

## Eli's Hospice Insider

### Quality: Hospice Visits In Last Days Of Life Measure Has A Bumpy Start

#### Open Door Forum participants pepper CMS with questions.

If you don't have all the details of the new hospice quality measure down pat, you're not alone. So indicates the most recent CMS Open Door Forum for hospice providers.

In the Jan. 26 forum, numerous hospice callers asked questions about the Hospice Visits in the Last Days of Life measure. Centers for Medicare & Medicaid Services staff punted on most of the answers, noting relevant staff weren't on the call to answer hospices' queries.

January was the second forum in a row where CMS didn't address the topic in the scheduled agenda, but only fielded many questions from confused hospices in the question-and-answer portion of the call.

**Recap:** The new HVLDL item measures "the proportion of hospice patients who have received visits from a Registered Nurse or Medical Social Worker (non-telephonically) on at least two out of the final three days of the patient's life," CMS notes on its Measures Inventory Tool webpage.

A CMS staffer did note in the Dec. 16 forum that the agency expects to begin public reporting of this measure in spring 2022. (Public reporting is frozen for 2021 due to the COVID-19 public health emergency.)

In that forum, the official clarified that the day of death counts as day 0 for counting purposes for the measure; the measure would begin with patients who died on Jan. 1, 2021; and the measure covers Medicare patients only (see Hospice Insider, Vol. 14, No. 2).

But another critical question asked by hospices last month remains less clear - whether two visits performed on the same day count toward the "on at least two out of the final three days of the patient's life" requirement in the measure.

Hospices may not like the answer to that question. "The measure is capturing the proportion of patients having a visit by an RN or MSW in at least 2 of the last 3 days of life," explains **Katie Wehri** with the National Association for Home Care & Hospice. "The number of visits is not key to meeting the measure; it is the number of days on which a visit was made," Wehri tells AAPC.

Hospices may be holding out hope because it is such a stringent benchmark. Often, hospice patients die at 1 or 2 a.m., one hospice caller offered in the Jan. 26 forum. That "makes it difficult to get two visits in two days," she told CMS.



And in last month's forum, the CMS official opted not to answer the questions about this topic, saying she would check on it and then get back to providers. No clarification has been forthcoming, but providers might be hoping for some leniency - particularly in light of the pandemic.

**Criticism:** One hospice urged CMS to count telehealth visits due to the COVID-19 public health emergency. Often facilities or families won't let hospice visiting staff make an in-person visit, among other complications. "It's going to be rough if we can't report those telehealth visits," the caller warned.

In December, CMS said it would offer education on the measure in January, but the agency has yet to announce any training sessions on it.

Another point that remains unclear is whether CMS is actually using claims with deaths starting in January 2021, Wehri

says. "There is some question on whether CMS can use these claims for a measure since these claims could be adjusted/corrected," she notes. "Does CMS have to use claims that have passed the timely filing timeframe?"

### **OMB Approval For HIS Still On Hold**

Meanwhile, multiple hospices also asked questions about how to deal with Section O of the Hospice Item Set tool, since the Office of Management and Budget approval for HIS changes did not come through by Jan. 1 as expected.

On Jan. 1, CMS moved forward with the implementation of V3.00 of the HIS data submission specifications, it says in a post on its Hospice Quality Reporting Program webpage. "The HIS Manual V3.00 is not yet final and is still pending approval from the Office of Management and Budget (OMB). The implementation of the HIS V3.00 specifications will prevent hospice providers from encountering any fatal errors/rejected records whether submitting HIS records with or without section O," CMS says. "Either V2.00 or V3.00 HIS records will be accepted by the ASAP system."

Multiple hospices in the forum urged CMS to drop Section O altogether once V3.00 is finalized. After cutting the visit items, Section O contains only information on the date of death and reason for death, which can be pulled off the claim instead and not burden hospice providers with additional reporting, they said.

Note: The HIS announcement is at

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight).