

Eli's Hospice Insider

Quality: Medicare To Dip Into Your Claims Data For More Quality Measures

Live discharge rate is likely to debut on Hospice Compare sooner rather than later.

If Medicare can fix some problems with two new claims-based measures it's developing, your Hospice Compare data may look different going forward.

The **Centers for Medicare & Medicaid Services** will start displaying its first claims-based measure data on Hospice Compare in August, when the site will begin showing data for the three-day part of the Hospice Visits when Death is Imminent measure. The seven-day part of the measure is still on indefinite hold (see Eli's Hospice Insider, Vol. 12, No. 7).

CMS also has been working on two more claims-based measures:

1. Transitions from Hospice Care, Followed by Death or Acute Care. "The goal of this measure is to identify hospices that have notably higher rates of live discharges followed shortly by death or acute care utilization, when compared to their peers," CMS says in the 2019 hospice proposed rule.

2. Access to Levels of Hospice Care. In a summary report of the public comments on the transition measure, CMS noted that it aimed to "develop a claims-based quality measure which measures the rate of potentially inappropriate live discharges from hospice care, defined as live discharges followed by death within 30 days or acute care within 7 days."

The **National Quality Forum's** Measures Application Partnership reviewed the transition measure in December 2018 and did not support it "as specified," CMS notes in the rule. But CMS isn't ready to let the matter drop. "We remain committed to developing claims-based measures that meet high priority areas and are rethinking both measures based on feedback from the MAP and our analyses," according to the rule.

"At this time, we are revisiting the potentially avoidable hospice care transitions," CMS says in the rule. It may make changes the MAP recommended, such as altering which patients are excluded from and included in the measure calculation; shortening the timeframe; and separating the measure into the death versus acute care concepts.

As for the levels of care measure, "this ... concept as currently specified could result in hospices providing higher levels of care when it is not required by the plan of care or expected by CMS," the agency has decided.

Plus, "the 'Access to Levels of Hospice Care' measure was also a Measure Under Consideration and was not endorsed" by the NQF MAP, points out the **National Association for Home Care & Hospice** in its member newsletter.

CMS may get at some of the same information as that measure with the display of its Public Use File (PUF) data, which begins later this month. Hospice Compare will have a table that shows whether a hospice "Provided Routine Home Care Only" or "Provided Routine Home Care and Other Levels of Care," according to the rule.

Another Hospice Compare table will show seven locations where a hospice could have provided care, ranging from "Home" to "Inpatient Hospice Facility," the rule shows.

Give your 2 cents: Now's the time to let CMS know what you think about these possible measures. "We are seeking public comment on ways to further develop these two measure concepts and different measure concepts that fall under these high priority areas," CMS says in the rule. Comments are due by June 18.

CMS also takes pains to point out in the rule that it would like to use more claims-reported data in the Hospice Quality

Reporting Program in the future, notes the **National Hospice & Palliative Care Organization** in a summary of the rule.

Why? "In contrast to self-reported data that are dependent on hospice, patient, or caregiver participation, claims data has the benefit of following a relatively consistent format and of using a standard set of pre-established codes that describe specific diagnoses, procedures, and drugs," CMS says in the rule. "Additionally, nearly every encounter that a patient has with the healthcare system leads to the generation of a claim, creating an abundant and standardized source of patient information. This makes claims data widely available, relatively inexpensive, and amenable to analysis because they are readily available in an electronic format."

CMS also seeks to "develop outcome measures as part of the Meaningful Measures initiative," the agency adds. "Outcome measures could help with improving pain and symptom management, which is core to hospice care. They could also help identify the value of different staff providing care at different times in hospice."

Outcome measures may have to wait on the hospice patient assessment tool, formerly known as HEART, that is still in development, observers note.

Note: Details about the transitions measure is in its public comment summary report at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HQRP-Transitions-QM-FINAL-public-comment-summary-report_508C_2.pdf. The 2020 rule is at www.govinfo.gov/content/pkg/FR-2019-04-25/pdf/2019-08143.pdf. The PUF file data display mockup is in Tables 17-19.