

Eli's Hospice Insider

Quality: Are You Ready For Star Ratings, A Composite Index Measure, And More Quality Changes?

HVLDL measure confusion continues to plague hospices.

A five-star rating based on CAHPS scores is just one of the quality-related changes in store for hospices in 2022.

So indicates the hospice proposed rule for fiscal year 2022, which the Centers for Medicare & Medicaid Services published in the April 14 Federal Register. Take a look at the quality-related provisions in the rule:



- **Star ratings.** "CMS currently publishes [Consumer Assessment of Healthcare Providers and Systems] star ratings for several of its public reporting programs including Home Health CAHPS and Hospital CAHPS," the rule indicates. The familiar five-star rating aims "to provide a simple, easy to understand method for summarizing CAHPS scores. Star ratings benefit the public in that they can be easier for some to understand than absolute measure scores, and they make comparisons between hospices more straightforward," according to CMS.

Hospice star ratings would debut "no sooner than FY 2022" and would be "based on 'top-box' scores for each of the eight CAHPS Hospice Survey measures," CMS proposes. More calculation specifics are on p. 45 of the rule PDF file, and CMS plans to release even more details about the rating methodology on <https://hospicecahpsurvey.org> in the future.

Hospice star ratings have been in the works for years, notes the National Hospice and Palliative Care Organization.

- **HCI.** "We are proposing a new hospice quality measure, called the Hospice Care Index (HCI) ... [which] is a single measure comprising ten indicators calculated from Medicare claims data," CMS says in the proposed rule. "Collectively these indicators represent different aspects of hospice service and thereby characterize hospices comprehensively, rather than on just a single care dimension. Therefore, the HCI composite yields a more reliable provider ranking," CMS maintains.

Just because you'll be getting a new composite measure doesn't mean you'll get rid of an existing one. "The HCI will complement the existing [Hospice Item Set] Comprehensive Measure and does not replace any existing reported measures," CMS says. "Because the indicators comprising the HCI differ in data source from the HIS Comprehensive Measure, the HCI and the HIS Comprehensive Measure can together provide a meaningful and efficient way to inform patients and family caregivers, and support their selection of hospice care providers."

More details are in a two-minute CMS video at www.youtube.com/watch?v=by68E9E2cZc. The HCI will include data such as services provided, frequency and duration of visits, and average rate of spending per patient, the video indicates. CMS plans to publicly report the measure by May 2022.

CMS shouldn't be surprised to receive "pushback on the HCI measure," NHPCO predicts. Providers "have expressed concerns and have many clarifying questions," the trade group reports.

- **HVLDL.** The claims-based Hospice Visits in the Last Days of Life measure has replaced the outgoing Hospice Item Set data-based Hospice Visits When Death Is Imminent. The Office of Management and Budget "approved the proposal to replace the HVWDII measure with the HVLDL measure and remove Section O from the discharge

assessment on February 16, 2021," the rule recounts. CMS plans to publicly report the measure by May 2022.

Hospices still have many questions about this measure, as evidenced by the last few Open Door Forums for home health and hospice. "Providers ... have clarifying questions about the calculation of the HVLDL measure," says **Katie Wehri** with the National Association for Home Care & Hospice. "CMS has stated it is consistent with the HVWDII measure calculation details and hospice providers are looking for confirmation and clarification of applying these specifications to the slightly different HVLDL measure."

Providers may protest the measure's narrow scope. "Any claims-based measure is going to be limited to only those services reported on claims," points out reimbursement expert **M. Aaron Little** with BKD in Springfield, Missouri. "Since chaplains and volunteers are not reported on claims, we know this measure will be limited in what information it really captures regarding the level of patient engagement during the final end of life period."

- **Equity and SPADES.** CMS is taking aim at closing the "health equity gap" based on disparities. "We are seeking comment on the possibility of expanding measure development, and adding aspects of [Standardized Patient Assessment Data Elements] that could apply to hospice and address gaps in health equity in the HQR" - particularly Social Determinant of Health items, the rule says.

CMS plans to use any feedback for equity in future rulemaking on the topic. And CMS does note that it is exploring including SPADES in the forthcoming HOPE assessment tool (see story, p. X).