



New Publicly Reported Quality Measures: Hospice Care Index & Hospice Visits in Last Days of Life November 2021

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HOSPICE QUALITY REPORTING PROGRAM

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Annual Payment Update Penalty

Increases to 4% in FY2024

Annual Payment Update	HIS	CAHPS
FY2024	Submit at least 90 percent of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/22 – 12/31/22.	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2022 – 12/31/2022

HIS Comprehensive Assessment Measure at Admission (NQF #3235)

- The proportion of patients for whom the hospice performed all seven care services as applicable.

HVLDL (Claims-based)

- The proportion of patients who have received in-person visits from a registered nurse or a medical social worker on at least 2 out of the final 3 days of life.

HCI (Claims-based)

- A single measure comprising ten indicators calculated from Medicare claims.

CAHPS® Hospice Survey (NQF #2651)

- All eight of the CAHPS® Hospice Survey measures are endorsed under NQF #2651.

NEW CAHPS Hospice Star Rating

Star Rating

CAHPS Star Rating

- Average of eight measures
- Publicly reported August 2022
 - “dry run” period through May 2022
 - Provider Preview reports
 - Reporting period
 - October 1, 2018 – December 31, 2019; July 1, 2020 – March 31, 2021
- CMS webinar December 16, 2021

Hospice Visits Last Days of Life

- HVLDL
 - proportion of patients who received visits from a RN or a medical social worker (non-telephonically) on at least two of the last three days of life
 - re-specified Hospice Visits When Death is Imminent (HVWDII)
 - claim-based
- Publicly reported no earlier than May 2022
- Hospice Visits in Last Days of Life Measure Clarified
 - NAHC Report – April 16, 2021

Hospice Visits Last Days of Life

- Claims-based
- In person visits
 - RN
 - Social worker
- Visits on at least two of the last three days of life
 - Day 1 – day of death,
 - Day 2 – day prior to death,
 - Day 3 – two days prior to death

Note: Any visits occurring after the time of the patient's death do not count towards the measure score.

Hospice Visits Last Days of Life

Patients are excluded from the denominator if:

- They did not expire in hospice care as indicated by reason for discharge
- They received any continuous home care, respite care or general inpatient care in the final three days of life
- They were enrolled in hospice for fewer than three days

Note: HVLDDL 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.

Hospice Care Index

- Captures care processes occurring throughout the hospice stay
- Single measure comprising ten indicators calculated from Medicare claims data
- Claims-based
- Publicly reported no sooner than May 2022

Hospice Care Index

Capture multiple aspects of hospice care with a broad, holistic set of claims-based quality measures

- Multiple indicators
- Threshold for each indicator
- Overall score is calculated on the number of instances when the hospice met a set threshold
- Publicly reported no earlier than May 2022
 - Final HCI score only
 - Individual indicator performance publicly available in Data files



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Hospice Care Index Indicators

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/GIP Provided	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
2	Gaps in skilled nursing visits	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.	Below 90 Percentile Rank
3	Early live discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
4	Late live discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
5	Burdensome Transitions (Type 1)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospice readmission within two days of hospital discharge.	Below 90 Percentile Rank
6	Burdensome Transitions (Type 2)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 90 Percentile Rank
7	Per-beneficiary Medicare spending	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 90 Percentile Rank
8	Nurse care minutes per routine home care days	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.	Above 10 Percentile Rank
9	Skilled nursing minutes on weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).	Above 10 Percentile Rank

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TABLE 8: Hospice Care Index Indicator Scoring Example

Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score	National Average Score	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Points Earned?	Points Awarded
Provided CHC/GIP (% days)	48	3,904	1.2%	0.9%	83	Hospice Score Above 0%	Yes	+1
Gaps in skilled nursing visits (% elections)	12	104	11.5%	5.9%	92	Below 90 Percentile Rank	No	0
Early live discharges (% live discharges)	3	27	11.1%	7.7%	75	Below 90 Percentile Rank	Yes	+1
Late live discharges (% live discharges)	14	27	51.9%	37.3%	84	Below 90 Percentile Rank	Yes	+1
Burdensome transitions, Type 1 (% live discharges)	4	27	14.8%	8.7%	77	Below 90 Percentile Rank	Yes	+1
Burdensome transitions, Type 2 (% live discharges)	0	27	0.0%	2.7%	1	Below 90 Percentile Rank	Yes	+1
Per-beneficiary Medicare spending (U.S. dollars \$)	\$2,322,657	256	\$9,073	\$12,959	22	Below 90 Percentile Rank	Yes	+1
Skilled nursing care minutes per routine home care day (minutes)	44,100	6,985	6.3	16.0	2	Above 10 Percentile Rank	No	0
Skilled nursing minutes on weekends (% minutes)	9,090	157,230	5.8%	9.4%	17	Above 10 Percentile Rank	Yes	+1
Visits near death (% decedents)	147	151	97.4%	94.5%	46	Above 10 Percentile Rank	Yes	+1
Hospice Care Index Total Score								8

Scoring Example:

- Other than CHC/GIP, points are based on the percentile ranking of your hospice within the entire set of providers included in the scoring
- This example is not accurate for national or other benchmarks – it's only an illustrative method

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Hospice Care Index (HCI)

- Data is pulled from claims (hospice and others)
- The view is 8 quarters of data (2 years)
- The first public view will include
 - Q3 and Q4 019,
 - Q3 and Q4 2020, and
 - Q1, Q2, Q3 and Q4 2021 claims data
- The scores will refresh ANNUALLY
- Must have 20 or more discharges over the two-year period

Care Indicator Used To Calculate HCI	Provider Points Earned
CHC/GIP Provided (% days)	+1
Gaps in nursing visits (% elections)	+1
Early live discharges (% live discharges)	+1
Late live discharges (% live discharges)	+1
Burdensome transitions, Type 1 (% live discharges)	+1
Burdensome transitions, Type 2 (% live discharges)	+1
Per-beneficiary spending (U.S. dollars \$)	+1
Nurse care minutes per routine home care days (minutes)	0
Skilled nursing minutes on weekends (% minutes)	+1
Visits near death (% decedents)	+1
Hospice Care Index Observed Score (out of 10)	9

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CHC/GIP Provided

- Ensuring all four levels of care are *provided*
- Similar to PEPPER target area No GIP or CHC
- Does your staff know when these levels of care are appropriate, and
- Is the staff offering these levels of care when appropriate

Gaps in Skilled Nursing Visits

- Supports the hospice CoPs that require a member of the interdisciplinary team to ensure ongoing assessment of patient and caregiver needs and plan of care implementation
- Adequate oversight through nurse visits and direct patient care
- OIG has found instances of infrequent visits by nurses to hospice patients
- CMS' expectation is at least one nursing visit every 7 days

Gaps in Skilled Nursing Visits

- Stays that include 30 or more consecutive days of hospice care
 - Excludes CHC and GIP days
- Skilled nursing visits
 - Revenue code 055X
 - Includes RN and LPN

Early Live Discharges

- High rates of live discharge suggest concerns in hospices' care processes, their advance care planning to prevent hospitalizations, or their discharge processes.
- Previous MedPAC and OIG concerns
- Similar to three PEPPER target areas
- All types of live discharges
- Early – first 7 days of hospice
- Over a patient's lifetime which is potentially multiple elections and fiscal years

Late Live Discharges

- Concerning patterns of live discharges that impact patient experience and quality of care
- Raises concerns about possible pursuit of business models of care versus quality of care
- Late – on or after the 180th day
- Over a patient's lifetime which is potentially multiple elections and fiscal years

Burdensome Transitions – Type I

- Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
- This pattern of transition may lead to fragmented care and may be associated with concerning care processes

Burdensome Transitions – Type I

- Live discharge with a hospital admission within 2 days of hospice discharge, and then hospice readmission within 2 days of hospital discharge
- “From” date of the hospitalization has to occur no more than 2 days after the date of hospice live discharge

Burdensome Transitions – Type II

- Live Discharges From Hospice Followed by Hospitalization With the Patient Dying in the Hospital
- This pattern of transitions may be associated with a discharge process that does not appropriately assess the stability of a hospice patient's conditions prior to live discharge.
- “From” date of the hospitalization has to occur no more than 2 days after the date of hospice live discharge

Per-beneficiary Medicare Spending

- CMS expects that "virtually all" care for hospice beneficiaries is provided by the hospice
- Lower rates of per beneficiary spending may identify hospices that provide efficient care at a lower cost to Medicare
- Similar to a PEPPER target area
- Two factors
 - Length of stay
 - Level of care at which hospice services are billed

Per-beneficiary Medicare Spending

- Number of beneficiaries a hospice serves in a particular year is determined by counting the number of unique beneficiaries on all hospice claims in the same period for a particular hospice

Skilled Nursing Care Minutes per Routine Home Care (RHC) Day

- Nursing visits include
 - initial and ongoing assessment of patient family needs
 - to ensure the successful preparation, implementation, and refinements for the plan of care.
 - Also includes patient and caregiver education and training as appropriate to their responsibilities for the care and services identified in the plan of care.

Skilled Nursing Care Minutes per Routine Home Care (RHC) Day

- Skilled nursing minutes
 - Revenue code 055X
 - Includes RN and LPN
- Provided on RHC day
- Minutes are calculated by multiplying the number of units by 15

Skilled Nursing Minutes on Weekends

- Nursing services are to be available 24/7
- Patterns of variation across providers could signal less service provider availability and access for patients on weekends
- Skilled nursing minutes
 - Revenue code 055X
 - Includes RN and LPN
- Provided on RHC day
- Minutes are calculated by multiplying the number of units by 15

Visits Near Death

- End of life is typically associated with highest symptom burden
- RN, LPN or MSW visit in last three days of life
- At least 1 day of hospice in the last 3 days of life
- Skilled nursing visits
 - Revenue code 055X
 - Includes RN and LPN

Visits Near Death

- Medical social worker visits – revenue code 056X
- Assumes visits are made for GIP days
- CHC and Respite days are not excluded

Gather Your Hospice's Data

- Provider preview reports
- Available November 2021
- CASPER – Hospice Reporting User's Guide
 - <https://qtso.cms.gov/>
 - References and Manuals
- CMS to add state data? Average hospice performance data?

Responding to Your Hospice's Data

- What indicators resulted in 0 points?
- Why was performance outside of the norm on these indicators?
- How might this be improved?
- Benchmark data
- Time to impact score

Future Focus

- Claims-based measures
- HOPE
- Social determinants of health
- Interoperability

Mark Your Calendar

CMS Webinar
December 16, 2021

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Final FY2022 Hospice Payment Rule and Quality Reporting Program Update

ADDENDUM – HOSPICE CARE INDEX

HOSPICE CARE INDEX

Indicator	Description	Numerator	Denominator	Index Earned Point Criterion
Continuous Home Care (CHC) or General Inpatient (GIP) Provided	<p>Identifies hospices that provided at least one day of hospice care under the CHC or the GIP levels of care during the period examined.</p> <p>The provision of CHC and GIP is identified on hospice claims by the presence of revenue center codes 0652 (CHC) and 0656 (GIP)</p>	The total number of CHC or GIP service days provided by the hospice within a reporting period	The total number of hospice service days provided by the hospice at any level of care within a reporting period	Hospices earn a point towards the HCI if they provided at least one CHC or GIP service day within a reporting period.
Gaps in Skilled Nursing Visits	<p>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 eight or more days without a nursing visit.</p> <p>RN and LPN visits part of revenue code 055X are included.</p> <p>GIP and CHC days on the claim are assumed to include nursing visits (individual nursing visits for these days of care are not required on the claim)</p>	The number of elections with the hospice where the patient experienced at least one gap between nursing visits exceeding 7 days, excluding hospice elections where the patient elected hospice for less than 30 days within a reporting period	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	Hospices earn a point towards the HCI if their individual hospice score for gaps in skilled nursing visits greater than 7 days falls below the 90th percentile ranking among hospices nationally
Early Live Discharges	<p>Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that occur within 7 days of hospice admission during the fiscal year examined.</p> <p>All types of live discharges are included - Live discharges occur when the patient discharge status code on a hospice claim does not equal a code from the following list: "30", "40", "41", "42", "50", "51"</p> <p>Looking at whether a live discharge occurs during the first 7 days of the beneficiary's lifetime length of stay in hospice (includes days potentially</p>	The total number of live discharges from the hospice occurring within the first 7 days of hospice within a reporting period	The total number of all live discharge from the hospice within a reporting period.	Hospices earn a point towards the HCI if their individual percentage of live discharges on or before the seventh day of hospice falls below the 90th percentile ranking among hospices nationally

Indicator	Description	Numerator	Denominator	Index Earned Point Criterion
	<p>across multiple hospice elections and fiscal years)</p> <p>Live discharges are assigned to a particular reporting period based on the date of the live discharge (which corresponds to the through date on the claim indicating the live discharge).</p>			
Late Live Discharges	<p>Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that occur on or after the 180th day of hospice</p> <p>Live discharges occur when the patient discharge status code does not equal a value from the following list: “30”, “40”, “41”, “42”, “50”, “51”</p> <p>Looking at whether a live discharge occurs on or after the 180th day of the beneficiary’s lifetime length of stay in hospice (includes days potentially across multiple hospice elections and fiscal years)</p> <p>Live discharges are assigned to a particular reporting period based on the date of the live discharge (which corresponds to the through date on the claim)</p>	The total number of live discharges from the hospice occurring on or after 180 days of enrollment in hospice within a reporting period.	The total number of all live discharge from the hospice within a reporting period.	Hospices earn a point towards the HCI if their individual hospice score for live discharges on or after the 180th day of hospice falls below the 90th percentile ranking among hospices nationally
Burdensome Transitions (Type 1) - Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission	<p>Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that are followed by a hospitalization (within 2 days of hospice discharge) and then followed by a hospice readmission (within 2 days of hospitalization) during the FY examined.</p> <p>Live discharges occur when the patient discharge status code does not equal a value from the following list: “30”, “40”, “41”, “42”, “50”, “51”.</p> <p>In order to be counted, the “from” date of the hospitalization has to occur no more than 2 days after the date of hospice live discharge.</p>	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 reporting period.	The total number of all live discharge from the hospice within a reporting period.	Hospices earn a point towards the HCI if their individual hospice score for Type 1 burdensome transitions falls below the 90th percentile ranking among hospices nationally.
Burdensome Transitions (Type 2) - Live	Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that	The total number of live discharges from the hospice followed by a	The total number of all live discharge from the	Hospices earn a point towards the HCI if their individual hospice score

