Hospice
Quality Reporting Program Provider Training

Hospice Quality Reporting Program Overview

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Date: August 30, 2018

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How to Download the Handout Materials

- Training materials can be downloaded from the **Downloads** section of the Hospice Quality Reporting Program Training page at the following URL:

  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Announcements-and-Registration.html

- The Downloads section is at the bottom of the Training web page

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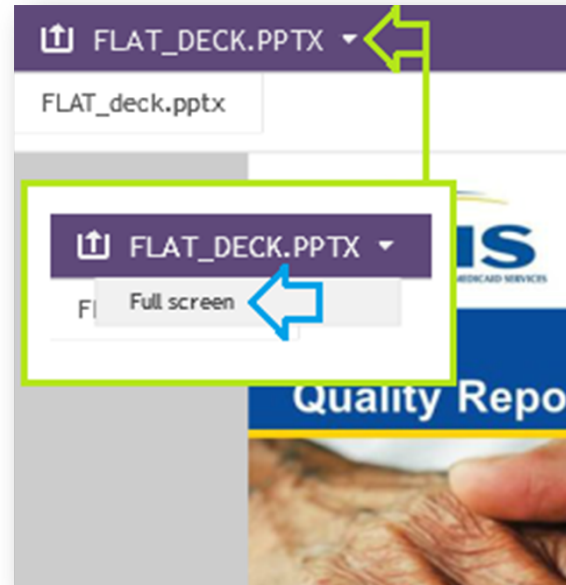
Knowledge Check Questions

- During this presentation, you will be asked to respond to questions that test your knowledge of the material presented
- When prompted with a question, review the options offered and select your answer
- Once you select your answer, it will automatically be submitted for you
- Following a brief pause, the presenter will review the correct responses and rationale for each question

Polling Question

How many people (including you) are participating in this webinar together?

    A. Just me - I am the only one participating

    B. Two people

    C. Three or four people

    D. Five or more people

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Today's Presenters

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Centers for Medicare & Medicaid Services

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Today's Presenters

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Acronyms in This Presentation

- Annual Payment Update (APU)
- Assessment Submission and Processing (ASAP)
- Calendar Year (CY)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- CMS Certification Number (CCN)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Final Validation Report (FVR)
- Fiscal Year (FY)

Acronyms in This Presentation (cont.)

- Hospice Abstraction Reporting Tool (HART)
- Hospice Item Set (HIS)
- Hospice Quality Reporting Program (HQRP)
- National Quality Forum (NQF)
- Notice of Election (NOE)
- Quality Assurance and Performance Improvement (QAPI)
- Quality Improvement and Evaluation System (QIES)
- Quality Measure (QM)

Overview

- Hospice Quality Reporting Program (HQRP)

- Hospice Item Set (HIS)

- Timing of the HIS

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

- Hospice Compare and Public Reporting

Section One:
What is the Hospice Quality Reporting Program (HQRP)?

Learning Objectives

- Define the basic components of the HQRP

- Explain the general compliance requirements for the HQRP

- Summarize the effect of noncompliance on the APU

HQRP Requirements

- Two **HQRP** reporting requirements:
  - HIS
  - CAHPS®
- All Medicare-certified hospice providers must comply with both requirements
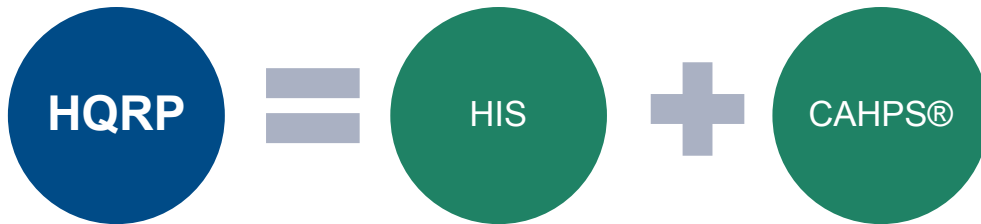
Purpose of the HQRP

- The HQRP promotes the delivery of person-centered, high-quality, and safe care by hospices
- Hospice providers can use HQRP data as part of their quality assurance and performance improvement (QAPI) programs
- Consumers can access quality information on Hospice Compare
- The Centers for Medicare & Medicare Services (CMS) makes multiple reports available for hospices to review their data

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The HIS

- The HIS is a standardized set of items to capture patient-level data

- Hospices must submit an HIS-Admission record and an HIS-Discharge record for each patient admission

The HIS (cont.)

