Measure Title: Percentage of Patients who Died with Cancer with More Than One Hospitalization, in an Acute Care Hospital or Critical Access Hospital, in the Last 30 Days of Life *(lower score – better)*	
Measure Description:	Percentage of patients, aged 18 years and older, who died with cancer with more than one hospitalization, in an acute care hospital or critical access hospital, in the last 30 days of life.
Denominator	Patients, aged 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")* **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 who had more than one hospitalization in an acute care hospital or critical access hospital in the last 30 days of life **Numerator Criteria:** At least two hospital admissions that meet the following criteria: Type of Bill: 111- Hospital Inpatient (Including Medicare Part A) admit through discharge 121- Hospital Inpatient (Medicare Part B Only) admit through discharge 851- Specialty Facility Critical Access Hospital: admit through discharge **AND** Hospital Admission Date <during Measurement Period> **AND** Hospital Type of Acute Care Hospital or Critical Access Hospital: Provider Transaction Access Number (PTAN) 3rd digit of 0 OR 3rd and 4th digit of 13 **AND** Hospital Admission Date in the last 30 days of life: (Date of death minus Hospital Admission Date) < 30 days
Numerator Exclusions:	Do not count transfers from another acute care facility or overlapping stays as a second hospital admission. Transfer from another acute care facility: Point of Origin code 4 or Admission Date equal to another qualifying event Discharge Date **OR** Overlapping stays: Admission Date between Admission Date and Discharge Date of another qualifying event.

Denominator Exceptions:	Patients with more than one hospitalization, in an acute care hospital or critical access hospital, due to complications from 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 **Denominator Exceptions Criteria:** Receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant 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
Interpretation of Score:	Better quality is associated with a lower score
Risk Adjustment:	None

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