



Hospice Quality Reporting Program Provider Training



Hospice Quality Reporting Program (HQRP) Data Submission and Requirements

Presenters: Brenda Karkos, Debra Dean-Whittaker, and Debra Weiland

Date: May 30, 2018

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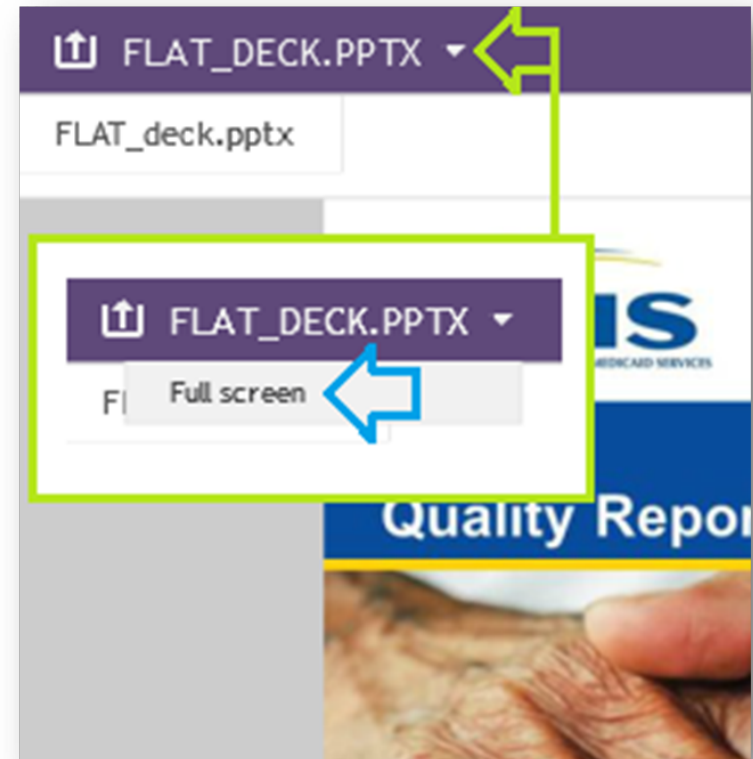
How to Download the Handout Materials

- Training materials can be downloaded from the **Downloads** section of the Hospice Quality Reporting Program Training page at the following URL:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Announcements-and-Registration.html>
- The Downloads section is at the bottom of the Training web page



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Knowledge Check Questions

- During this presentation, you will be asked to respond to questions that test your knowledge of the material presented
- When prompted with a question, review the options offered and select your answer
- Once you select your answer, it will automatically be submitted for you
- Following a brief pause, the presenter will review the correct responses and rationale for each question



Polling Question

How many people (including you) are participating in this webinar together?

- A. Just me—I am the only one participating
- B. Two people
- C. Three or four people
- D. Five or more people



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Today's Presenters



Brenda Karkos, M.S.N., M.B.A., R.N.
Associate-Nurse Researcher
Abt Associates



Debra Dean-Whittaker, Ph.D.
Contracting Officer's Representative for the CAHPS®
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Today's Presenters (cont.)



Debra Weiland, B.S.N., R.N., RAC-CT
Nurse
Centers for Medicare & Medicaid Services



Acronyms in This Presentation

- Annual Payment Update (APU)
- Assessment Submission and Processing (ASAP)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Final Validation Report (FVR)
- Fiscal year (FY)
- Hospice Item Set (HIS)
- Hospice Quality Reporting Program (HQRP)
- National Quality Forum (NQF)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Measure (QM)
- Validation Report (VR)



Objectives

- Upon completion of the training, participants will be able to:
 - Summarize the Hospice Quality Reporting Program (HQRP) and the submission requirements
 - Explain the hospice information that is now being publicly reported
 - Describe the available Hospice Provider Preview reports, including:
 - The Hospice Item Set (HIS)-based reports
 - The Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Provider Preview report



Objectives (cont.)

- You will also be able to:
 - Explain how to locate reports in Certification and Survey Provider Enhanced Reports (CASPER) reporting system, including the new reports
 - Demonstrate how to investigate patient- and agency-level information included in the hospice reports using CASPER user-generated reports
 - Locate resources available to support providers with using the new reports, including who to contact with questions/concerns



HQRP and Submission Requirements

What is the HQRP?

