Measure Title: Percentage of Patients who Died with Cancer Enrolled in Hospice For at Least 3 Days Immediately Before Death	
Measure Description:	Percentage of patients, aged 18 years and older, who died with cancer and were enrolled in hospice for at least 3 days immediately before death.
Denominator	Patients, 18 years and older, who died with cancer **Denominator Criteria (Eligible Cases):** 1) Patients aged ≥ 18 years at the start of the measurement period: (Start Date of the Measurement Period minus Date of Birth) ≥ 18 years **AND** 2) At least two outpatient encounters that meet the following criteria: 2a) Place of Service: 02, 05, 07, 10, 11, 19, 22, 49, 50, 71, 72 **AND** 2b) Professional Service code: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99495, 99496, 99441, 99442, 99443 *(NOTE: Encounters coded with telehealth modifier GQ, GT, or 95 are allowed for both visits.)* **AND** 2c) Service Date <during Measurement Period> **AND** 2d) Diagnosis code for Cancer *(See tab "CancerDx" in "EOLMeasures_Coding" file)* **AND** 3) Date of death <during Measurement Period> **Guidance:** For physician/group reporting, attribution of patients to an oncology practice is based on the presence of at least two outpatient visit claims for the patient with that practice. The two outpatient encounters required in the denominator are outpatient visits that occur on different calendar days. To be eligible in the denominator, patients must have continuous coverage during the measurement period. A cancer diagnosis code must appear within the top 3 diagnosis positions on an outpatient visit claim that meets the denominator encounter requirement.
Denominator Exclusions:	None
Numerator:	Patients enrolled in hospice for at least 3 days immediately before death **NUMERATOR CRITERIA:** Hospice type of bill: 811- Special Facility Hospice (Non-Hospital based) Admit through Discharge 821- Special Facility Hospice (Hospital-based) Admit through Discharge 814- Special Facility Hospice (Non-Hospital based) Discharge claim 824- Special Facility Hospice (Hospital-based) Discharge claim **AND**

	Most Recent Hospice End Date is blank ***OR*** ***Most Recent*** Hospice End Date ≥ Date of Death **AND** (Date of death minus ***Most Recent*** Hospice Beginning Date) ≥ 3 days **NOTE:** If two periods of hospice enrollment are consecutive (i.e. if the End Date for one period of enrollment coincides with, or immediately precedes, the Beginning Date of another period of hospice enrollment), then treat the two enrollment periods as a single enrollment period. Similarly, if two periods of hospice enrollment overlap, treat them as a single period of enrollment starting with the earlier Beginning Date and ending with the later Ending Date. Patients should be currently enrolled in hospice on date of death.
Denominator Exceptions	Patients not enrolled in hospice due to 1) receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant (transplant status) in the last 60 days of life, or 2) receipt or in process of receipt of CAR T cell therapy in the last 60 days of life **NOTE:** The above treatments are not covered in hospice, but may be appropriate for select patients at the end of life. OR Patients given hydroxyurea or BTK inhibitors. **NOTE:** Hydroxyurea and BTK inhibitors may be inappropriate to withdraw at the end of life and/or are used for palliative purposes, however these are not covered by hospice. **Denominator Exceptions Criteria:** **AND NOT (No occurrence of Hospice type of bill on or before death)** Hospice type of bill: 811- Special Facility Hospice (Non-Hospital based) Admit through Discharge 821- Special Facility Hospice (Hospital-based) Admit through Discharge 814- Special Facility Hospice (Non-Hospital based) Discharge claim 824- Special Facility Hospice (Hospital-based) Discharge claim **AND** Receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant (transplant status) Code: *(See tab "BoneMarrowStemCellTransplant" in "EOLMeasures_Coding" file)* **AND** Service/Procedure Date or Claim from Date (for ICD-10-CM transplant status code) **AND** (Date of death minus Service/Procedure Date or Claim from Date) < 60 days **OR** Receipt or in process of receipt of CAR T cell therapy Code: *(See tab "CARTCellTx" in "EOLMeasures_Coding" file)* **AND**

	Service/Procedure Date **AND** (Date of death minus Service/Procedure Date) < 60 days **OR** Receipt of hydroxyurea or BTK inhibitors Code: *(See tab "HydroxyureaBTKInhibitors" in "EOLMeasures_Coding" file)* **AND** Date Last Filled **AND** (Date of death minus Date Last Filled) < 60 days
Interpretation of Score:	Better quality is associated with a higher score
Risk Adjustment:	None