Indicator	Description	Numerator	Denominator	Index Earned Point Criterion
Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital	<p>are followed by a hospitalization (within two days of hospice discharge) and then the patient dies in the hospital.</p> <p>Live discharges occur when the patient discharge status code does not equal a value from the following list: "30", "40", "41", "42", "50", "51".</p> <p>To be counted, the "from" date of the hospitalization has to occur no more than 2 days after the date of hospice live discharge.</p>	hospitalization within 2 days of live discharge with death in the hospital within a reporting year.	hospice within a reporting year.	for Type 2 burdensome transitions falls below the 90th percentile ranking among hospices nationally.
Per-beneficiary Medicare Spending	<p>Identifies whether a hospice is below the 90th percentile in terms of the average Medicare hospice payments per beneficiary.</p> <p>Hospice payments per beneficiary are determined by summing together all payments on hospice claims for a particular reporting year for a particular hospice.</p> <p>The number of beneficiaries a hospice serves in a particular year is determined by counting the number of unique beneficiaries on all hospice claims in the same period for a particular hospice.</p>	Total Medicare hospice payments received by a hospice within a reporting period.	Total number of beneficiaries electing hospice with the hospice within a reporting period.	Hospices earn a point towards the HCI if their average Medicare spending per beneficiary falls below the 90th percentile ranking among hospices nationally.
Skilled Nursing Care Minutes per Routine Home Care (RHC) Day	<p>is above the 10th percentile in terms of the average number of skilled nursing minutes provided on RHC days during the reporting period examined.</p> <p>RHC days are identified by the presence of revenue code 0651 on the hospice claim</p> <p>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))</p> <p>Skilled nursing visits are identified by the presence of revenue code 055x on the claim. This includes RN and LPN visits.</p>	Total skilled nursing minutes provided by a hospice on all RHC service days within a reporting period.	The total number of RHC days provided by a hospice within a reporting period.	Hospices earn a point towards the HCI if their individual hospice score for Skilled Nursing Minutes per RHC day falls above the 10th percentile ranking among hospices nationally

Indicator	Description	Numerator	Denominator	Index Earned Point Criterion
	<p>Skilled nursing visits are counted where the corresponding revenue center date overlaps with one of the days of RHC</p> <p>Minutes of skilled nursing visits is calculated by taking the corresponding revenue center units (that is, one unit is 15 minutes) and multiplying by 15.</p>			
Skilled Nursing Minutes on Weekends	<p>Identifies whether a hospice is at or above the 10th percentile in terms of the percentage of skilled nursing minutes performed on weekends compared to all days during the reporting period examined.</p> <p>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))</p> <p>Skilled nursing visits are identified by the presence of revenue code 055x on the claim. This includes RN and LPN visits.</p> <p>Skilled nursing visits are counted where the corresponding revenue center date overlaps with one of the days of RHC</p> <p>Minutes of skilled nursing visits is calculated by taking the corresponding revenue center units (that is, one unit is 15 minutes) and multiplying by 15.</p>	Total sum of minutes provided by the hospice during skilled nursing visits during RHC services days occurring on Saturdays or Sunday within a reporting period.	Total skilled nursing minutes provided by the hospice during RHC service days within a reporting period.	Hospices earn a point towards the HCI if their individual hospice score for percentage of skilled nursing minutes provided during the weekend is above the 10th percentile ranking among hospices nationally
Visits Near Death	<p>Identifies whether a hospice is at or above the 10th percentile in terms of the percentage of beneficiaries with a RN, LPN, and/or medical social services visit in the last 3 days of life.</p> <p>Skilled nursing visits and medical social service visits are identified by the presence of revenue code 055x (Skilled Nursing) and 056x (Medical Social Services) on the claim.</p> <p>GIP days on the claim are assumed to include nursing visits (individual</p>	The number of decedent beneficiaries receiving a visit by a skilled nurse or social worker for the hospice in the last 3 days of the beneficiary's life within a reporting period.	The number of beneficiaries with at least 1 day of hospice during the last 3 days of life within a reporting period.	Hospices earn a point towards the HCI if their individual hospice score for percentage of decedents receiving a visit by a skilled nurse or social worker in the last 3 days of life falls above the 10th percentile ranking among hospices nationally

Indicator	Description	Numerator	Denominator	Index Earned Point Criterion
	nursing visits for these days of care are not required on the claim)			

TABLE 8: Hospice Care Index Indicator Scoring Example

Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score	National Average Score	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Points Earned?	Points Awarded
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Hospice Care Index Total Score								8