



Hospice Workgroup 2025 Meeting 2 Quality

Maryland Health Care Commission

July 21, 2025



Agenda

1. Review current state health plan quality standard
2. Review current state and federal quality measures and upcoming changes
3. Discuss ways to elevate quality standards for hospice care in Maryland



Current State Health Plan Quality Standard

10.24.13.05K

- ▶ An applicant that is an existing Maryland licensed general hospice provider shall document compliance with all federal and State quality of care standards.
- ▶ An applicant that is not an existing Maryland licensed general hospice provider shall document compliance with federal and applicable state standards in all states in which it, or its subsidiaries or related entities, is licensed to provide hospice services or other applicable licensed health care services.
- ▶ An applicant that is not a current licensed hospice provider in any state shall demonstrate how it will comply with all federal and State quality of care standards.
- ▶ An applicant shall document the availability of a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.
- ▶ An applicant shall demonstrate how it will comply with federal and State hospice quality measures that have been published and adopted by the Commission.
- ▶ **An applicant shall demonstrate acumen in healthcare operations.**



MHCC Health Care Worker Flu Vaccination

- ▶ Collected annually by hospices (October through March) and reported to MHCC in April/May
- ▶ Vaccination against flu
 - ▶ Percent of employees and volunteers vaccinated
 - ▶ Whether or not the hospice has a mandatory policy
 - ▶ Whether or not the hospice has 95% or more vaccinated
 - ▶ Whether or not the hospice has an infection control coordinator
 - ▶ If they have an infection control coordinator, has that person attended a basic infection and control training course approved by OHCQ



Hospice Quality Reporting Program (HQRP)

What is the HQRP?

- ▶ Mandated by the Patient Protection and Affordable Care Act (2010).
- ▶ Managed by the Centers for Medicare & Medicaid Services (CMS).
- ▶ Ensures Medicare-certified hospices provide high-quality care.
- ▶ "Pay-for-reporting" program: Compliance with data submission requirements impacts Annual Payment Updates (APU).
- ▶ Data is publicly reported on CMS Care Compare to aid consumer decision-making.
 - ▶ MHCC also reports the data on the Maryland Quality Reporting page with additional state-level data



Key Quality Measures - Overview

The HQRP currently focuses on four primary quality measures:

- ▶ Hospice Care Index (HCI)
- ▶ Hospice Visits in the Last Days of Life (HVLDL)
- ▶ Hospice Item Set (HIS) Comprehensive Assessment at Admission
- ▶ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey



Hospice Care Index

- ▶ Composite measure
- ▶ Calculated from Medicare claims data
- ▶ Provides a broad overview of hospice care quality throughout the entire hospice stay.
- ▶ Comprised of 10 individual indicators.
- ▶ Hospices earn points for meeting criteria on each indicator, resulting in a total score (0-10).



Hospice Care Index-Items

- ▶ Continuous Home Care (CHC) or General Inpatient (GIP) provided
- ▶ Gaps in Skilled Nursing Visits
- ▶ Early Live Discharges
- ▶ Late Live Discharges
- ▶ Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
- ▶ Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
- ▶ Per-beneficiary Medicare Spending
- ▶ Skilled Nursing Care Minutes per Routine Home Care (RHC) Day
- ▶ Skilled Nursing Minutes on Weekends
- ▶ Visits Near Death



Hospice Visits in the Last Days of Life (HVLDDL)

- ▶ Process measure.
- ▶ Constructed from Medicare hospice claims records.
- ▶ Assesses the provision of in-person visits by a registered nurse (RN) or medical social worker (MSW) during a critical period of hospice care.
 - ▶ Measures the proportion of patients who received at least two in-person visits from an RN or MSW on at least two of the last three days of the patient's life.
- ▶ Applies to patients receiving routine home care.
- ▶ Hospice patients often experience the most pain and symptoms in the last days of life, and the goal of this measure is to encourage quality of care during that period of time.



Hospice Item Set (HIS)

- ▶ Composite process measure.
- ▶ Captures the proportion of patients for whom the hospice performed all seven applicable care processes at admission.
- ▶ Items
 - ▶ Beliefs/values addressed (if desired by the patient)
 - ▶ Treatment preferences
 - ▶ Pain screening
 - ▶ Pain assessment
 - ▶ Dyspnea treatment
 - ▶ Dyspnea screening
 - ▶ Patients treated with an opioid who are given a bowel regimen



Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- ▶ Patient experience survey.
- ▶ Feedback gathered from families and caregivers after a patient's passing.
- ▶ Captures experiences with communication, care quality, and emotional support.
- ▶ Items
 - ▶ Communication with Family
 - ▶ Getting Timely Help
 - ▶ Treating Patient with Respect
 - ▶ Emotional and Spiritual Support
 - ▶ Help for Pain and Symptoms
 - ▶ Training Family to Care for Patient
 - ▶ Rating of This Hospice
 - ▶ Willing to Recommend This Hospice



Future Measure: Hospice Outcomes and Patient Evaluation (HOPE)

- ▶ Will replace HIS effective October 1, 2025 **BUT public reporting will not be available until late 2027**
- ▶ **Key Difference:** While HIS captures retrospective chart data, HOPE is a real-time patient assessment tool.
- ▶ HOPE Update Visits (HUVs): HUVs enable CMS to gather patient level data during the first 30 days after a beneficiary elects hospice.
- ▶ The goal is to improve care planning and quality measurement throughout the hospice episode.

Suggestions for Changes to State Health Plan



- ▶ Keep it simple and broad
- ▶ Be descriptive but not specific to allow for flexibility
- ▶ For example, the home health chapter states

“Since quality measures and the art of evaluating quality are evolving, this Chapter describes the process by which consideration of quality will be used in qualifying applicants for scheduled review cycles. The Chapter does not include the specific quality measures, performance thresholds, or improvement targets that will be used. Rather, these would be published for review and comment prior to the initiation of review cycles in which applications could be filed.”

- ▶ This language permits staff to choose different measures and measurement thresholds each time a new review cycle approaches which allows staff to adapt to the needs of the industry without rewriting regulations.



Discussion

- ▶ How do we ensure new and existing hospices provide high quality care?
- ▶ What is the most important purpose that quality standards should serve in the context of a CON review for hospice?
- ▶ Add language that is targeted but flexible like home health? Or be more specific with specified measures and thresholds that do not change?
- ▶ What measures are the most important to hospice quality?
- ▶ Is there another way we should think about quality?
- ▶ Are there other measures we have not considered?
- ▶ What quality standard or performance metric can be used to address disparities in hospice?
- ▶ Are there additional or different data points that MHCC could collect that might better assess quality in Maryland?