HIS-Admission	HIS-Discharge
Section A: Administrative Information	Section A: Administrative Information
Section F: Preferences	Section O: Service Utilization
Section I: Active Diagnoses	Section Z: Record Administration
Section J: Health Conditions	
Section N: Medications	
Section Z: Record Administration	

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HIS Submission Requirements

- HIS data are collected and submitted on ALL patient admissions, regardless of:
  - The payer
  - The patient's age
  - Where hospice services are received

The CAHPS® Hospice Survey

- Measures the experiences that patients and their caregivers have with hospice care

- Composed of 47 questions

- Administered to the caregiver of the decedent who died while receiving hospice care

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The CAHPS® Hospice Survey - Topics

- Communication with family
- Getting timely help
- Treating patient with respect
- Emotional and spiritual support
- Help for pain and symptoms
- Training family to care for patient
- Rating of this hospice
- Willing to recommend this hospice
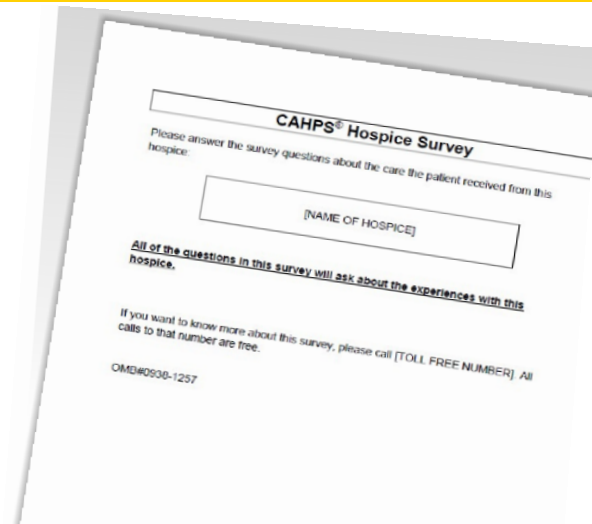
HQRP Extensions and Exemptions

- Reason to submit an extension or exemption is to maintain the provider's HQRP compliance
- CMS may grant an extension or an exemption if a hospice is unable to submit quality data due to extraordinary circumstances like a natural disaster or fire
  - Extension: Submission deadline extended
  - Exemption: Submission waived

What Does CMS Do With HQRP Data?

- ## The Hospice Compare website includes:
  - HIS-based QMs
  - CAHPS® Hospice Survey data
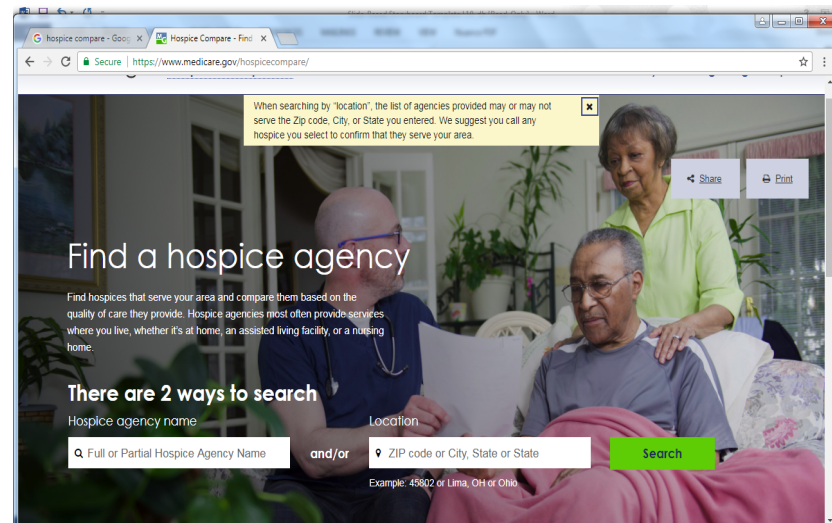
What Does CMS Do With HQRP Data? (cont.)

- Hospice providers must meet the individual requirements of both HIS and CAHPS® to be compliant with HQRP to avoid a 2-percent point reduction in the APU

- If a hospice only meets one of the requirements, it will be considered noncompliant for the HQRP overall and receive the payment reduction

- Timely and complete data must be successfully received by CMS in order for the hospice provider to be considered compliant
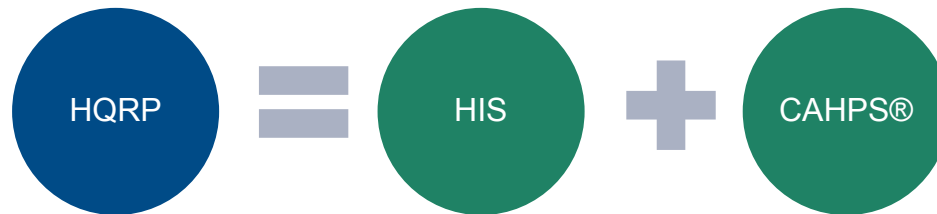
HQRP **=** HIS **+** CAHPS®

Knowledge Check 1

Select the two components of the HQRP requirement.

 A. HIS & QAPI

 B. QAPI & CAHPS®

 C. HIS & CAHPS®

 D. APU & QM

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HQRP: Summary

- In this section, you learned:
  - The basic components of the HQRP
  - The general compliance requirements for the HQRP
  - The effect of noncompliance on the APU

Section 2:
The Hospice Item Set (HIS)

Learning Objectives

- Describe the record types that currently comprise the HIS

- Identify the three phases of HIS reporting:

  - HIS data collection

  - HIS record conversion, and

  - HIS record submission

- Define the HIS submission thresholds for compliance in fiscal year (FY) 2020 and beyond

HQRP Requirements

- Components of the HQRP:
  - **The HIS**
  - CAHPS® Hospice Survey

What Is the HIS? (cont.)

