

HOSPICE QUALITY REPORTING PROGRAM (HQRP)



COVID-19 Public Reporting Tip Sheet

This third edition of the Public Reporting (PR) Tip Sheet:

1. Provides an update for the inaugural release of the two new claims-based measures, Hospice Visits in the Last Days of Life (HVLDDL) (NQF #3645) and Hospice Care Index (HCI), with the August 2022 Care Compare refresh.
2. Describes the eight quarters of claims data used for the initial release of the two new claims-based measures.
3. Defines the quarters of claims data that will be displayed on Care Compare for these two new claims-based measures until the normal annual refresh using the specified eight consecutive quarters of data occurs with the November 2023 refresh.



To understand the background, please refer to the [Second Edition HQRP COVID-19 PR Tip Sheet](#) published in December 2021. This previous tip sheet provided information about CMS' plan to adjust public reporting due to the calendar year (CY) 2020 COVID-19 exempted data. These temporary exemptions to the HQRP data submission requirements, which ended on June 30, 2020, were a result of the COVID-19 public health emergency (PHE). The resumption of public reporting on Care Compare with the February 2022 refresh cycle was also explained. The original plan to release the new claims-based HVLDDL and HCI measures in May 2022, as described in the Second Edition HQRP COVID-19 Tip Sheet, is corrected with this tip sheet. They will now display in August 2022.

Public Reporting and Care Compare

The Inaugural Release of the Claims-Based Measures

The August 2022 refresh of Care Compare/Provider Data Catalog (PDC) will begin the display of the data for the two new claims-based quality measures, HVLDDL and HCI.

Table 1 provides a summary of the data refreshes for each of the data sources in the HQRP, with the new claims-based measures highlighted. It also provides the dates that are included in the respective quarterly refreshes for measures derived from each of the three data sources. The footnotes provide more detail and definitions.

Document Terms

CY 2020 COVID-19 Exempted Data:

Refers to exempted quarters, Q1 and Q2 2020, of data due to the COVID-19 PHE.

Normal Refresh: Refers to updates on Care Compare using the standard number of consecutive quarters of data.

CMS' Approach to Exempted Data for Public Reporting

The CY 2020 COVID-19 exempted data is still impacting what is displayed on Care Compare. The following table depicts how CMS accommodated the exempted two quarters of data. CMS resumed public reporting with new data beginning with the February 2022 refresh.

Table 1. Summary of Data Refreshes

Quarter Refresh*	HIS Assessment-Based Measure ¹	Claims-Based Measures	CAHPS® Hospice Survey Measures
February 2022	Q3–Q4 2020 and Q1 2021 ²	N/A	Q4 2018–Q4 2019 and Q3 2020–Q1 2021 ³
May 2022	Q3–Q4 2020 and Q1–Q2 2021 ⁴	N/A	Q1–Q4 2019 and Q3 2020–Q2 2021
August 2022	Q4 2020 and Q1–Q3 2021	Q2–Q4 2019 and Q3 2020–Q3 2021 ⁵	Q2–Q4 2019 and Q3 2020–Q3 2021
November 2022	Q1–Q4 2021	No refresh ⁶	Q3–Q4 2019 and Q3 2020–Q4 2021
February 2023	Q2–Q4 2021 and Q1 2022	No refresh ⁶	Q4 2019 and Q3 2020–Q1 2022
May 2023	Q3–Q4 2021 and Q1–Q2 2022	No refresh ⁶	Q3 2020–Q2 2022 ⁷
August 2023	Q4 2021 and Q1–Q3 2022	No refresh ⁶	Q4 2020–Q3 2022
November 2023	Q1–Q4 2022	Q1–Q4 2021 and Q1–Q4 2022 ⁸	Q1 2021–Q4 2022

*Methodology used for measure calculation for refreshes to account for the missing CY 2020 COVID-excepted data was detailed in the FY 2022 Final Rule (see resources below).

¹ As of May 2022, the seven individual process measures for NQF #3235 are no longer publicly reported as individual measures on Care Compare. They are available by visiting the Provider Data Catalog (PDC) <https://data.cms.gov/provider-data/topics/hospice-care>.

