

Supporting Statement – Part B
Supporting Statement for the
Hospices Voluntary Quality Reporting Program
which is related to
Section 3004 of the Affordable Care Act for Hospice Programs

Collections of Information Employing Statistical Methods

1 . We are requesting an initial approval of a data collection instrument for use in the hospice quality reporting program. This data collection instrument, entitled “Hospice Quality Data Submission Form” is intended for use by hospice providers who voluntarily elect to participate in a voluntary quality reporting program which shall take place from 10/01/2011 through 12/31/2011. At the close of this voluntary reporting period, hospice providers will have until 01/31/2012 to file a report of the quality data collected, using this form, via e-mail.

Section 1814(i)(5) of the Act added by section 3004 of Patient Protection and Affordable Care Act, Pub. L. 111-148, enacted on March 23, 2010 (Affordable Care Act), authorizes the Secretary to establish a quality reporting program for Hospices. Section 1814(i)(5)(A)(i) of the Social Security Act requires that the Secretary, beginning with FY 2014, reduce the market basket update by 2 percentage points for any hospice that does not comply with the quality data submission requirements with respect to that fiscal year.

To meet the quality reporting requirements for hospices, which are set forth in the proposed Hospice Wage Index for Fiscal Year 2012 rule, we propose that there shall be an initial **voluntary** hospice quality reporting cycle, which will consist of data collected from October 1, 2011 through December 31, 2011. This data shall be reported to CMS by no later than January 31, 2012. There shall be a subsequent, **mandatory** Hospice quality reporting cycle will consist of data collected from October 1, 2012 through December 31, 2012. This data shall be reported to CMS by no later than April 1, 2013. Thereafter, it is proposed that all subsequent Hospice quality reporting cycles would be on a calendar-year basis (that is, January 1, 2013 through December 31, 2013 for determination of the Hospice market basket increase factor for each Hospice in FY 2015, etc.).

The voluntary data collection instrument, which is the subject of this PRA request, is needed to meet the voluntary quality reporting requirements for hospices which is set forth in the Hospice Wage Index for Fiscal Year 2012 proposed rule. In this rule, CMS has proposed a voluntary quality reporting cycle that precedes, but is related to, the required quality reporting requirements mandated for the FY 2014 payment determination as set forth in Section 1814(i)(5) of the Act. For the proposed voluntary reporting, hospices shall report one structural measure collected for the period **October 1, 2011 through December 31, 2011**. This data collection tool shall permit the Secretary of Health and Human Services, and CMS, to learn what the important patient care quality issues are for hospices. This voluntary data collection instrument shall also serve to provide useful information in the future design and structure of the hospice quality reporting program. Our intent is to require additional standardized and specific quality measures to be reported by hospices in subsequent years.

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To meet the voluntary quality reporting requirements for hospices, we propose that hospices report quality data pertaining on one structural measure. Structural measures assess the characteristics and capacity of the provider to deliver quality health care. The proposed structural measure is: *Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care*. We believe that participation in QAPI programs that address at least three indicators related to patient care reflects a commitment not only to assessing the quality of care provided to patients but also to identifying opportunities for improvement that pertain to the care of patients. Examples of domains of indicators related to patient care include, but are not limited to, providing: (1) care in accordance with documented patient and family goals; (2) effective and timely symptom management; (3) care coordination; and (4) patient safety.

It is important to note that a mandatory quality data reporting period will begin effective 10/01/2012. Upon the initiation of this mandatory reporting period, hospice providers will then be required to report upon two (2) quality measures. Hospices will be required to continue to report upon the structural measure known as “Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care. In addition, Hospice providers will be required to begin reporting on the NQF-endorsed measure# 0209). This measure is the percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought under control within 48 hours. A primary goal of hospice care is to enable patients to be comfortable and free of pain, so that they may live each day as fully as possible. The provision of pain control to dying patients is an essential function, a fundamental element of hospice care and therefore we believe the NQF measure #0209 is an important and appropriate measure for the hospice quality reporting program.

The following operational details have been formulated regarding how the voluntary quality data reporting will work:

Each hospice will be given the option to complete the voluntary data submission form which will be provided by CMS. If a hospice provider chooses to participate during the voluntary reporting period, said provider should report whether or not (yes/no) they have a QAPI program that includes at least three quality indicators related to patient care for the voluntary reporting period ***October 1, 2011 through December 31, 2011***.

If a hospice provider chooses to participate in the voluntary reporting period, said provider should list the number of patient-care related indicators that are included in their hospice’s QAPI program.

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If a hospice provider chooses to participate in the voluntary reporting period, said hospice should provide further information about their QAPI program, ***if it includes at least one patient care related quality indicator.*** The provider is asked to do the following:

- Select, from drop-down menus, up to 20 topical descriptions of their patient-care focused quality indicators, which were collected as a result of their QAPI program during the voluntary reporting period ***October 1, 2011 through December 31, 2011;***
- For each indicator topic selection, provide an indicator name;
- For each indicator topic selection, provide a brief description;
- For each indicator topic selection, select a data source description from a drop-down menu.

If a hospice provider chooses to participate in the voluntary reporting period, said provider will be requested to provide a summary of the amount of time required to complete the voluntary data submission form, by selecting from one of six pre-defined time period categories.

If a hospice provider does elect to participate in the voluntary data reporting program, then the data collected by the provider for the voluntary time period of ***October 1, 2011 through December 31, 2011*** should be reported to CMS by no later than ***January 31, 2012.***

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The reporting period **10/01/2011 to 12/31/2011** is voluntary. Responses from hospice programs reporting the structural measure data with specific quality indicators related to patient care will allow CMS to learn what hospices consider to be important patient care quality issues. However, a mandatory reporting period will begin effective **10/01/2012**. Further details regarding the mandatory hospice quality reporting program will be announced at the CMS website; however the date for this announcement has not yet been determined.

CMS has prepared a quality data submission spreadsheet. CMS will announce operational details with respect to the data submission methods for the voluntary reporting cycle using this CMS Web site <http://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting> by no later than December 31, 2011 should the proposed rule be finalized.

2. CMS estimates the burden to be as follows:

Burden Associated with Structural Measures Submissions:

Total Number of Hospice Providers = **3531**

Average Number of Submissions/each Hospice/Year = **1**

Average Number of Submissions by all Hospices/Year = **3531**

Average Time per submission / Provider = **15 minutes**

(**15 minutes** attributed to administrative assistant or clerical data entry time)

Estimated Annual Hour Burden per each Hospice = **0.25 hours**

Average Annual Cost /Each Hospice = **\$5.14**

(**0.25 hour per year x \$20.57 per hour; or;**

(883 hour per year for all hospice providers x \$20.57 per hour)

Estimated Annual Hour Burden for all Hospices = **883 hours**

(**0.25 hour per year x 3531 Hospice providers)**

Average Cost per Submission = \$5.14

(**\$18,149 / 3531 submissions = \$5.14 per submission)**

CMS retrieved the average national salary from the U.S. Bureau of Labor which stated that the average national salary of an Administrative Assistant/Billing Clerk at **\$20.57**.

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3. For the hospice voluntary quality data reporting program responses are voluntary on the part of each hospice providers. As part of the Hospice Conditions of Participation at CFR 418.58 which require that hospices must , if not already doing so, develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program and that the hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS. If a hospice provider does elect to participate, then this e-mail based submission will serve as an attestation to the provider's compliance with the Hospice Conditions of Participation.

4. N/A

5. Robin Dowell, RN – 410-786-0060/robin.dowell@cms.hhs.gov