

## Eli's Hospice Insider

### Quality: New Year Brings New Visits In Last Days Of Life Measure

#### Hospice Item Set update still awaits OMB approval.

Data collection for a new hospice quality measure will begin Jan. 1 - whether you fully understand it or not. And a Dec. 16 Open Door Forum for home health and hospice providers makes it seem like many hospice providers are in the "not" category.

Medicare officials fielded multiple queries about the new requirement in the forum, and hospices and their representatives also asked the Centers for Medicare & Medicaid Services about Hospice Item Set version 3.0. The updated tool is supposed to take effect Jan. 1 but still hadn't received Office of Management and Budget approval at press time. Likewise, CMS issued the HIS Manual V3.0 in October, but it's still in draft form.

CMS still expects to receive OMB approval of the new HIS tool before Jan. 1, and will keep the industry informed, a CMS staffer assured forum participants.

But even if the new HIS version isn't approved by then, hospices can still submit their current HIS data. On its end, CMS will just remove the Section O data from the files hospices send, the CMS source explained.

In the forum, hospices asked many questions about the new claims-based quality measure, Hospice Visits in the Last Days of Life (HVLDL). It 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.

"Providers are confused about the implementation of the changes to the HIS and the HVLDL measure," says **Katie Wehri** with the National Association for Home Care & Hospice. "The confusion is understandable as CMS hasn't distributed much information on this, and did not mention it in the Open Door Forum," Wehri tells AAPC. "It was only brought up under the Q&A session."



The HVLDL gray areas CMS addressed in the forum include:

**Question:** Will the measure include non-Medicare patients?

**Answer:** No. CMS can only collect data from Medicare claims, the CMS staffer explained. However, Medicare claims account for about 94 percent of hospice claims, she added.

**Question:** What date will the new measure take effect?

**Answer:** CMS will base the measure on patients who die Jan. 1, 2021, or later.

**Question:** Is the day the patient dies day 1 or day 0 for counting purposes?

**Answer:** Day 0, the CMS source said in the forum.

**Question:** Does any combination of visits between the MSW and RN work?

**Answer:** Yes.

**Question:** If the MSW and the RN each visit on the same day, does that count as visits on "at least two out of the final three days" as the measure requires?

**Answer:** It may. Stay tuned for more guidance on that issue, the CMS staffer said.

CMS also will offer training on the measure in January, according to the official.

### **Hospice Care Index Measure Is On The Horizon**

Meanwhile, a potential new quality measure for hospices will go up for National Quality Forum review in January, the CMS source also said.

In August, CMS introduced "a new claims-based composite quality measure concept," the Hospice Care Index, in a webinar. NQF will vote on the measure for endorsement in January, a CMS official said in the forum.

After the NQF meeting, CMS will consider the measure for future rulemaking, she said.

Many hospices aren't even aware of the potential new measure, and CMS hasn't issued much information on it. But in the webinar, CMS and its contractor Abt Associates did reveal these things about the HCI:

- It will aim to "capture many aspects of hospice care with a broad, holistic set of claims-based quality measures." At the time, hospices were the only provider type with no claims-based measures in its Quality Reporting Program. Starting next month, hospices' HVLDL measure will be claims-based.
- "Potential" factors used in the index measure could be skilled visits, service utilization, access to all levels of care, transitions, and readmissions.
- Each factor or "indicator" would establish an individual threshold criterion, and the hospice's overall score would be calculated as the total number of instances that it met the threshold's criterion.