
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
 - Hospice Outcomes and Patient Evaluation (HOPE)
 - Health Equity
 - Hospice program survey and enforcement

[FR Doc. 2022-16070 Filed 7-28-22; 8:45 am]

BILLING CODE 6560-50-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 418

[CMS-1773-F]

RIN 0938-AU83

Medicare Program; FY 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.



ANNUAL PAYMENT UPDATE (APU)

- Starting with **FY 2024**, the payment penalty for failing to meet hospice quality reporting requirements will **increase from 2 to 4 percentage points**.
- This congressionally mandated payment penalty increase to 4% begins with the FY 2024 payments and is based on CY 2022 quality data.
- Currently for FY 2023 APU (based on CY 2021 quality data), the penalty for failure to meet the HQRP reporting requirements remains at 2%.
- Any payment reductions based on failure to comply with the reporting requirements apply only for the specified year.



CAHPS® HOSPICE SURVEY

- CAHPS® Hospice Survey collects data on the experiences of hospice patients and caregivers.
- To meet HQRP requirements, hospices must collect survey data on a monthly basis and report that data to CMS on a quarterly basis.
- There are no changes to the volume-based and newness exemptions for public reporting in the FY 2023 final rule.



CAHPS® HOSPICE SURVEY *(CONTINUED)*

- CMS recently conducted a mode experiment with the goal of testing the effects of adding a web-based mode and the effects of a shortened survey.
- Star Ratings are now publicly reported on Care Compare on Medicare.gov beginning with the August 2022 refresh.
 - CMS previously finalized a policy requiring us to display Hospice CAHPS® Survey Star Ratings.
 - Hospices first saw their Star Ratings in their preview reports during the November 2021 and March 2022 preview periods which included data from Q4 2018 through Q4 2019 and Q3 2020 through Q1 2021.



HOSPICE OUTCOMES AND PATIENT EVALUATION (HOPE)

- The national HOPE Beta Test is underway.
 - Includes testing three distinct disciplinary assessments.
 - Allows CMS to obtain input from participating hospice teams about the assessment instrument and use in the field.
 - Supports refinement of the final draft items and assessment time points.
- CMS anticipates proposing HOPE in future rulemaking once testing and analyses are complete.



REQUEST FOR INFORMATION (RFI) ON HEALTH EQUITY

- CMS's Request For Information provided public comment on the following:
 - Hospices' efforts to recruit diverse staff, volunteers, and board members
 - Barriers to access in hospice
 - Hospices' collection of self-reported data including race/ethnicity, veteran status, food security, etc.
 - Use of qualitative data to assess health equity efforts
- We thank you for your feedback and will take it into consideration.



STRUCTURAL MEASURE ON HEALTH EQUITY

- CMS also sought comment on a potential structural composite measure.
 - Domain 1: actions regarding the role of health equity and community engagement in strategic plans
 - Domain 2: hospices' diversity, equity, inclusion and Culturally and Linguistically Appropriate Services (CLAS) training for board members, employed staff, and volunteers
 - Domain 3: activities related to organizational inclusion initiatives and capacity to promote health equity
- CMS will take responses and suggestions into consideration when refining the measure concept.



HOSPICE PROGRAM SURVEY AND ENFORCEMENT

- Section 407 of the Consolidated Appropriation Act of 2021 (CAA 2021) establishes several new hospice program survey requirements to include, but not limited to:
 - Public reporting of survey data
 - Requirement that Accrediting Organizations use the same survey deficiency reports as State Agencies (Form CMS-2567, “Statement of Deficiencies” or a successor form) to report survey findings
 - Comprehensive training and testing of surveyors, including review of written plans of care
 - Establishment of a hospice hotline



HOSPICE PROGRAM SURVEY AND ENFORCEMENT

- CAA of 2021 provided for the creation of a Special Focus Program (SFP) for poor-performing hospice programs.
- Since the publication of the CY 2022 HH PPS final rule, Abt Associates, under contract with CMS, established a Technical Expert Panel (TEP) in CY 2022. CMS plans to consider the TEP findings to develop the hospice SFP in future rulemaking.
- CMS expects to include the SFP proposal in the FY 2024 Hospice Wage Index and Payment Rate Update proposed rule.