- The HQRP promotes the delivery of person-centered, high-quality, and safe care by hospices
- The Centers for Medicare & Medicaid Services (CMS) have adopted measures that were recommended by multi-stakeholder organizations and developed with the input of providers, payers, and other stakeholders



HQRP Requirements

- Currently, there are two requirements for the HQRP:
 - HIS data collection and submission
 - CAHPS® Hospice Survey submission
- All Medicare-certified hospice providers must comply with these two reporting requirements



The HQRP



HQRP Compliance and the Annual Payment Update (APU)

- It is the act of submitting data and the acceptance of that data that determines compliance
- Failure to comply with the HQRP requirements will result in a 2-percentage-point reduction in the APU
- Failure to comply also effects your results on Hospice Compare



HIS Submission Requirements

- All Medicare-certified hospice providers are required to submit:
 - HIS-Admission records
 - HIS-Discharge records
- HIS data are collected and submitted on ALL patient admissions, regardless of the payer, patient's age, or location of the receipt of hospice services
- The information captured includes items used in the calculation of eight National Quality Forum (NQF)-endorsed quality measures (QMs)



Two Datasets: HIS-Admission and HIS-Discharge

HIS-Admission

Section A: Administrative Information

Section F: Preferences

Section I: Active Diagnoses

Section J: Health Conditions

Section N: Medications

Section Z: Record Administration

HIS-Discharge

Section A: Administrative Information

Section O: Service Utilization

Section Z: Record Administration

Knowledge Check 1

How many days after a hospice admission must the Admission-HIS data be submitted and accepted?

- A. 14 days
- B. 10 days
- C. 30 days
- D. 90 days



Knowledge Check 1 (cont.)

How many days after a hospice admission must the Admission-HIS data be submitted and accepted?

- A. 14 days
- B. 10 days
- ✓ C. 30 days
- D. 90 days



HIS Submission Requirements

HIS Records From	Submission Threshold	Reporting Year
1/1/18 to 12/31/18 and beyond	90%	Fiscal year (FY) 2020 and beyond



HQRP APU FY 2018: Successful Providers

- CMS has published a list of hospice providers who successfully met the reporting requirements after all reconsideration requests have been processed
- This report will be updated on an annual basis
- The list is available at the following link:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Hospice-QRP-FY-2018-APU-Compliant-List-Updated-12-18-17-.pdf>



HQRP Non-Compliance Letters

- Noncompliant providers receive notification from CMS via an HQRP Non-Compliance Letter that CMS sends both by U.S. Postal Service and via the CASPER system
- The CASPER letter also identifies why the provider is noncompliant
- Providers need to check their CASPER folder to determine whether their hospice received this letter
- The day that CMS sends the letter begins the 30-day reconsideration request period



CAHPS[®] Hospice Survey

- The CAHPS[®] Hospice Survey measures the experiences that patients and their caregivers have with hospice care
- National implementation of the CAHPS[®] Hospice Survey began January 1, 2015
- The goals of the survey are to:
 - Produce comparable data on patients' and caregivers' perspectives of care
 - Create incentives for hospices to improve the quality of care through the public reporting of survey results
 - Hold hospice providers accountable by informing the public about their quality of care



CAHPS® Hospice Survey (cont.)

- The CAHPS® Hospice Survey is composed of 47 questions and is available in several languages
- Survey administration begins 2 months following the month of a patient's death
- The survey is administered to the primary informal caregiver of those who died while receiving hospice care
- In general, all Medicare-certified hospices must participate monthly in the CAHPS® Hospice Survey in order to receive their full APU



Public Reporting

Public Reporting of Hospice Quality Data

- It is required that QMs relating to care provided by hospice programs be reported on a CMS website
- The Hospice Compare website includes quality data for:
 - HIS-based measure results
 - Results from the CAHPS[®] Hospice Survey