² Public reporting resumed with only three quarters of data, excluding Q1 and Q2 of 2020.

³ Public reporting resumed with eight quarters of data, excluding Q1 and Q2 of 2020.

⁴ Normal refresh using four consecutive quarters of data.

⁵ Public reporting begins with eight quarters of data, excluding Q1 and Q2 of 2020.

⁶ No refresh = data remain unchanged from the August 2022 refresh.

⁷ CAHPS® Hospice Survey refreshes return to normal with eight consecutive quarters of data.

⁸ Normal refresh using two years or eight consecutive quarters of data.

When did or will refreshes return to their expected (“normal”) quarters of data?

- **May 2022 refresh:**
 - Display of the HIS Comprehensive Assessment Measure at Admission (NQF #3235) normalized, with the use of four consecutive quarters of data.
- **May 2023 refresh:**
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey will normalize using eight consecutive quarters of data.
- **November 2023 refresh:**
 - The HVLDL and HCI claims-based measures will normalize to use eight consecutive quarters (two full calendar years).

Figure 1 shows the eight quarters of data in dark green (without using Q1 and Q2 2020) that will display for the two claims-based measures, HVLDL and HCI, beginning in August 2022 until November 2023.

Note:

- The claims-based measures refresh once per year with new data. Since we cannot use Q1 and Q2 2020 data for public reporting, the refreshes from August 2022 through August 2023 show the same eight quarters of data excluding the Q1 and Q2 data. After this inaugural year, CMS will use the November refresh for the annual update of the claims-based measures.
- Starting with the November 2023 refresh, the normal annual refresh of eight consecutive quarters (2 years of data) is scheduled to occur. The eight dark green blocks shown in the last row display the consecutive quarters (2 full calendar years) of claims data that will be used for the November 2023 refresh.

Figure 1. PHE: Reporting of Claims-Based Measure Data*

Quarter Refresh	2019				2020				2021				2022			
	Q1	Q2	Q3	Q4												
August 2022*																
November 2022*																
February 2023*																
May 2023*																
August 2023*																
November 2023																

* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

Provider Reports

How can providers review their data?

Providers can review their data, including CY 2020 COVID-19 exempted data if submitted, using reports accessible via the Certification and Survey Provider Enhanced Reports (CASPER) application.

- **Provider Preview Reports (PPR):** The Hospice Provider Preview report and the CAHPS® Hospice Survey Provider Preview report are both available in CASPER. These two separate reports are located in your CASPER folder. The purpose of these reports is to give providers the opportunity to preview their measure results prior to public display on Care Compare. The new claims-based measures were added to the PPR as of November 2021. *Release of the PPR in May 2022 was related to the August 2022 refresh.*
- **Review and Correct (R&C) Report:** The purpose of the R&C Report is for providers to have access to the HIS QM data prior to the data correction deadline for public reporting. This report includes 12 full months of data. It notes which quarters listed within the report remain “open” for correction and which are “closed,” no longer allowing correction. The report does not include claims data.

- **HQRP Quality Measure (QM) Reports:**

- **Hospice-Level QM Report:** These user-requested, on-demand reports provide hospices with confidential reporting of their HIS, HVLDL, and HCI measure scores through CASPER. The report includes hospice-specific scores and national and state averages (as of May 2022). Details of the 7 component process measures are included for the HIS Comprehensive Assessment at Admission Measure (NQF #3235) as well as the details for the 10 individual HCI indicators.
- **Hospice Patient Stay-Level QM Report:** The Hospice Patient Stay-Level QM Report identifies each patient with a qualifying HIS record used to calculate the hospice-level quality measure values for a select period. The details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure (NQF #3235). Claims-based measures are not included in these reports.

Resources

- [Second Edition HQRP COVID-19 PR Tip Sheet.](#)
- [FY 2022 Hospice Final Rule.](#)
- [CMS Medicare Learning Network memo released March 27, 2020.](#)
- [Program guidance and information about the CMS response to COVID-19.](#)
- [Program guidance, updates, and announcements regarding the Hospice QRP – Announcements & Spotlight web page.](#)
- [Public Reporting for the Hospice QRP.](#)
- [Public Reporting – Key Dates for Providers.](#)
- [Claims Measure Calculation and Reporting – Q&A.](#)
- [FY 2023 Hospice QRP Reporting Year Requirements.](#)

Hospice Quality Help Desk:
HospiceQualityQuestions@cms.hhs.gov





Hospice Quality Reporting Program (HQRP)

Current Measures

This document contains the details for the measures that can be calculated using the Hospice Item Set (HIS), the administrative data (claims), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. Please refer the HQRP Quality Measures (QM) Specifications User’s Manual v1.00 for more information. Starting with FY 2022, HQRP has four measures as follows: Hospice and Palliative Care Composite Process Measure: HIS Comprehensive Assessment at Admission (NQF #3235); Hospice in the Last Days of Life; Hospice Care Index; and CAHPS® Hospice Survey. The remainder of this document details these four measures.

Quality Measures Calculated using the HIS

Hospice and Palliative Care Composite Process Measure: HIS Comprehensive Assessment at Admission (NQF #3235) (based on seven HIS component measures)

Measure Description: The HIS Comprehensive Assessment at Admission (NQF #3235) captures, in a single measure, the proportion of patients for whom the hospice performed all seven care processes, as applicable.

Numerator Statement: All patient stays from the denominator who meet the numerator criteria for the individual components applicable to the patient.

Denominator Statement: All patient stays, except for those with exclusions.

Denominator Exclusions: Patient stays are excluded from the denominator if they are under 18 years of age.

Measure Type: Process

List and description of the 7 HIS component measures used to calculate the HIS Comprehensive Assessment at Admission (NQF #3235):

HIS Component Measure	Description
Beliefs/Values Addressed (if desired by the patient)	Percentage of patient stays with documentation of a discussion of spiritual/religious concerns or documentation that the patient and/or caregiver did not want to discuss spiritual/religious concerns.
Treatment Preferences	Percentage of patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life sustaining treatments.
Pain Screening	Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.
Pain Assessment	Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within 1 day of the screening.
Dyspnea Screening	Percentage of patient stays during which the patient was screened for dyspnea during the initial nursing assessment.
Dyspnea Treatment	Percentage of patient stays during which the patient screened positive for dyspnea and received treatment within 1 day of the screening.
Patients Treated with an Opioid who are Given a Bowel Regimen	Percentage of patient stays treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.

Visit the [CMS HQRP website](#) and the Downloads section of the [Current Measures](#) page for more information about this measure and the 7 individual component measures:

- For calculation of the 7 individual measures, review the HQRP QM Specifications User's Manual v1.00.
- For background and methodology about NQF #3235, see [Hospice Comprehensive Assessment QM Background and Methodology Fact Sheet \(PDF\)](#).
- For a one-page overview of the measure, review [HIS Comprehensive Assessment at Admission \(NQF #3235\)](#).

Quality Measures Calculated using Administrative Data (Medicare claims)

Hospice Visits in Last Days of Life (HVLDDL)

Measure Description: The HVLDDL measure assesses hospice staff visits to patients at the end of life. This measure is constructed from Medicare hospice claims records. It indicates the hospice provider's proportion of patients who have received in-person visits from a registered nurse or medical social worker on at least two out of the final three days of the patient's life.

Note: The last three days are defined as: (Day 1) the day of death, (Day 2) the day prior to death, (Day 3) the day two days prior to death.

Numerator Statement: The number of patient stays in the denominator in which the patient and/or caregiver received in person visits from registered nurses or medical social workers on at least two of the final three days of the patient's life, as captured by hospice claims records.

Note: Any visits occurring after the time of the patient's death do not count towards the measure score.

Denominator Statement: All hospice patient stays except those meeting exclusion criteria as identified below.

Denominator Exclusions: Patients are excluded from the denominator if:

- They did not expire in hospice care as indicated by reason for discharge
- They received any continuous home care, respite care or general inpatient care in the final three days of life
- They were enrolled in hospice for fewer than three days

Note: HVLDDL looks at visits in the last three days of life; patients must receive hospice services for at least three days to be included in the measure.

Measure Type: Process

Hospice Care Index (HCI)

Measure Description: The Hospice Care Index (HCI) captures care processes occurring throughout the hospice stay, between admission and discharge. The HCI is a single measure comprising ten indicators calculated from

Medicare claims data. The indicators included in the HCI are defined in the table below.

The index design of the HCI simultaneously monitors all ten indicators. Collectively these indicators represent different aspects of hospice service and thereby characterize hospices comprehensively, rather than on just a single care dimension. Each indicator equally affects the single HCI score, reflecting the equal importance of each aspect of care delivered from admission to discharge.

Numerator Statement: The HCI does not have a traditional numerator statement. Instead, a hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators. The sum of the points earned from meeting the criterion of each individual indicator results in the hospice's HCI score. HCI scores can range from 0 to a perfect 10.

Denominator Statement: The HCI does not have a traditional denominator. The HCI score is calculated as the total number of points earned across ten indicators (hospices earn a point on an indicator when their indicator scores meet the criterion for the given indicator). The potential range of scores is from 0 to 10.

Denominator Exclusions: Hospices with fewer than 20 discharges in the two pooled years of data are not assigned a calculated index score per convention of CMS's quality reporting program (requiring sufficient data available to calculate reliable scores for publicly displayed measures).

Measure Type: Process

HCI Indicators – Description and Criteria for Each of the 10 Indicators.

HCI Indicator	Description	Index Earned Point Criteria
Continuous Home Care (CHC) or General Inpatient (GIP) Provided	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
Gaps in Skilled Nursing Visits	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.	Below 90 Percentile Rank
Early Live Discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
Late Live Discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
Burdensome Transitions (Type 1) Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospice readmission within two days of hospital discharge.	Below 90 Percentile Rank
Burdensome Transitions (Type 2) Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 90 Percentile Rank
Per-beneficiary Medicare Spending	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 90 Percentile Rank
Skilled Nursing Care Minutes per Routine Home Care (RHC) Day	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC	Above 10 Percentile Rank

	service days divided by the total number of RHC days the hospice serviced.	
Skilled Nursing Minutes on Weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
Visits Near Death	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).	Above 10 Percentile Rank

The points earned on each indicator are summed to result in the single HCI Observed Score. For more information on the 10 HCI indicator measures and how they are calculated, please refer to the HQRP QM Specifications User's Manual v1.00 located in the Downloads section of the [Current Measures](#) page.

Quality Measures calculated from the CAHPS® Hospice Survey

All eight of the CAHPS® Hospice Survey measures are endorsed under NQF #2651. Details on how to score CAHPS® Hospice Survey measures can be found at: <https://hospicecahpsurvey.org/en/scoring-and-analysis/>.

Communication With Family

Measure Description: Multi-item measure. "While your family member was in hospice care..." P1: "How often did the hospice team keep you informed about when they would arrive to care for your family member?" P2: "How often did the hospice team explain things in a way that was easy to understand?" P3: "How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?" P4: "How often did the hospice team keep you informed about your family member's condition?" P5: "How often did the hospice team listen carefully to you?" P6: "How often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?"

Note: All items have response options of "Never," "Sometimes,"

“Usually,” “Always.”

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For questions P1 through P5 in this measure, the top box numerator is the number of respondents who answer “Always.” For question P6, the top box numerator is the number of respondents who answer “Never.” Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P6).

Exclusions: The hospice patient is still alive -The decedent’s age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian - The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she “never” oversaw or took part in decedent’s hospice care

Measure Type: Outcome

Getting Timely Help

Measure Description: Multi-item measure P1: “While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?” P2: “How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?”

Note: Both items have response options of “Never,” “Sometimes,” “Usually,” “Always.”

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. The top box numerator is the number of respondents who answer “Always.” Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 or P2).

Exclusions: -The hospice patient is still alive -The decedent’s age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address - The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she “never” oversaw or took part in decedent’s hospice care.