- HIS is a standardized set of items intended to capture patient-level data

- HIS data are collected on admission and on discharge

- Data can be collected by any hospice staff member, such as a nurse, social worker, aide, or a trained volunteer

HIS Manual

Guidance Manual for Completion of the Hospice Item Set (HIS)

Centers for Medicare and Medicaid Services
Hospice Quality Reporting Program

V2.00 Effective April 1, 2017

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 13 minutes per response for the HIS-Admission and 14 minutes per response for the HIS-Discharge, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
OMB Control # 0938-1153

HIS Data Collection - Admission

Section of the Admission HIS	Corresponding Information
A: Administrative Information	Includes such items as provider numbers, site of admission, admission date, legal name of the patient, payor information, and the ZIP Code where the patient is residing while receiving hospice services.
F: Preferences	Items in this section pertain to the hospice patient's preferences regarding life-sustaining treatments and spiritual care.
I: Active Diagnoses	This section pertains to the patient's principle diagnosis.

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HIS Data Collection – Admission (cont.)

Section of the Admission HIS	Corresponding Information
J: Health Conditions	This section pertains to the patient's physical symptom management. The physical symptoms included in this section are pain and shortness of breath.
N: Medications	Items in this section gather information on opioids and bowel regimens.
Z: Record Administration	This section contains the signatures of the individuals completing the HIS and of the individual verifying the HIS record's completion.

HIS Data Collection - Discharge

Section of the Discharge HIS	Corresponding Information
A: Administrative Information	Includes such items as provider numbers, admission and discharge dates, legal name of the patient, and the reason for discharge.
O: Service Utilization	Items in this section pertain to hospice utilization during the last days of life.
Z: Record Administration	This section contains the signatures of individuals completing the HIS and of the individual verifying the HIS record's completion.

HIS Record Conversion

- HIS data collection (phase 1)

- **HIS record conversion to the proper XML format (phase 2)**
  - Hospice Abstraction Reporting Tool (HART)
  - A vendor-designed software

The HIS: Who Needs to Submit?

- Regular and ongoing electronic submission of HIS data is required for each patient admission
- All Medicare-certified hospice providers are required to submit:
  - HIS-Admission records
  - HIS-Discharge records

Applicable Patients

- A HIS-Admission record and a HIS-Discharge record are submitted for **ALL** patient admissions to a Medicare-certified hospice program regardless of:
  - Payer source
  - Patient age
  - Where the patient receives hospice services
  - Length of stay

HIS Record Types and Definitions: The HIS-Admission Record

- For the purposes of HIS reporting, a patient is considered admitted to a hospice if the following conditions are met:
  - There is a signed election statement (Notice of Election (NOE)) for Medicare patients or similar agreement for care for non-Medicare patients
  - The patient did not expire before the effective date of the election or agreement
  - The hospice made a visit in the setting where hospice services are to be initiated

HIS Record Types and Definitions: The HIS-Discharge Record

- For the purposes of completing HIS-Discharge, a patient is considered discharged if the patient has done any of the following:
  - Expired
  - Revoked hospice services
  - Is no longer terminally ill
  - Moved out of hospice service area
  - Transferred to another hospice
  - Was discharged for cause

HIS Reporting Cycle and Submission Threshold

- The HIS Reporting Cycle—an example using FY 2020:

  - Starts with HIS data collected, **submitted and accepted on time during calendar year 2018**. A Hospice must have at least 90 percent of it's HIS data submitted and accepted on time to meet the threshold.

  - CMS processes the data for **compliance determinations in calendar year 2019** to determine whether your hospice met the 90 percent threshold.

  - Impacts hospice **payment in fiscal year 2020**. You only receive all of your hospice payment if you meet the 90 percent threshold.

HIS Reporting Cycle and Submission Threshold

- Data you are collecting this year will impact your payment 2 years from now
- The submission compliance threshold for FY 2020 and onward is 90 percent

Reporting Year	Includes HIS Records From	Submission Threshold
FY 2020 and beyond	1/1/18 to 12/31/18 and each calendar year beyond	90%

The HIS Manual

- The HIS Manual:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html
- Guidance for completion of the HIS

HIS Manual

Guidance Manual for Completion of the Hospice Item Set (HIS)

Centers for Medicare and Medicaid Services
Hospice Quality Reporting Program

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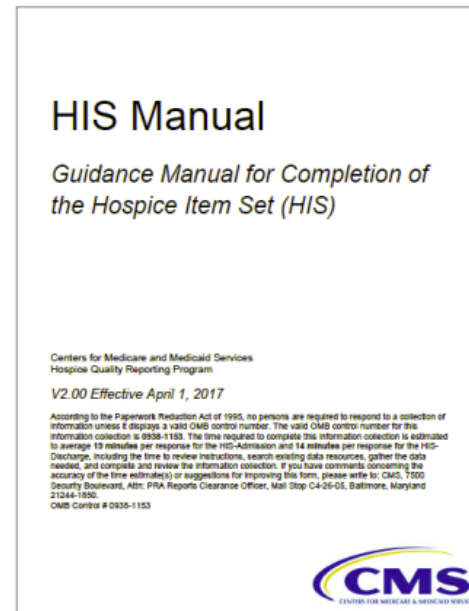
The HIS Manual: Contents