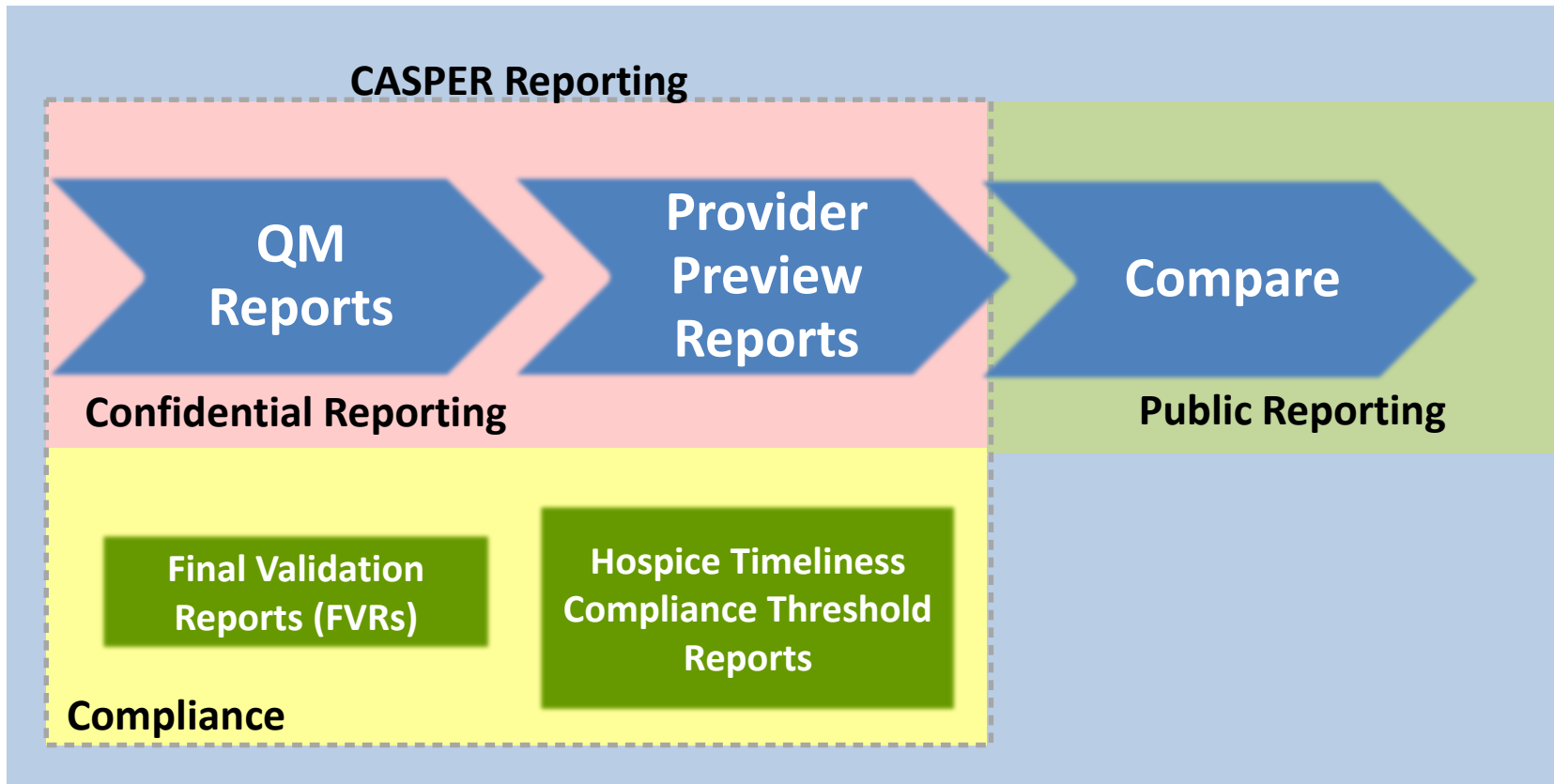


Public Reporting of Hospice Quality Data (cont.)

- The CMS Hospice Compare website provides valuable information regarding the quality delivered by Medicare-certified hospice agencies throughout the Nation
- Consumers can now use this to search for:
 - All Medicare-approved hospice providers serving their city or ZIP Code
 - Provider quality information:
 - HIS-based quality measure results
 - CAHPS® Hospice Survey results



Hospice Quality Reporting



Public Reporting of Hospice Quality Data

- Individual scores for seven QMs are publicly available
- Hospices with a QM denominator size of fewer than 20 patient stays (based on 12 rolling months of data) do not have the QM score publicly displayed, since a score on the basis of such a small denominator size may not be reliable
- CMS will continue to monitor QM performance and reportability and will adjust public reporting methodology in the future, if needed