HQRP UPDATES



HVLDL ENDORSEMENT

- **National Quality Forum (NQF)** is a multi-stakeholder independent group that provides input to CMS on proposed quality measures.
- NQF endorsed **Hospice Visits in the Last Days of Life (HVLDL)** as NQF #3645 on July 26, 2022.

Measure Name	Acronym	NQF #
Hospice Visits in the Last Days of Life	HVLDL	3645



PUBLIC REPORTING



PUBLIC REPORTING ON CARE COMPARE

The screenshot shows the Medicare.gov website's search interface. At the top, the Medicare.gov logo is on the left, and links for Login, About, Glossary, and Español are on the right. A vertical Feedback button is on the far right. The main heading reads 'Find & compare nursing homes, hospitals & other providers near you.' with a link to 'Learn more about the types of providers listed here'. Below this is a search form with three input fields: 'MY LOCATION' (containing 'Venice, FL 34292' and a location pin icon), 'PROVIDER TYPE' (a dropdown menu showing 'Hospice care'), and 'NAME OF AGENCY (OPTIONAL)' (containing 'Agency name'). A green 'Search' button is to the right of these fields. Below the search form, the text 'Or, select a provider type to learn more:' is displayed. In the bottom right corner, there is a 'What's New?' button and a zoom level indicator showing '125%'.

Medicare.gov

Login About Glossary Español

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

[Learn more about the types of providers listed here](#)

Feedback

MY LOCATION PROVIDER TYPE NAME OF AGENCY (OPTIONAL)

Venice, FL 34292 ↗ Hospice care ▼ Agency name Search

Or, select a provider type to learn more:

What's New?

125%

CARE COMPARE IN FY 2022

- Beginning with the August 2022 refresh, CMS will publicly report several additional measures:
 - HVLDL claims-based quality measure (NQF #3645)
 - HCI claims-based quality measure
 - CAHPS® Star rating

Visit Care Compare at:
<https://www.medicare.gov/care-compare/>



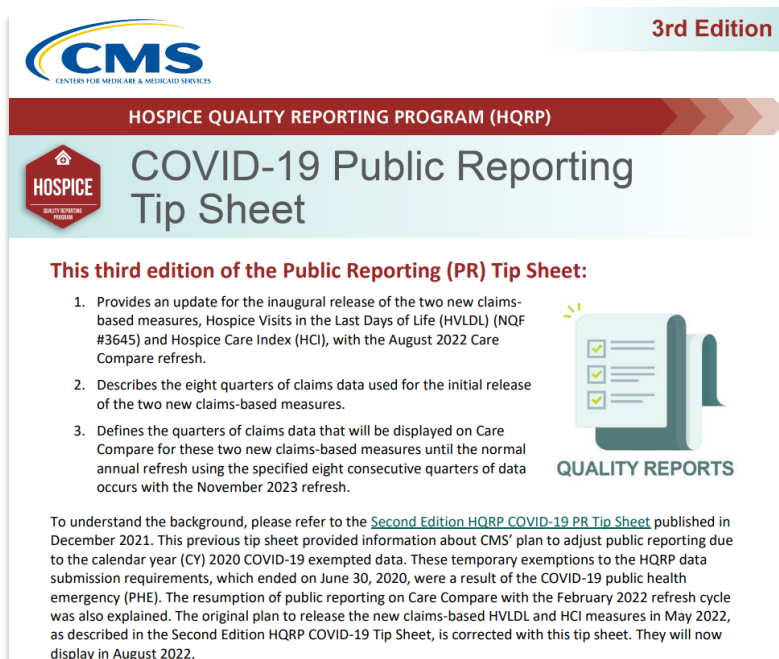
PROVIDER PREVIEW REPORTS

- Provider Preview Reports for the November 2022 Refresh were released on August 19, 2022.
- These Reports contain a new variable, “Claim Count,” which shows how many claims were used to calculate claims-based measures for your hospice.
- Provider Preview Reports are available in CASPER for 60 days after release.