- HIS Manual Contents:
  - Chapter 1: Background and Overview of the HIS Manual
  - Chapter 2: Item-Specific Instructions
  - Chapter 3: Submission and Correction of HIS records
  - Appendices: Acronym List, Glossary, and Helpful Resources

HIS Manual

Guidance Manual for Completion of the Hospice Item Set (HIS)

Centers for Medicare and Medicaid Services
Hospice Quality Reporting Program

V2.00 Effective April 1, 2017

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1153. The time required to complete this information collection is estimated to average 15 minutes per response for the HIS-Admission and 14 minutes per response for the HIS-Discharge, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
OMB Control # 0938-1153

Knowledge Check 2

What type of record(s) must a hospice complete for each patient admitted to the hospice? Choose the best answer below.

A. HIS-Admission

B. HIS-Transfer

C. HIS-Admission and HIS-Discharge

Knowledge Check 3

We learned about one of the best CMS resources for questions and tips regarding the completion of the HIS. What is the name of this important resource?

    A. A hospice quality manager

    B. The HIS Manual

    C. An experienced hospice nurse

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The Hospice Item Set: Summary

- You are now able to:

  - Describe the record types that currently compose the HIS (HIS-Admission and HIS-Discharge)

  - Identify the three phases of HIS reporting (HIS data collection, HIS record conversion, and HIS record submission)

  - Restate that the HIS submission compliance threshold for FY 2020 and onward is 90 percent

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Section 3:
Timing of the HIS

Learning Objectives

- Describe timely submission and acceptance of HIS records
- Distinguish between the recommended completion timing and required submission timing for the HIS
- Locate at least one resource to help you understand more details about HIS requirements

HIS: Timeliness Criteria

- CMS defines appropriate timing for:
  - HIS completion
  - HIS submission

Timing of the HIS: Completion Recommendations vs. Submission Deadlines

- HIS completion timing and HIS submission timing are distinct

- The guidelines for when to complete HIS-Admission and HIS-Discharge records are only recommendations by CMS

- CMS recommends that providers complete and submit HIS records before the submission deadline

- HIS records MUST be submitted and accepted by the 30-day deadline to comply with the HIS component of the HQRP requirements

Timing of the HIS: Completion of HIS-Admission Records

- The recommended completion deadline for HIS-Admission is the admission date plus 14 calendar days
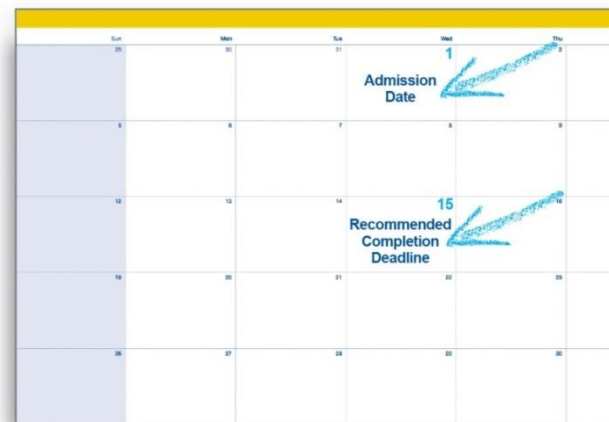
Timing of the HIS: Completion of HIS-Discharge Records

- The recommended completion deadline for HIS-Discharge is the discharge date plus 7 calendar days
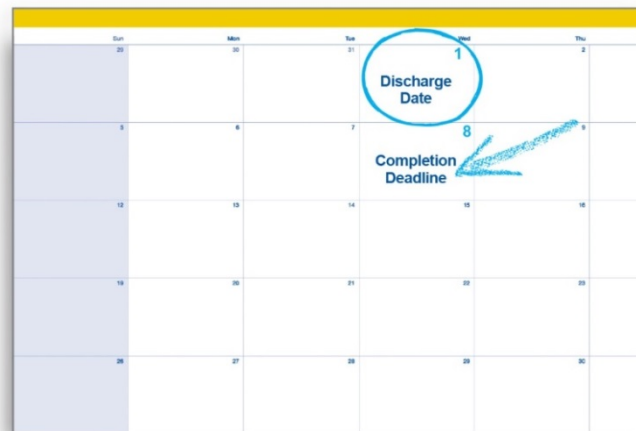
Timing of the HIS: Submission of HIS Records

- All HIS records must be submitted and accepted electronically to the QIES ASAP system within 30 calendar days of the event date (admission or discharge date)

- This submission deadline is defined as the event date plus 30 calendar days

  ❖ QIES-ASAP is the Quality Improvement and Evaluation System - Assessment Submission and Processing System

Timing of the HIS: Submission of HIS Records (cont.)