Publicly Reported HIS-Based QMs

1. Treatment Preferences (NQF #1641)
2. Beliefs/Values Addressed (If Desired by the Patient) (NQF #1647)
3. Pain Screening (NQF #1634)
4. Pain Assessment (NQF #1637)
5. Dyspnea Screening (NQF #1639)
6. Dyspnea Treatment (NQF #1638)
7. Patients Treated With an Opioid Who Are Given a Bowel Regimen (NQF #1617)

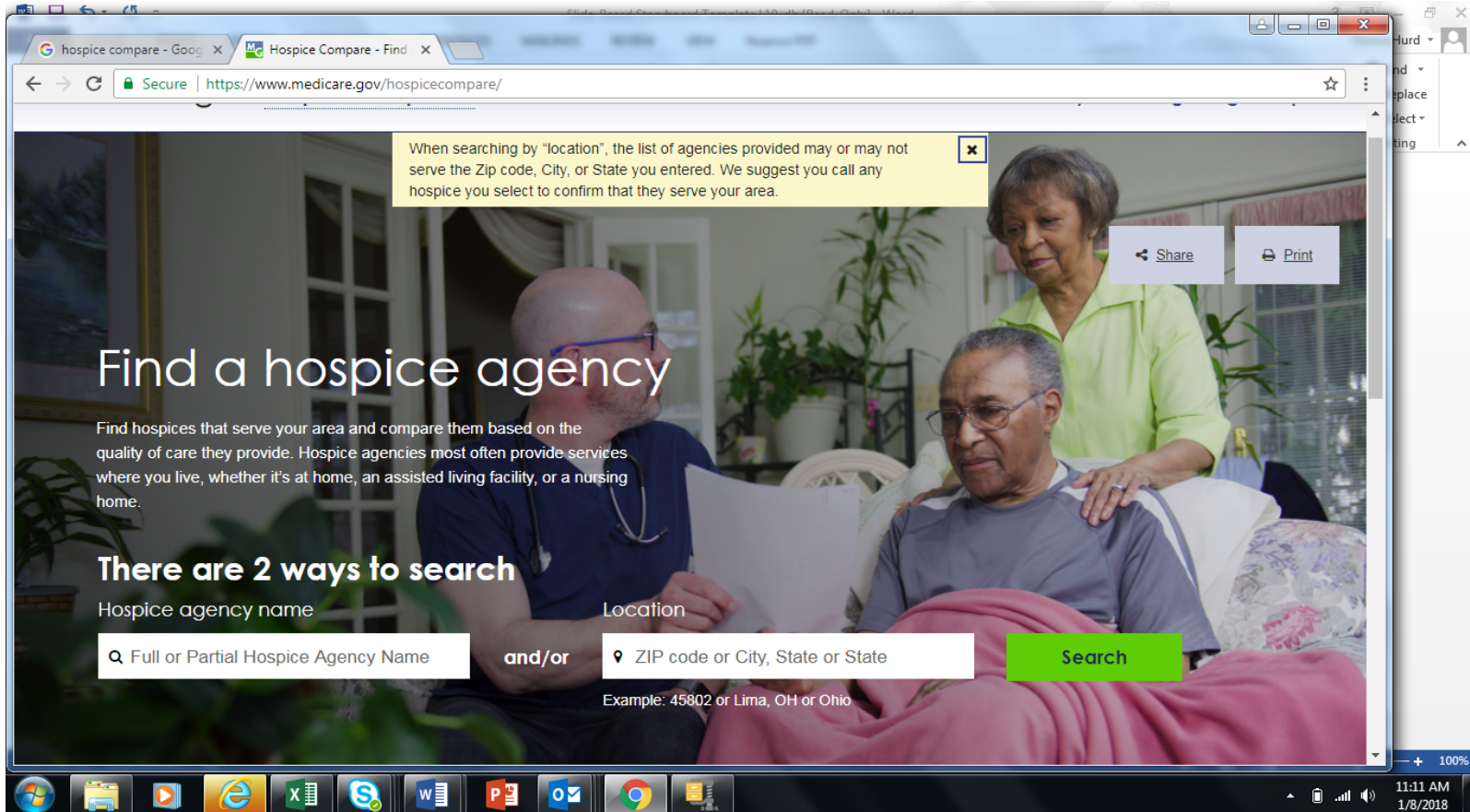


Publicly Reported CAHPS® QMs

1. Communication with family
2. Getting timely help
3. Treating patient with respect
4. Emotional and spiritual support
5. Help for pain and symptoms
6. Training family to care for patient
7. Rating of this hospice
8. Willing to recommend this hospice