Measure Type: Outcome

Treating Patient With Respect

Measure Description: Multi-item measure P1: “While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?” P2: “While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?”

Note: All items have response options of “Never,” “Sometimes,” “Usually,” “Always.”

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For both questions in this measure, the top box numerator is the number of respondents who answer “Always.” Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and

then averaged to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 or P2).

Exclusions: The hospice patient is still alive -The decedent's age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

Measure Type: Outcome

Emotional and Spiritual Support

Measure Description: Multi-item measure P1: "While your family member was in hospice care, how much emotional support did you get from the hospice team?" P2: "In the weeks after your family member died, how much emotional support did you get from the hospice team?" P3: "Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?"

Note: All items have response options of "Too little," "Right amount," "Too much."

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For all questions in this measure, the top box numerator is the number of respondents who answer "Right amount." Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P3). Those who answer "Too much" are not included in

measure scoring.

Exclusions: The hospice patient is still alive -The decedent's age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased - The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

Measure Type: Outcome

Help For Pain And Symptoms

Measure Description: Multi-item measure P1: "Did your family member get as much help with pain as he or she needed?" P2: "How often did your family member get the help he or she needed for trouble breathing?" P3: "How often did your family member get the help he or she needed for trouble with constipation?" P4: "How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?"

Note: P1 has response options of "Yes, definitely," "Yes, somewhat," "No."

Note: P2, P3, and P4 have response options of "Never," "Sometimes," "Usually," "Always."

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For question P1, the top box numerator is the number of respondents who answer "Yes, definitely." For questions P2, P3 and P4, the top box numerator is the number of respondents who answer "Always." Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice- level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through

P4).

Exclusions: The hospice patient is still alive -The decedent's age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

Measure Type: Outcome

Training Family To Care For Patient

Measure Description: Multi-item measure P1: Did the hospice team give you the training you needed about what side effects to watch for from pain medication? P2: Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member? P3: Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing? P4: Did the hospice team give you the training you needed about what to do if your family member became restless or agitated? P5: Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

Numerator Statement: CAHPS® Hospice Survey measures are calculated using top-box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response. For all questions in this measure, the top box numerator is the number of respondents who answer "Yes, definitely." Top box scores for each survey question within the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level), and then averaged to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the number of respondents who answer at least one question in the multi-item measure (i.e., one of P1 through P5). Scores are calculated only among those respondents who indicate that their family member

received hospice care at home or in an assisted living facility.

Exclusions: The hospice patient is still alive -The decedent's age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian - The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

Measure Type: Outcome

Rating Of This Hospice

Measure Description: Individual survey item asking respondents: "Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?" Response options are on a 0-10 rating scale, with 0=Worst hospice care possible and 10=Best hospice care possible

Numerator Statement: The top box numerator is the number of respondents in the hospice who answer "9" or "10." Top box scores for the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level) to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the total number of respondents in the hospice who answered the item.

Exclusions: The hospice patient is still alive -The decedent's age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is

deceased -The caregiver reports on the survey that he or she “never” oversaw or took part in decedent’s hospice care.

Measure Type: Outcome

Willing To Recommend This Hospice

Measure Description: Individual survey item asking respondents: “Would you recommend this hospice to your friends and family?”

Note: This item has response options of “Definitely no,” “Probably no,” “Probably yes,” “Definitely yes.”

Numerator Statement: The top box numerator is the number of respondents in a hospice program who responded “Definitely yes.” Top box scores for the measure are adjusted for mode of survey administration (at the individual respondent level) and case mix (at the hospice level) to calculate the overall hospice-level measure score.

Denominator Statement: The top box denominator is the total number of respondents in the hospice that answered the item.

Exclusions: The hospice patient is still alive -The decedent’s age at death was less than 18 -The decedent died within 48 hours of his/her last admission to hospice care -The decedent had no caregiver of record -The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address -The decedent had no caregiver other than a nonfamilial legal guardian -The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted) -The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased -The caregiver reports on the survey that he or she “never” oversaw or took part in decedent’s hospice care

Measure Type: Outcome