- Submission deadlines define the latest possible date that a hospice must submit a HIS record for timely compliance
- If a hospice realizes that it will not meet the submission deadline for a record, it should still complete and submit that record
- Late submission of HIS records will result in a nonfatal (warning) error
- Records containing non-fatal errors can still be accepted by the QIES ASAP system
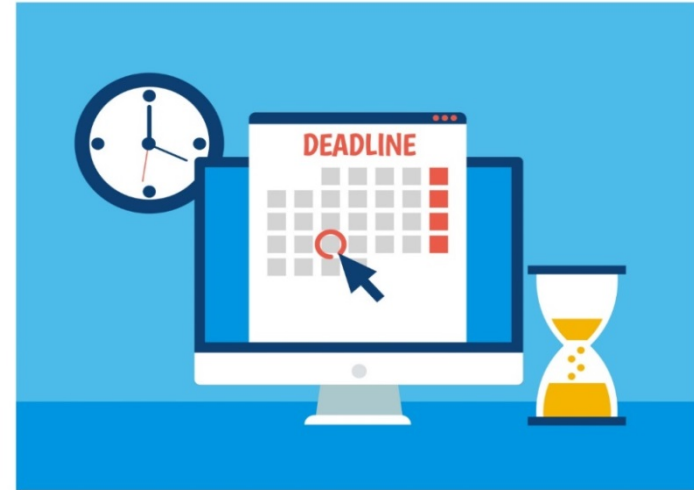
Timing of the HIS: Submission Sequence

- When a record is submitted out of sequence, the QIES ASAP system will issue a warning on the Final Validation Report (FVR). Warnings can occur when:
    1. The HIS-Admission record is submitted after a HIS-Discharge record
    2. The HIS-Admission record is submitted, and the prior record submitted was also a HIS-Admission record
    3. Any record is submitted on a patient after the submission of a HIS-Discharge record indicating the patient has expired
- HIS-Admission and HIS-Discharge records may be completed and submitted on the same day.

Timing of the HIS: Maintenance of HIS Records

- Hospices should retain a copy of HIS records, along with any corrected versions

- The signature page should also be retained for future validation purposes

- Copies of HIS records can be maintained in electronic or other formats

- Proper security measures should be followed to ensure the privacy and integrity of the HIS

Knowledge Check 4

All HIS records must be submitted and _____ electronically to the QIES ASAP system within 30 calendar days of the event date (admission or discharge date)

    A. Double checked

    B. Accepted

    C. Printed

Timing of the HIS: Summary

- In this section, you learned how to:
  - Describe the timely submission and acceptance of HIS records
  - Distinguish between the recommended completion timing and required submission timing for the HIS Manual

Questions?

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Section 4:
The CAHPS® Hospice Survey

Learning Objectives

- Name three topic areas that are included in the CAHPS® Hospice Survey

- List the reasons that would exempt a hospice from participating in the CAHPS® Hospice Survey

HQRP Requirements

- Components of the HQRP:
  - The HIS
  - **CAHPS® Hospice Survey**
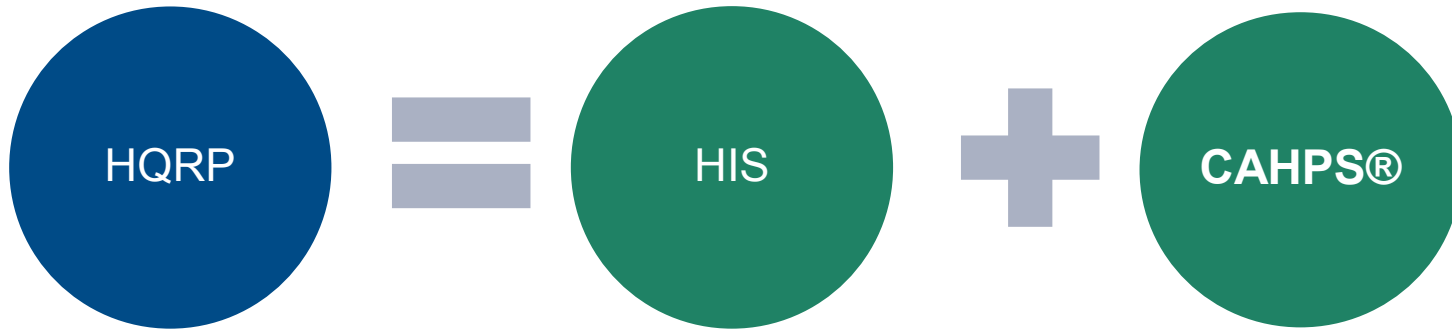
CAHPS® Hospice Survey Background

- The CAHPS® Hospice Survey was designed to measure and assess the experience of hospice patients and their informal caregivers. Informal caregivers are usually family members.

- It provides information for publicly reported measures to help consumers select a hospice program.

- It helps hospices with internal quality improvement and external benchmarking.

- It provides CMS with information for monitoring care.

CAHPS® Hospice Survey

Please answer the survey questions about the care the patient received from this hospice.

[NAME OF HOSPICE]

All of the questions in this survey will ask about the experiences with this hospice.

If you want to know more about this survey, please call [TOLL FREE NUMBER]. All calls to that number are free.

