CMS Voluntary Quality Reporting Program Related to

Section 3004 of the Affordable Care Act for Hospice Programs

Instructions for Completing the CMS

Voluntary Quality Reporting Program

Hospice Quality Data Submission Form

Background:

CMS is proposing a voluntary quality reporting cycle for hospices that precedes 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***. The structural measure hospices shall report for the voluntary reporting cycle is: ***Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care.***

Submission of data collected during this timeframe will permit CMS to analyze the data and learn what the important patient care quality issues are for hospices as we enhance the quality reporting program design to require more standardized and specific quality measures to be reported by hospices in subsequent years.

Who, What, When, and How:

Each hospice may voluntarily complete the Hospice Quality Data Submission Form.

- If you choose to participate in the voluntary reporting, you should:
  - Read the instructions for completing each data field carefully.
  - Report whether or not (yes/no) you 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***.

○ List the patient care-related quality indicators included in your hospice's QAPI program during the voluntary reporting period *October 1, 2011 through December 31, 2011*.

○ Submit your <u>Hospice Quality Data Submission Form</u> for the voluntary time period of October 1, 2011 through December 31, 2011 no later than January 31, 2012.

Data Field Instructions for the Hospice Quality Data Submission Form

1. Hospice Provider's Business Name—Enter the legal name of your hospice organization.
2. Hospice Provider's Mailing Address—Enter the mailing address of your hospice organization.
3. Hospice Provider's Physical Address—Enter the physical address of your hospice organization if it is different than the mailing address.
4. Hospice Provider's Business Phone Number—Enter the phone number to reach your hospice organization during weekdays 8:30 a.m. to 4:30 p.m. Use numerals only, no dashes or other characters.
5. CMS Certification Number (CCN)—Enter six numerals only, no dashes or other characters.
6. National Provider Identification (NPI)—Enter ten numerals only, no dashes or other characters.
7. Hospice Contact—Enter name, phone number, and e-mail of a contact for questions about this form.
8. Q1—Answer Yes IF your hospice organization's QAPI program includes three or more patient care-related quality indicators.
   a. Patient care-related quality indicators include indicators that address topics such as:
      i. Symptom management such as pain, dyspnea, nausea, anxiety, depression;
      ii. Care coordination such as management of transitions and communication among staff and with other providers;

iii. Patient safety such as falls, medication errors, infections; and

iv. Care provision in accordance with documented patient/family preferences such as presence of documentation of advance directives and surrogate decision makers.

9. Q2—Indicate the number of patient care-related indicators your QAPI program includes. If you select "0" as your response for Question 2, skip Question 3 and go directly to Question 4.

10. Q3—ALL hospices with a QAPI program that includes at least one patient care-related indicator should list up to 20 indicators using the form. See the examples in the first two rows of the spreadsheet. Enter one indicator on each line, starting below the examples.

    a. Indicator Topic—To enter information about your first indicator, click on cell B4. A small arrow appears to the right of the cell. Click on the arrow to view the dropdown menu. Select the topic area the indicator addresses by highlighting it with your cursor and clicking. Note that if none of the topics apply, you can choose "Other."

    b. Indicator Name—Write in the full name of the indicator. You may cut and paste from a Word or Excel file if you already have an indicator list prepared.

    c. Brief Description—Describe the indicator more completely. Include any information that will help us understand what the indicator measures.

    d. Data Source—Click on cell E4. A small arrow appears to the right of the cell. Click on the arrow to view the dropdown menu. Select the data source for the indicator from the choices provided. Note that if none of the choices apply, you can choose "Other."

    e. To begin entering information on your next indicator (if applicable), click on cell B5, and follow the instructions for steps a through d above.

11. Q4—Indicate the number of minutes it took you to complete the data collection form.

How Your Hospice Program Will Be Evaluated:

■ Your hospice will not be evaluated for compliance with hospice quality reporting requirements during the voluntary reporting period, ***October 1, 2011 through December 31, 2011***. Responses received from hospices reporting the structural measure data with specific patient care-related quality indicators will allow CMS to learn what hospices consider to be important patient care-related quality indicators.

■ A mandatory reporting period will begin ***October 1, 2012***. Further details regarding the mandatory hospice quality reporting program will be available on the CMS Web site.

We 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 these measures be finalized.

PRA Disclosure Statement

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