

Hospice Care Index Quality Measure

November 2021

DISCLAIMER

The contents of this document are current as of this date and for informational purposes only. This is provided for informational purposes and is not intended to serve as a legal guidance. For specific agency practices, consult your legal and compliance teams for guidance. This should not be viewed as official policy of CMS. It is always the provider's responsibility to determine and comply with applicable CMS requirements.

CMS regularly updates information about the Hospice Quality Reporting Program (HQRP) on the [Hospice QRP Announcements & Spotlight webpage](#). Providers need to monitor this webpage and the HQRP website frequently.

The Hospice Care Index (HCI) is a claims-based-measure concept based on multiple indicators. The HCI, like any other new measure complements the current hospice quality measures (QM's) that are already in place and does not replace any existing measures or any of the hospice quality reporting program (HQRP) requirements.

Fast facts about the measure^{1,2}

- Added to the hospice quality reporting program (HQRP) in FY 2022.
- The data source for the measure is hospice claims so providers do not need to submit any data to Centers for Medicare and Medicaid Services (CMS) for measure compliance or calculation.
- The CMS states the addition of HCI measure to the HQRP will offer a more comprehensive and holistic view of hospice providers.
- The Hospice Care Index (HCI) is a composite quality measure that has 10 individual indicators that combines the 10 indicators into a single score to easily compare hospices.
- The 10 indicators comprehensively represent different aspects of hospice service throughout the hospice stay and reflect several aspects of care and hospice service, including:
 - Level of care provided
 - Frequency and timing of clinical visits
 - Transitions to and from hospice care
 - Medicare spending
- The HCI will help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices.

¹ Centers for Medicare and Medicaid Services. (2021, Feb). Common questions – HQRP claims-based quality measures. Retrieved on 11/17/2021 at: <https://www.cms.gov/files/document/common-questions-hqrp-claims-based-measuresfeb2021.pdf>

² Centers for Medicare and Medicaid Services. (2021, Aug). The FY 2022 hospice final rule: What hospices need to know! Retrieved on 11/17/2021 at: <https://www.cms.gov/files/zip/2021aug31hospice-final-rule-webinar.zip>

- The HCI measure will help patients, families, and caregivers to choose between hospice providers based on the factors that matter most to them so they can make the best possible decisions.

HCI Measure Indicators³

The 10 indicators include the following:

- Indicator One: Continuous Home Care (CHC) or General Inpatient (GIP) Provided
- Indicator Two: Gaps in Skilled Nursing Visits
- Indicator Three: Early Live Discharges
- Indicator Four: Late Live Discharges
- Indicator Five: Burdensome Transitions (Type 1) - Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
- Indicator Six: Burdensome Transitions (Type 2) - Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
- Indicator Seven: Per-beneficiary Medicare Spending
- Indicator Eight: Skilled Nursing Care Minutes per Routine Home Care (RHC) Day
- Indicator Nine: Skilled Nursing Minutes on Weekends
- Indicator Ten: Visits Near Death

A detailed description of each indicator's numerator, denominator, scoring and criterion, and rationale is included in *Table 1: HCI Indicator Detail*.

HVLDL Measure and HCI Indicator #10 Differences

1. The HVLDL measure captures only registered nurse (RN) visits.
 - Registered nurse visits are identified by revenue code 055x with the presence of HCPCS code G0299. For HVLDL, only RN visits are included. ii. In-person visits from medical social workers are identified by revenue code 056x (other than 0569); HCPCS code G0155.⁴
2. The HVLDL measure captures RN and SW on routine home days only.
3. Visits on the same date – if an RN and SW make a visit to the patient/family on the same date, only one of the visits count towards the measure calculation.
4. RN, Licensed practical/vocational (LPN/LVN) nurse visits and nurse practitioners (unless the nurse practitioner is acting as the beneficiary's attending physician) count towards the measure calculation.
5. A visit by RN, LPN/LVN and social workers will count towards measure HCI indicator #10 whether there is only one visit or multiples on the same date.

³ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

⁴ Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims. Retrieved on 10/4/2021 from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf>

Claims-based Measures⁵

CMS plans to utilize data from Medicare claims for future quality measure development for the following reasons:

- Claims data are readily available and eliminates provider burden for implementation, as opposed to data collection through patient assessments or surveys, which require additional effort from clinicians, patients, and family caregivers before they can be submitted and used by CMS.
- Claims are a rich and comprehensive source of many care processes and aspects of health care utilization. As such, they are a valuable source of information that can be used to measure the quality of care provided to beneficiaries.
- Quality data submitted through claims are considered a reliable source of standardized data about the services provided and the hospices will be 100 percent compliant with submission of this information.
- Claims data are collected based on the actual care delivered, providing a more direct reflection of care delivery decisions and actions than patient assessments or surveys.
- Complements quality measures already in the HGRP and those considered with the implementation of the Hospice Outcomes & Patient Evaluation (HOPE)⁶

Calculation of the HCI Claims-based Measure⁷

- A hospice is awarded a point for meeting each criterion for each of the ten claims-based indicators.
- A hospice's given indicator score determines whether the hospice earns a point for that individual indicator.
 - Each point earned contributes towards the full index score
 - HCI scores can range from 0 to a perfect 10
- The sum of the points earned from meeting the criterion of each indicator results in the hospice's aggregated single HCI score.

HCI Indicator = Earned Criterion Point
The **SUM** of all ten HCI indicators = HCI Score

- CMS utilizes the following data files to gather provider data for score calculation:
 - Medicare fee-for-service (FFS) hospice claims to determine information such as hospice days by level of care, provision of visits, live discharges, hospice payments, and dates of hospice election.
 - Medicare fee-for-service inpatient claims with through dates on and between to determine dates of hospitalization.

⁵ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

⁷ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

Public reporting on Care Compare⁸

- CMS will start publicly reporting the HVLDL measure beginning no earlier than **May 2022**.
- The HVLDL will only be refreshed on Care Compare annually.
- A preview report will be available to providers prior to the May 2022 refresh of Care Compare.
- Consumers will find the HCI and HVLDL measures reported under the Quality of Patient Care display on Care Compare and in the Provider Data Catalogue's Hospice Provider dataset. The publicly reported version of HCI on Care Compare will only include one final HCI score, while the Provider Data Catalogue datasets will include the final HCI score and scores for the ten indicators.
- Hospice-Level Quality Measurement (QM) reports are in the CASPER folders in QIES and now include Hospice Care Index (HCI) measure data. Calculation of scores from claims. CMS will:
 - Extract claims data to calculate claims-based measures at least 90 days after the last discharge date in the applicable period, which they will use for quality measure calculations and public reporting on care compare.
 - Utilize 2 calendar years of data which is 8 quarters of Medicare claims data.
- CASPER - Hospice Reporting User's Guide
 - CMS updated [Section 4 - Hospice Quality Reporting Program \(v1.05\)](#) in August 2021 to include information about the HCI measure Hospice-Level Quality Measure Report.
- Hospice providers can use the QM Report to learn about their performance with HCI measure and begin efforts to improve quality of care.

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Reference & Manuals

CASPER - Hospice Reporting User's Guide

Dec 18, 2020

- [Cover \(v1.05 posted - 03/2019\)](#)
- [Section 1 - Introduction \(v1.01 posted - 04/2020\)](#)
- [Section 2 - Functionality](#)
- [Section 3 - Hospice Provider Reports \(v1.06 posted 01/2020\)](#)
- [Section 4 - Hospice Quality Reporting Program \(v1.05 posted 08/2021\)](#)
- [Appendix A - Quick Reference \(v1.00 posted 03/2016\)](#)

<https://qtso.cms.gov/providers/hospice-providers/reference-manuals>

⁸ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

Example QM report; HCI measure data



CASPER Report
Hospice-Level Quality Measure Report

Provider ID: 000000
CCN: 000000
Hospice Name: HOSPICE
City/State: TOWN, XX

Report Period - Claims (HCI): 10/01/2017 - 09/30/2019
Data was calculated on: 03/01/2021
Report Run Date: 10/28/2021
Report Version Number: 5.00

Table 3. Claims-based Quality Measure-Hospice Care Index

Hospice Care Index-Measure Overview	
Hospice Observed Score (higher is better)	8 out of 10
National Average	8.9 out of 10
The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.	

