

Eli's Hospice Insider

Quality: Quality Takes Center Stage In Proposed Hospice Rule

Check out new time frames for Hospice Item Set data review.

You'd better pay close attention to your Hospice Quality Reporting Program-related duties in 2019, because that's something the feds seem very focused on.

The **Centers for Medicare & Medicaid Services** is giving hospices a "fairly easy" payment update rule for fiscal year 2019, compared to some of the big regulatory and payment changes that have taken place in recent years, notes **Carrie Cooley** with **Weatherbee Resources** in Hyannis, Massachusetts. "I was quite surprised there were not more impactful changes for hospice," Cooley tells **Eli**.

But despite getting a breather, hospices will need to focus on their HQRP duties and CMS appears to get more serious about them in the rule that was released April 27. CMS includes a number of Hospice Compare changes (see Eli's Hospice Insider, Vol. 11, No. 6) as well as these quality-related provisions:

- **Public Use Files.** The rule also announces CMS's intentions to publish information from Medicare's Public Use Files and other public CMS sources on Hospice Compare. The agency does so for other Compare sites such as those for nursing homes and end-stage renal disease providers, it says. The PUF-derived data would have its own section on the website and would be based on adjudicated claims.

For example: Info displayed may include items like percent of days a hospice provided routine home care (RHC), averaged over multiple years; percent of primary diagnosis of patients served by the hospice (cancer, dementia, circulatory/heart disease, stroke, respiratory disease) which would be a calculation of the total number of patients by diagnosis divided by the total number of patients served; and site of service (long-term care or non-skilled nursing facility, skilled nursing facility, inpatient hospital) with a notation of yes, based on whether the hospice serves patients in that facility type, CMS offers.

"While these types of information are not quality measures, they capture information that many consumers seek during the provider selection process and, therefore, will help them to make an informed decision," CMS reasons in the rule.

"For example, information about conditions treated by the hospice could show a patient with dementia if a hospice specializes or is experienced in caring for patients with this condition. Additionally, if a patient has a specific need, like receiving hospice care in a nursing home, information from the PUF could help this patient or their loved ones determine if a provider in their service area has provided care in this setting," the rule says.

CMS adds that "analyses of the PUF data show variation between hospice providers in the data points outlined above, indicating that these data points could be meaningful to consumers in comparing services provided by hospices based on the factors most important to them."

Bottom line: "PUF data can serve as one more piece of information, along with quality of care metrics from the HIS and CAHPS® Hospice Survey, to help consumers effectively and efficiently compare hospice providers and make an informed decision about their care in a stressful time," CMS concludes.

Using PUF and other data will take public reporting to a "whole new level," expects **Judi Lund Person** with the **National Hospice & Palliative Care Organization**. That and the other Compare changes likely will make hospice care much more transparent, she believes.

Don't be surprised to see display of PUF data go up quickly, Lund Person adds - perhaps even some time this year.

You can see what PUF data may be up for display in the file at www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Hospice.html.

- **Sub-Regulatory Process.** CMS plans to move quality measure display over from official rulemaking to a "sub-regulatory" process, it signals in the rule published in the May 8 Federal Register. CMS outlines a number of steps it takes in the process of deciding whether to publicly display a measure.

"Because we follow the ... outlined processes in determining the readiness for a quality measure to be publicly reported, and perform the necessary analysis to determine and demonstrate that our measures meet the [National Quality Forum] standards for reliability, validity, and reportability, prior to publicly reporting provider performance on these quality metrics, we are proposing to announce to providers, any future intent to publicly report a quality measure on Hospice Compare, including timing, through sub-regulatory means," the rule says.

That will mean hospices will lose the official comment process that the annual payment rule now provides, Lund Person notes.

- **HIS Review Time Frames.** "To ensure that the data reported on Hospice Compare is accurate, we propose that hospices be provided a distinct period of time to review and correct the data that is to be publically reported," CMS says. "This approach would allow hospices a time frame in which they may analyze their data and make corrections ... prior to receiving their preview reports. Once the preview reports are received, it is infeasible to make corrections to the data underlying the quality measure scores that are to be made public. Therefore, we are proposing that for data reported using the HIS that there be a specified time period for data review and a correlating data correction deadline for public reporting at which point the data is frozen for the associated quarter," according to the rule.

The specifics: "For each calendar quarter of data submitted using the HIS, approximately 4.5 months after the end of each CY quarter we are proposing a deadline, or freeze date for the submissions of corrections to records," the rule says. "We note that this newly proposed data correction deadline for HIS records is separate and apart from the established 30-day data submission deadline."

In other words, "each deadline would occur on the 15th of the CY month that is approximately 4.5 months after the end of each CY quarter, and that hospices would have up until 11:59:59 pm PST on that date to submit corrections or requests for inactivation of their data for the quarter involved. For example, for data reported in CY Q1, the freeze date would be August 15th, for CY Q2 the freeze date would be November 15th and so on," CMS explains. "Under this policy, any modification to or inactivation of records that occur after the proposed correction deadline would not be reflected in publicly reported data on the CMS Hospice Compare Web site." The new process would start Jan. 1.

- **Consideration Factors.** As part of CMS's Meaningful Measures initiative, the agency proposes to "adopt an eighth factor to consider when evaluating measures for removal from the HQRP measure set: The costs associated with a measure outweigh the benefits of its continued use in the program. CMS believes costs can be multi-faceted and include not only the burden associated with reporting, but also the costs associated with complying with the program," according to a CMS fact sheet about the rule.

"The rule proposes to remove measures based on this factor on a case-by-case basis," CMS adds in the fact sheet. "For example, a measure that is costly and burdensome might be retained for health care providers to report if CMS concludes that the value to beneficiaries is so high that it justifies the reporting burden. The goal is to move the program forward in the least burdensome manner possible, while maintaining a parsimonious set of meaningful quality measures and continuing to incentivize improvement in the quality of care provided to patients."

- **CAHPS Exemptions.** CMS proposes to continue volume-based and "newness" exemptions on an ongoing basis. Exemptions for size requests still will have to be requested and approved annually.
- **Social Risk Factors.** CMS recaps its work on factors for risk adjustment that it terms "social" - most notably dual-eligible status - in the rule. It includes a summary of comments received about the topic in last year's hospice payment rule, and notes that "feedback we received across our quality reporting programs included encouraging CMS to explore whether factors that could be used to stratify or risk adjust the measures (beyond dual eligibility); considering the full range of differences in patient backgrounds that might affect outcomes; exploring risk adjustment approaches; and offering careful consideration of what type of information display would be most useful to the public." CMS is still working on the issue, it pledges.

Toe in the water: CMS is considering the use of social risk factors in the risk adjustment formula for new hospice measures under consideration, Lund Person tells **Eli**.

Note: See the CMS fact sheet about the rule at

www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27-3.html.