

Eli's Hospice Insider

Quality: Use These Tools To Focus On Quality This Year

Check out these new resources from Medicare.

Now is the time to make sure your quality bases are covered ☐ before you strike out with surveyors, patients, referral sources, contracting partners and more.

Reminder: In its 2017 final payment rule published in the Aug. 5 Federal Register, the **Centers for Medicare & Medicaid Services** made some big quality-related changes. CMS finalized adoption of two new quality measures taking effect April 1 ☐ "Hospice Visits When Death is Imminent" and "Hospice and Palliative Care Composite Process Measure" (see Eli's Hospice Insider, Vol. 9, No. 9), which come with Hospice Item Set changes. And the agency confirmed its intention to launch the Hospice Compare website this spring or summer.

Your ☐ and your competitors' ☐ Hospice Compare data will be available to your referral sources and patients. And they might have a big impact on whether non-Medicare payers will contract with you, experts warn. That could become an especially important point if Congress rolls the hospice benefit into Medicare Advantage as some lawmakers desire.

With those implementation dates looming closer, CMS is offering these resources for hospice:

- **April 1 HIS materials.** The HIS Manual V2.00, a change table, and supporting analyses for the HIS V2.00 updates effective April 1 are available via links at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html. The V2.00 data specs are at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html.
- **Two new quality measure reports in the CASPER system.** Get a better handle on your quality standing by viewing two reports CMS made available Dec. 18: the Confidential Provider Feedback Reports ☐ Hospice-Level Quality Measure (QM) Report, and the Hospice Patient Stay-Level QM Report, CMS offers. "These QM reports allow you to specify a reporting period and view your quality data at both » » the hospice level and patient-stay level," the agency explains. Get tips on using those reports in a five-page fact sheet at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Fact-Sheet_CASPER-QMReports.pdf.
- **HIS best practices document.** Whether you need to do some catching up or you're just looking to polish your Hospice Item Set policies and procedures, you can find useful advice in CMS's new "HIS Implementation: Lessons Learned and Best Practices document." In the four-page document, CMS Contractor **RTI International** "presents lessons learned from early HIS implementation ... and provides some best practices new hospices may find helpful as they are implementing the HIS," CMS says in the document posted Dec. 29 at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HIS-Implementation-Lessons-Learned-and-Best-Practices.pdf.
- **QM national benchmarks.** You can get a hint of where you'll stand in Hospice Compare by checking out Medicare's newly released national benchmarks for both HIS and CAHPS quality measures at <https://data.medicare.gov>. "The HIS information reflects provider performance on the seven **National Quality Forum** (NQF)-endorsed HIS measures from Quarter 3 of 2015 through Quarter 2 of 2016 (July 2015 through June 2016)," CMS explains (see the quality measures on the cover). "The CAHPS® Hospice Survey information contains the national average 'top-box' scores of Medicare-certified hospices on the eight NQF-endorsed CAHPS® Hospice Survey measures."

Translation: "Top-box scores reflect the proportion of respondents who gave the most favourable response or responses for each measure," CMS explains. "Scores are calculated from CAHPS® Hospice Survey responses that reflect care experiences of informal caregivers (i.e., family members or friends) of patients who died while

receiving hospice care in Quarter 2 of 2015 through Quarter 1 of 2016 (April 2015 through March 2016)," CMS adds.

- **New CAHPS materials.** See new hospice CAHPS materials, including Korean and Polish translations of CAHPS survey documents and a new website address for the CAHPS survey data warehouse, at www.hospicecahpsurvey.org/en/whats-new.
- **One-day Hospice Quality Reporting Program training** in Baltimore, Md. If you missed the Jan. 18 event in person or via webcast, it will be available later on **YouTube**, CMS says. "The focus of this train-the-trainer event will be to provide hospice providers with an understanding of the Hospice Quality Reporting Program (HQRP). Included in the training will be upcoming data collection instructions and updates associated with the changes in the » » Hospice Item Set (HIS), which will become effective on April 1, 2017, in addition to the two new HIS-based quality measures that will be incorporated into the HQRP in 2017," CMS says. "The training will also include a focus on the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey and offer important insights into frequently asked questions regarding the HQRP." You can download the presentation materials at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training.html.
- **QMs on your horizon.** While these measures won't impact you immediately, CMS has listed eight CAHPS-based hospice quality measures as "Measures Under Consideration" in its MUC list posted last month at www.qualityforum.org/setting_priorities/partnership/measure_applications_partnership.aspx. The measures range from "willingness to recommend" to "getting timely care." CMS also lists some hospice-related measures for other settings, notes the **National Association for Home Care & Hospice**. For example, "Proportion of patients who died from cancer admitted to hospice for less than 3 days AND proportion of patients who died from cancer not admitted to hospice" for PPS-exempt cancer hospital quality reporting. NAHC recommends that the measures be applied to regular hospitals, the trade group says in its newsletter.