OMB#0938-1257

CAHPS® Hospice Survey Description

- The CAHPS® Hospice Survey is sent to caregivers after death of a hospice patient
- It contains questions on topics important to patients and their families
- It has three modes of administration:
  - By mail only
  - By telephone only
  - By mail with a telephone follow-up
- It is available in multiple languages

CAHPS® Hospice Survey Topics

- Communication with the family
- Getting timely help
- Treating the patient with respect
- Emotional and spiritual support
- Help for pain and symptoms
- Training the family to care for the patient
- Rating this hospice
- Willingness to recommend this hospice

CAHPS® Hospice Survey Eligibility

- The CAHPS® Hospice Survey is designed to be administered to a caregiver knowledgeable about the care received by the decedent (e.g., a spouse/partner, parent, child, other family member, or friend).

- The decedent must be 18 years or older.

- The decedent must have received hospice for at least 48 hours.

- The survey excludes decedents/caregivers with a "no publicity" classification.

- No publicity means the decedent/caregiver requested that no information be released about being in hospice or about their care. This is supposed to be voluntarily initiated by the patient or caregiver, not the hospice.

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Participation Requirements

- All Medicare-certified hospices must participate in CAHPS® Hospice Survey
- Must successfully submit data for all 12 months of the data collection year
- Hospices must contract with a CMS-approved vendor
- Hospices must provide decedent/caregiver data on patients regardless of payer source to their survey vendor monthly

Data Collection Year

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

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CAHPS® Hospice Survey Process
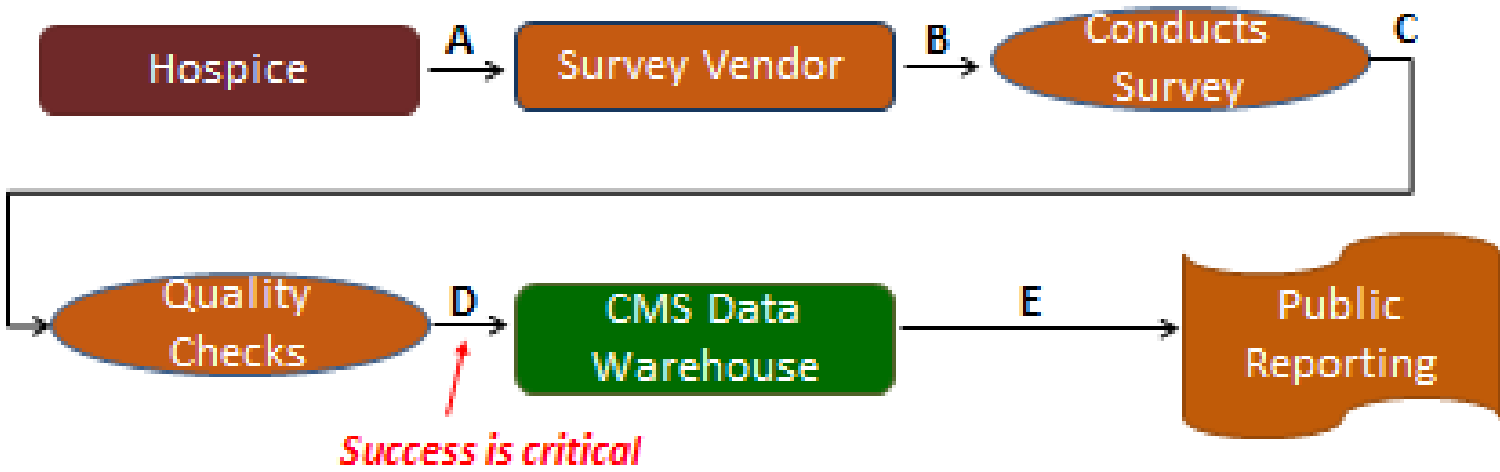
CAHPS® Hospice Survey Scoring

- Top-box scoring is based on the most positive response:
  - **"Always"** in a:
    - "Never - Sometimes - Usually - Always" response scale (except when "Never" is the most positive response)
  - **"Yes definitely"** in a:
    - "Yes, definitely - Yes, somewhat - No" response scale
  - **"Right Amount"** in a:
    - "Too Little - Right Amount - Too Much" response scale
  - **A 9 or 10** on a scale from 1 to 10

CAHPS® Hospice Survey Scoring (cont.)

- To calculate a top-box score:
  - The numerator is the number of respondents who selected the most positive response
  - The denominator is the number of total respondents to that question

CAHPS® Hospice Survey Adjustments

- Differences in hospice ratings should reflect differences in quality

- Results are adjusted to "level the playing field"

- Adjustments are made for case mix and the mode of survey administration

  - Case-mix adjustments address differences between hospice populations

  - Mode adjustments address differences in the mode of survey administration

- All results are adjusted for both case mix and mode before they are publicly reported

- Adjusted results are the official CAHPS® Hospice Survey results, which may differ from the unadjusted results received from the survey vendor

CAHPS® Hospice Survey Adjustments (cont.)