Table 3A Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 3A. Hospice Care Index-Provider's Points Earned on Each Indicator and Total HCI Score

Care Indicator Used To Calculate HCI	Provider Points Earned
CHC/GIP Provided (% days)	+1
Gaps in nursing visits (% elections)	+1
Early live discharges (% live discharges)	+1
Late live discharges (% live discharges)	+1
Burdensome transitions, Type 1 (% live discharges)	+1
Burdensome transitions, Type 2 (% live discharges)	+1
Per-beneficiary spending (U.S. dollars \$)	+1
Nurse care minutes per routine home care days (minutes)	+1
Skilled nursing minutes on weekends (% minutes)	0
Visits near death (% decedents)	0
Hospice Care Index Observed Score (out of 10)	8

Illustrative example



CASPER Report
Hospice-Level Quality Measure Report

Technical Details on the Hospice Care Index's Observed Score

Table 3B Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 3B. Hospice Care Index-Hospice Score for Each of the 10 Indicators that Comprise the HCI Observed Score

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	481	24,521	2.0%	0.8%	90	Hospice Score Above 0%	Yes	+1
2	Gaps in skilled nursing visits (% elections)	112	174	64.4%	44.9%	77	Below 90 Percentile Rank	Yes	+1
3	Early live discharges (% live discharges)	5	45	11.1%	7.5%	81	Below 90 Percentile Rank	Yes	+1
4	Late live discharges (% live discharges)	15	45	33.3%	37.4%	40	Below 90 Percentile Rank	Yes	+1
5	Burdensome transitions, Type 1 (% live discharges)	0	45	0.0%	3.5%	37	Below 90 Percentile Rank	Yes	+1
6	Burdensome transitions, Type 2 (% live discharges)	0	45	0.0%	1.2%	59	Below 90 Percentile Rank	Yes	+1
7	Per-beneficiary spending (U.S. dollars \$)	\$3,983,340	541	\$7,363	\$14,572	10	Below 90 Percentile Rank	Yes	+1
8	Nurse care minutes per routine home care days (minutes)	251,070	24,015	10.5	15.9	17	Above 10 Percentile Rank	Yes	+1
9	Skilled nursing minutes on weekends (% minutes)	5,100	251,070	2.0%	9.3%	3	Above 10 Percentile Rank	No	0
10	Visits near death (% decedents)	370	470	78.7%	90.5%	10	Above 10 Percentile Rank	No	0
Hospice Care Index Total Observed Score (out of 10)									8

*The National Score is calculated as the average Hospice Observed Score for all hospices, nationwide.

Illustrative example

CMS Data source for reports: CASPER - Hospice Reporting User's Guide: [Section 4 - Hospice Quality Reporting Program \(v1.05 posted 08/2021\)](#)

CMS Resources:

- Webinar (Aug 31, 2021) [The FY 2022 Hospice Final Rule: What Hospices Need to Know!](#)
- CMS has produced a [YouTube video on the background of the HCI](#)
- CASPER - Hospice Reporting User's Guide: [Section 4 - Hospice Quality Reporting Program \(v1.05 posted 08/2021\)](#)
- [The FY 2022 Hospice Final Rule: What Hospices Need to Know!](#) (Webinar slides, Aug 2021)
- [Hospice Quality Reporting Program Forum QM Manual v1.00 and QM Reports](#) (Webinar slides, Oct 2021)
- [Hospice Quality Reporting Program \(HQRP\) Current Measures](#) (Sep 2021)

Table 1: HCI Indicator Detail⁹

Indicator Description	Numerator	Denominator	Score and Index Earned Point Criterion	Indicator rationale
1. Hospice provided no Continuous Home Care (CHC) or General Inpatient (GIP)	Number of GIP and CHC days	All hospices service days	1 point - earned if the hospice provided at least one CHC or GIP service day within a reporting period	A 2013 Office of the Inspector General (OIG) report ¹⁸ found that 953 hospice programs did not provide any GIP level of care services, and it was unclear if dying patients at such hospices were receiving appropriate pain control or symptoms management (a similar concern exists for hospice services at the CHC level) ¹⁰
2. Gaps in nursing visits greater than 7 days Nursing visit = includes RN and LPN/LVN visits to recognize frequency of skilled nursing visits and to maintain HCI consistency when using revenue code 055X	Number of elections a gap in nursing visits exceeds 7 days	Total number of elections with the hospice. Exclusion: hospice elections where the patient elected hospice for less than 30 days within a reporting period	1 point - earned if the hospice's individual score for gaps in skilled nursing visits greater than 7 days falls below the 90 th percentile ranking among hospices nationally	The OIG has found instances of infrequent visits by nurses to hospice patients ¹¹
4. Live discharges in the first 7 days of hospice	Number of live discharges	Number of live discharges	1 point - earned if the hospice's individual	Prior CMS work identified various concerning patterns of live discharge from hospice. High

⁹ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

¹⁰ Office of Inspector General. (2013). *Medicare Hospice: Use of General inpatient Care*. <https://oig.hhs.gov/oei/reports/oei-02-10-00490.pdf>

¹¹ Office of Inspector General. (2019). *Hospice Deficiencies Pose Risks to Medicare Beneficiaries*. https://oig.hhs.gov/oei/reports/oei-02-17-00020.pdf?utm_source=summarypage&utm_medium=web&utm_campaign=OEI-02-17-00020-PDF

Indicator Description	Numerator	Denominator	Score and Index Earned Point Criterion	Indicator rationale
	within 7 days of hospice admission		percentage of live discharges on or before the seventh day of hospice falls below the 90 th percentile ranking among hospices nationally	rates of live discharge suggest concerns in hospices' care processes, their advance care planning to prevent hospitalizations, or their discharge processes ¹²
5. Live discharges on or after the 180th day of hospice	Number of live discharges after 180 days of hospice enrollment	Number of live discharges	1 point - earned if the hospice's individual hospice score for live discharges on or after the 180th day of hospice falls below the 90th percentile ranking among hospices nationally	The rate of live discharge that occurred 180 days or more after hospice enrollment identifies another potentially concerning pattern of live discharge from hospice. Both indicator three and indicator four of the HCI recognize concerning patterns of live discharge impacting patient experience and quality of care ¹³
5. Burdensome transitions (Type 1), live discharges from hospice followed by hospitalization followed by hospice readmission	Number of live discharges followed by hospital admission, then hospice readmission	Number of live discharges	1 point - earned if the hospice's individual hospice score for Type 1 burdensome transitions falls below the 90th percentile ranking among hospices nationally	This pattern of transitions may lead to fragmented care and may be associated with concerning care processes. Type 1 burdensome transitions may arise from a deficiency in advance care planning to prevent hospitalizations or a discharge process that does not appropriately identify a hospice patient whose conditions are stabilized prior to discharge ¹⁴

¹² Teno J. M., Bowman, J., Plotzke, M., Gozalo, P. L., Christian, T., Miller, S. C., Williams, C., & Mor, V. (2015). Characteristics of hospice programs with problematic live discharges. *Journal of Pain and Symptom Management*, 50, 548-552. doi: 10.1016/j.jpainsymman.2015.05.001.

¹³ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

¹⁴ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

Indicator Description	Numerator	Denominator	Score and Index Earned Point Criterion	Indicator rationale
6. Burdensome transitions (Type 2), live discharges from hospice followed by hospitalization with the patient dying in the hospital	Number of live discharges followed by hospital admission with death in the hospital	Number of live discharges	1 point - earned if the hospice's individual hospice score for Type 2 burdensome transitions falls below the 90th percentile ranking among hospices nationally	Death in a hospital following live discharge in another concerning pattern in hospice use. This pattern of transition may be associated with a discharge process that does not appropriately assess the stability of a hospice patient's conditions prior to live discharge ¹⁵
7. Per beneficiary spending	Total payments received by a provider in a year	Total number of beneficiaries electing hospice with the provider that year	1 point - earned if the hospice's average Medicare spending per beneficiary falls below the 90th percentile ranking among hospices nationally	MedPAC reported that nearly half of Medicare hospice expenditures are for patients that have had at least 180 or more days on hospice, and expressed a concern that some programs do not appropriately discharge patients whose medical condition makes them no longer eligible for hospice services, or, that hospices selectively enroll patients with non-cancer diagnoses and longer predicted lengths of stay in hospice ¹⁶ The other determinant of per-beneficiary spending is the level of care at which services are billed. In a 2016 report, the OIG has expressed concern at the potentially inappropriate billing of GIP care ¹⁷

¹⁵ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

¹⁶ MedPAC. (2020). *Chapter 12: Hospice Services*. http://medpac.gov/docs/defaultsource/reports/mar20_medpac_ch12_sec.pdf

¹⁷ Office of Inspector General. (2016). *Hospices Inappropriately Billed Medicare Over \$250 Million for General Inpatient Care*. <https://oig.hhs.gov/oei/reports/oei-02-10-00491.pdf>

Indicator Description	Numerator	Denominator	Score and Index Earned Point Criterion	Indicator rationale
8. Skilled nursing minutes for RHC days Nursing visit = includes RN and LPN/LVN visits to recognize frequency of skilled nursing visits and to maintain HCI consistency when using revenue code 055X	Total skilled nursing minutes provided by a hospice on all RHC service days within a reporting period	The total number of RHC days provided by a hospice within a reporting period	1 point - earned if the hospice's individual hospice score for Skilled Nursing Minutes per RHC day falls above the 10th percentile ranking among hospices nationally	Medicare Hospice CoPs require a member of the interdisciplinary team to ensure ongoing assessment of patient and caregiver needs. ¹⁸ Nursing services require initial and ongoing assessment of patient family needs to ensure the successful preparation, implementation, and refinements for the plan of care. This also includes patient and caregiver education and training as appropriate to their responsibilities for the care and services identified in the plan of care. ¹⁹
9. Skilled nurse visits on weekends Nursing visit = includes RN and LPN/LVN visits to recognize frequency of skilled nursing visits and to maintain HCI consistency when using revenue code 055X	Sum of minutes during nursing visits on Saturdays or Sundays	Total skilled nursing minutes during RHC service days	1 point - earned if the hospice's individual hospice score for percentage of skilled nursing minutes provided during the weekend is above the 10th percentile ranking among hospices nationally	Hospice federal regulations at §418.100(c)(2) require that "nursing services, physician services, and drugs and biologicals...be made routinely available on 24-hour basis seven days a week". ²⁰ Patterns of variation across providers could signal less service provider availability and access for patients on weekends. Thus, the HCI includes this indicator to further differentiate whether care is available to patients on weekends. ²¹

¹⁸ See Condition of participation: Interdisciplinary group, care planning, and coordination of services, Title 42, Chapter IV, Subchapter B, Part 418, §418.56 (https://www.ecfr.gov/cgi-bin/textidx?rgn=div5;node=42%3A3.0.1.1.5#se42.3.418_156) and Condition of participation: Hospice aide and homemaker services, Title 42, Chapter IV, Subchapter B, Part 418, §418.76 (https://www.ecfr.gov/cgi-bin/textidx?rgn=div5;node=42%3A3.0.1.1.5#se42.3.418_176).

¹⁹ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

²⁰ See §418.100 (https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A3.0.1.1.5#se42.3.418_1100).

²¹ Centers for Medicare and Medicaid Services. (2021, Aug 4). Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements. Retrieved on 10/4/2021 from: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

Indicator Description	Numerator	Denominator	Score and Index Earned Point Criterion	Indicator rationale
<p>10. Visits in the last days of life</p> <p>Nursing visit = Visits by RN, LPN/LVN and nurse practitioners (unless the nurse practitioner is acting as the beneficiary's attending physician) are reported under revenue code 055x</p>	The number of deceased beneficiaries receiving a visit by a skilled nurse or social worker for the hospice in the last 3 days of the beneficiary's life within a reporting period	The number of beneficiaries with at least 1 day of hospice during the last 3 days of life within a reporting period	1 point - earned if the hospice's individual hospice score for percentage of decedents receiving a visit by a skilled nurse or social worker in the last 3 days of life falls above the 10th percentile ranking among hospices nationally	The end of life is typically the period in the terminal illness trajectory with the highest symptom burden. Particularly during the last few days before death, patients (and caregivers) experience many physical and emotional symptoms, necessitating close care and attention from the hospice team and drawing increasingly on hospice team resources. ^{22,19,20} Physical symptoms of actively dying can often be identified within three days of death in some patients. ²¹

²² de la Cruz, M., et al. (2015). Delirium, agitation, and symptom distress within the final seven days of life among cancer patients receiving hospice care. *Palliative & Supportive Care*, 13(2): 211-216. doi: 10.1017/S1478951513001144.

¹⁹ Dellon, E. P., et al. (2010). Family caregiver perspectives on symptoms and treatments for patients dying from complications of cystic fibrosis. *Journal of Pain & Symptom Management*, 40(6): 829-837. doi: 10.1016/j.jpainsymman.2010.03.024.

²⁰ Kehl, K. A., et al. (2013). A systematic review of the prevalence of signs of impending death and symptoms in the last 2 weeks of life. *American Journal of Hospice & Palliative Care*, 30(6): 601-616. doi: 10.1177/1049909112468222.

²¹ Hui D et al. (2014). Clinical Signs of Impending Death in Cancer Patients. *The Oncologist*. 19(6):681-687. doi:10.1634/theoncologist.2013-0457.