NEW PUBLIC REPORTING RESOURCES

- Third Edition Public Reporting Tip Sheet
- Updated Fact Sheets
 - Getting Started with Review and Correct Reports
 - Getting Started with CASPER QM Reports



3rd Edition

HOSPICE QUALITY REPORTING PROGRAM (HQRP)

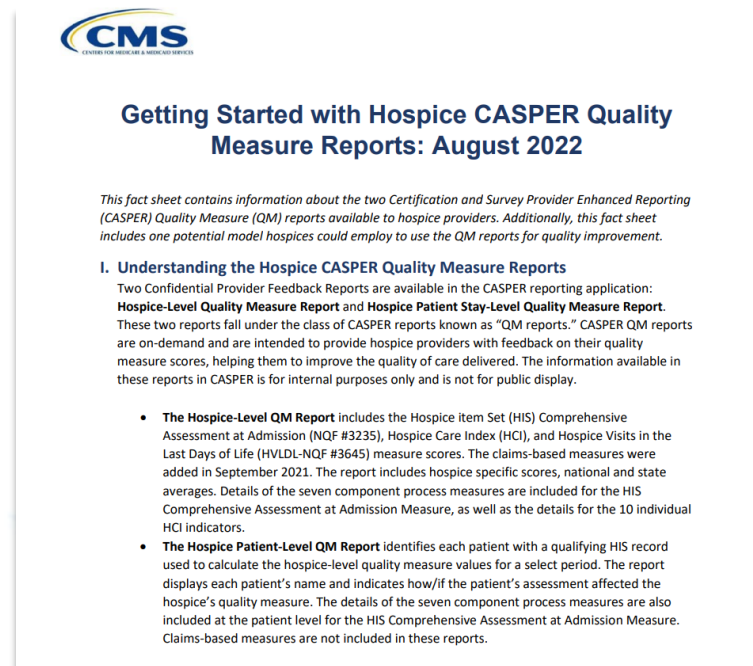
COVID-19 Public Reporting Tip Sheet

This third edition of the Public Reporting (PR) Tip Sheet:

1. Provides an update for the inaugural release of the two new claims-based measures, Hospice Visits in the Last Days of Life (HVLDL) (NQF #3645) and Hospice Care Index (HCI), with the August 2022 Care Compare refresh.
2. Describes the eight quarters of claims data used for the initial release of the two new claims-based measures.
3. Defines the quarters of claims data that will be displayed on Care Compare for these two new claims-based measures until the normal annual refresh using the specified eight consecutive quarters of data occurs with the November 2023 refresh.

QUALITY REPORTS

To understand the background, please refer to the [Second Edition HQRP COVID-19 PR Tip Sheet](#) published in December 2021. This previous tip sheet provided information about CMS' plan to adjust public reporting due to the calendar year (CY) 2020 COVID-19 exempted data. These temporary exemptions to the HQRP data submission requirements, which ended on June 30, 2020, were a result of the COVID-19 public health emergency (PHE). The resumption of public reporting on Care Compare with the February 2022 refresh cycle was also explained. The original plan to release the new claims-based HVLDL and HCI measures in May 2022, as described in the Second Edition HQRP COVID-19 Tip Sheet, is corrected with this tip sheet. They will now display in August 2022.