- Case-mix adjustments:
  - Certain characteristics in the hospice patient/caregiver population may impact how they respond to survey questions
  - For example, older caregivers may respond differently than younger caregivers
  - Education level may also impact responses
- Mode adjustments:
  - Caregiver responses may vary depending on the mode of survey administration
  - Results of a mode experiment are used to make mode adjustments

Case Mix and Mode Adjustment is designed to keep comparisons between hospices fair

Hospice 1   Hospice 2

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Survey Administration

- Caregiver responses should be based only on hospice care

- Hospices and vendors must not attempt to influence how caregivers respond

- Survey results are intended for quality improvement, not for marketing or promotional activities

Communicating With Caregivers About the Survey

- Hospices and survey vendors are not allowed to:

    - Ask any hospice survey questions of caregivers before administration of the survey

    - Attempt to influence or encourage caregivers to answer survey questions in a particular way

    - Imply that the hospice or its staff will be rewarded for positive feedback from caregivers

    - Ask caregivers to explain why a specific response was chosen

CAHPS® Hospice Survey Exemption for Size

- Hospice may be exempt from participation if it has served fewer than 50 survey-eligible decedents/caregivers during a calendar year

  - Size exemptions are based on patient counts from the previous year—also called the reference year

  - If the survey data are being collected in 2019, then the reference year is 2018

- Exemption is active for 1 year only

- Hospices must submit a Participation Exemption for Size form to CMS

Participation Exemption for Size Process

The Participation Exemption for Size process has been created to provide hospices that have **fewer** than 50 survey-eligible decedents/caregivers in the "reference period" (see table below) with a means to request an exemption from participation in the CAHPS Hospice Survey. For the calendar year (CY) 2018 data collection period, Medicare-certified hospices that served fewer than 50 survey-eligible decedents/caregivers in CY 2017 (January 1, 2017 through December 31, 2017) can apply for an exemption from CY 2018 CAHPS Hospice Survey data collection and reporting requirements.

"Reference Period" or Decedent Date of Death	Exemption Form Deadline	Exemption Request Review by CMS	Affects APU
Jan 1 to Dec 31, 2014	Aug 15, 2015	2016	FY 2017
Jan 1 to Dec 31, 2015	Dec 31, 2016	2017	FY 2018
Jan 1 to Dec 31, 2016	Dec 31, 2017	2018	FY 2019
Jan 1 to Dec 31, 2017	Dec 31, 2018	2019	FY 2020
Jan 1 to Dec 31, 2018	Dec 31, 2019	2020	FY 2021

APU – Annual payment update; FY – Fiscal year

CAHPS® Hospice Survey Exemption for Newness

- Hospices may also be exempted based on how recently they received a CMS Certification Number (CCN)

- To receive an exemption, the hospice must have received its CCN on or after the first day of the performance year for the survey. The performance year is the same as the data collection year

- If a hospice received its CCN on or after January 1, 2018, they are exempt from data collection from January to December 2018

- This is a one-time exemption identified by CMS; there is no form to submit

Knowledge Check 5

The objectives of the CAHPS® Hospice Survey is to:

A. Provide information to assist hospice patients and families with selecting a hospice

B. Aide hospices with internal quality improvement

C. Provide information to CMS for monitoring hospice care

D. Provide marketing information for hospice agencies

E. A and B

F. A, B, and C

CAHPS® Hospice Survey: Summary

- Having concluded this lesson, you are now able to:
  - Name the topic areas that are included in the CAHPS® Hospice Survey
  - List the reasons that would exempt a hospice from participating in the CAHPS® Hospice Survey

Section 5:
Hospice Compare and Public Reporting

Learning Objectives

- Explain what information can be found on Hospice Compare

- Discuss the benefits of Hospice Compare for patients, families, and hospice providers

- Describe the hospice QMs reported on Hospice Compare

Legislation Requiring Publicly Available Hospice Quality Data

- The Affordable Care Act requires CMS to publicly report hospice provider performance on hospice care QMs

- The Hospice Compare website includes the following:

  - HIS-based measures

  - CAHPS® Hospice Survey-based measures

  - Other pertinent data

Goal of Hospice Compare

- Through Hospice Compare, patients and family members can:
  - Obtain a snapshot of the quality of care each hospice provides
  - Compare the quality of care provided by hospices

- In addition, providers can:
  - Gain a comprehensive understanding of their hospice's performance against national averages
  - Use regular data updates to improve quality scores and track performance over time
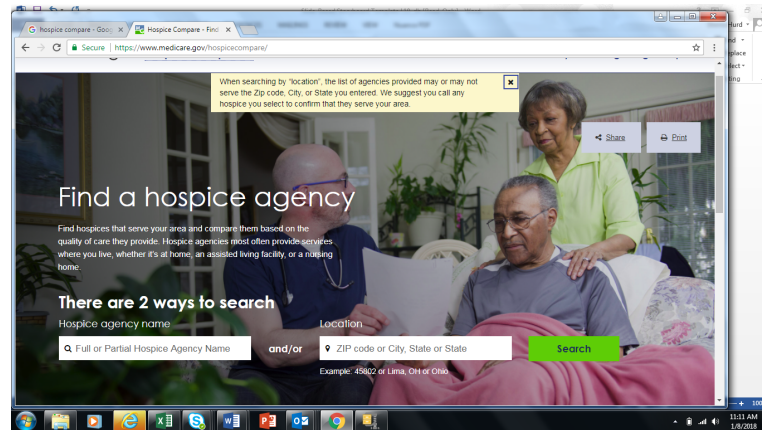
Public Reporting of Hospice Quality Data

- Consumers can search for all Medicare-certified hospice providers by name or location (city name or ZIP Code)

- Each hospice description includes:

  - Address and telephone number

  - Ownership status (i.e., for-profit or not-for-profit)

  - Date certified

  - QMs for each hospice, and how that hospice's QMs compare to national averages
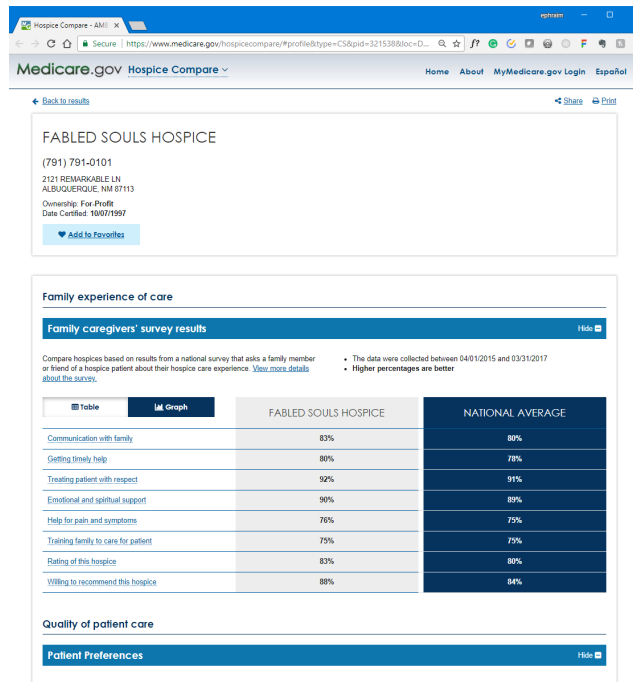
HIS-Based Hospice QMs

- Seven HIS-based QMs endorsed by the National Quality Forum (NQF)
- Grouped in two categories:
  - Patient Preferences
  - Managing Pain and Treating Symptoms

HIS-Based Hospice QMs (cont. 1)

- Patient Preferences contains two measures:
  - Treatment preferences – NQF #1641
  - Beliefs/Values Addressed (if desired by the patient) – NQF #1647
- Managing Pain and Treating Symptoms includes:
  - Pain Screening – NQF #1634
  - Pain Assessment – NQF #1637
  - Dyspnea Screening – NQF #1639
  - Dyspnea Treatment – NQF #1638
  - Patients Treated With an Opioid Who Are Given a Bowel Regimen – NQF #1617

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CAHPS® Hospice Survey-Based QMs

- Hospice Compare displays eight CAHPS® measures:
  - Communication with the family
  - Getting timely help
  - Treating the patient with respect
  - Emotional and spiritual support
  - Help for pain and symptoms
  - Training the family to care for the patient
  - Rating this hospice
  - Willingness to recommend this hospice

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Hospice Quality Reporting Data

- Comparing performance between hospices requires that CMS construct measures from data that was collected in a standardized and uniform manner

- Each hospice program has the opportunity to review the data before it is made public

Provider Preview Reports

- Hospices have 30 days to preview results

- If a hospice believes their data are inaccurate, they can request a CMS review

- Review requests must be made during the 30-day preview period:

  – Review requests for HIS data are submitted to HospicePRQuestions@cms.hhs.gov

  – Review requests for CAHPS® Hospice Survey data are submitted to HospiceCAHPSSurvey@hcqis.org

Hospice Provider Reports: Reports to Support Compliance

- These two reports can be used to monitor compliance with the HQRP:
  - Final Validation Report
  - Timeliness Compliance Threshold Report

Public Reporting of Hospice Quality Data

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

- Hospice data are available at https://data.medicare.gov

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Knowledge Check 6

Hospice providers need to review which of the following:

A. Provider Preview Report

B. Final Validation Report

C. Hospice Timeliness Compliance Threshold Report

D. A and B

E. A, B, and C

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Knowledge Check 7

Select the correct word/number to complete the following statement:

Quality Measures on Hospice Compare are updated (weekly, quarterly, monthly)

A. Weekly

B. Quarterly

C. Monthly

Hospice Compare and Public Reporting: Summary

- Having completed this lesson, you are now able to:

  – Explain what information can be found on Hospice Compare

  – Discuss the benefits of Hospice Compare for patients, families, and hospice providers

  – Describe the hospice QMs reported on Hospice Compare

Resources

- Visit the Hospice Quality Reporting page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/

Resources

- The official CAHPS® Hospice Survey website is http://www.hospicecahpssurvey.org

- To contact the CAHPS® Hospice Project Survey Team:
  - For information and technical assistance, email HospiceCAHPSSurvey@hcqis.org or call (844) 472-4621
  - For data submission issues and use of the CAHPS® Hospice Survey Data Warehouse, email CAHPSHospiceTechSupport@rand.org or call (703) 413-1100, extension 5599
  - To communicate with CMS, email HospiceSurvey@cms.hhs.gov

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Questions and Answers