CMS

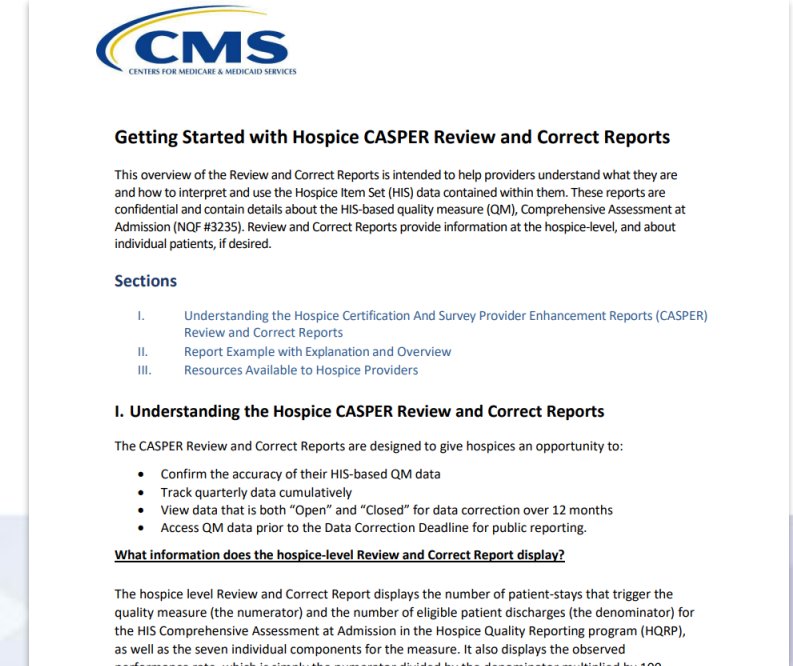
Getting Started with Hospice CASPER Quality Measure Reports: August 2022

This fact sheet contains information about the two Certification and Survey Provider Enhanced Reporting (CASPER) Quality Measure (QM) reports available to hospice providers. Additionally, this fact sheet includes one potential model hospices could employ to use the QM reports for quality improvement.

I. Understanding the Hospice CASPER Quality Measure Reports

Two Confidential Provider Feedback Reports are available in the CASPER reporting application: **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." CASPER QM reports are on-demand and are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered. The information available in these reports in CASPER is for internal purposes only and is not for public display.

- **The Hospice-Level QM Report** includes the Hospice Item Set (HIS) Comprehensive Assessment at Admission (NQF #3235), Hospice Care Index (HCI), and Hospice Visits in the Last Days of Life (HVLDL-NQF #3645) measure scores. The claims-based measures were added in September 2021. The report includes hospice specific scores, national and state averages. Details of the seven component process measures are included for the HIS Comprehensive Assessment at Admission Measure, as well as the details for the 10 individual HCI indicators.
- **The Hospice Patient-Level QM Report** identifies each patient with a qualifying HIS record used to calculate the hospice-level quality measure values for a select period. The report displays each patient's name and indicates how/if the patient's assessment affected the hospice's quality measure. The details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure. Claims-based measures are not included in these reports.



CMS

Getting Started with Hospice CASPER Review and Correct Reports

This overview of the Review and Correct Reports is intended to help providers understand what they are and how to interpret and use the Hospice Item Set (HIS) data contained within them. These reports are confidential and contain details about the HIS-based quality measure (QM), Comprehensive Assessment at Admission (NQF #3235). Review and Correct Reports provide information at the hospice-level, and about individual patients, if desired.

Sections

- I. Understanding the Hospice Certification And Survey Provider Enhancement Reports (CASPER) Review and Correct Reports
- II. Report Example with Explanation and Overview
- III. Resources Available to Hospice Providers

I. Understanding the Hospice CASPER Review and Correct Reports

The CASPER Review and Correct Reports are designed to give hospices an opportunity to:

- Confirm the accuracy of their HIS-based QM data
- Track quarterly data cumulatively
- View data that is both "Open" and "Closed" for data correction over 12 months
- Access QM data prior to the Data Correction Deadline for public reporting.

What information does the hospice-level Review and Correct Report display?

The hospice level Review and Correct Report displays the number of patient-stays that trigger the quality measure (the numerator) and the number of eligible patient discharges (the denominator) for the HIS Comprehensive Assessment at Admission in the Hospice Quality Reporting program (HQRP), as well as the seven individual components for the measure. It also displays the observed performance rate, which is simply the numerator divided by the denominator multiplied by 100.

RESOURCES

- CMS HQRP Main Page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index>.
- Current Measures Web Page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>.
- For information about QM Development: <https://www.cms.gov/quality-measure-development>.



RESOURCES *(CONTINUED)*

- NQF PAC/LTC workgroup:
https://www.qualityforum.org/Project_Pages/MAP_Post-Acute_CareLong-Term_Care_Workgroup.aspx
- Hospice Regulations and Notices:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Hospice-Regulations-and-Notices>
- HQRP Training: Training and Education Library:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library>



Q&A



THANK YOU