Compare Website



Hospice Website Information

- On Data.Medicare.gov, one can find a list of all Medicare-certified hospice agencies. This includes:
 - Addresses, phone numbers, dates of original CMS certification, and additional demographic data for each agency
- Compare websites are:
 - Available via the “Quality, planning, & compare tools” button on <https://www.Medicare.gov>, or
 - Linked from <https://Data.Medicare.gov>



Overview of CASPER Reports

CASPER Reports

- Give an overview of the reports one can find in the CASPER Reporting application
- Details re: each report, how to use them, and related screenshots are listed in the following slides



CASPER

- There are many valuable reports in CASPER
 - Accessed by selecting the CASPER Reporting link on the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers webpage
 - The hospice-specific reports reviewed in this presentation are located in the Hospice Provider and Hospice Quality Reporting Program report categories in CASPER



The CASPER Reporting User's Guide

- The CASPER Reporting User's Guide For Hospice Providers is available at <https://www.qtso.com/hospicetrain.html>
- Chapter 3 of the guide outlines all reports available via the Hospice Provider report category



Hospice Provider Reports

Skip navigation links [Skip to Content](#)

CASPER (DEV 01) Reports [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report Categories

Hospice Provider
Hospice Quality Reporting Program

Hospice Provider

- [HIS Record Error Detail by Provider](#)
 - Error Detail by Provider
- [HIS Record Errors by Field by Provider](#)
 - Errors by Field by Provider
- [HIS Records with Error Number XXXXX](#)
 - Records with Error Number XXXXX
- [Hospice Admissions](#)
 - Admissions
- [Hospice Discharges](#)
 - Discharges
- [Hospice Error Number Summary by Provider by Vendor](#)
 - Error Number Summary by Provider by Vendor
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- [Hospice Item Set Print](#)
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- [Hospice Item Set Submission Statistics by Provider](#)
 - Submission Statistics by Provider
- [Hospice Item Sets Submitted](#)
 - Item Sets Submitted
- [Hospice Roster](#)
 - Roster
- [Hospice Submitter Final Validation](#)
 - Submitter Final Validation
- [Hospice Timeliness Compliance Threshold Report](#)
 - Timeliness Compliance Threshold Report

Pages **[1]**

Enter Criteria To Search For A Report: [Search](#)
(Hint: Leave blank to list all reports)



Error Reports

- There are four types of error reports:
 - HIS Record Error Detail by Provider
 - HIS Record Errors by Field by Provider
 - HIS Records with Error Number XXXXX
 - Hospice Error Number Summary by Provider by Vendor



HIS Record Errors by Field by Provider Report

- Shows, by error number, the number of HIS records where the error was encountered and the percent of HIS records with the error during the specified timeframe
- Helps identify potential issues requiring further research, such as submission timeliness and HIS field inconsistencies



HIS Record Errors by Field by Provider Report (cont.)

Run Date: 05/02/2018

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CASPER Report (NV) HIS Record Errors by Field by Provider from 10/01/2016 thru 09/30/2017

CCN: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Message Type: Fatal and Warning

Total HIS Records Submitted: 82

Error Num	Error Message	HIS Item(s)	Number of HIS Records	Percent of HIS Records
-3034a	Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.	A0250, Submission Date, A0220	17	20.73
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	Death Date	9	10.98
-3077	Inconsistent N0500A/N0510A/J0905 Values: If N0500A is equal to 1 or N0510A is equal to 1, and J0905 is equal to 0, then J0905 should be equal to 1 if opioids were used to treat pain.	N0500A, N0510A, J0905	7	8.54
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	Facility ID (FAC_ID), A0700	6	8.20
-907	Duplicate Record: The submitted record is a duplicate of a previously accepted record.	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	3	3.33

This report may contain privacy protected data and should not be released to the public.



HIS Records With Error Number XXXXX Report

- User-requested, on-demand report in CASPER “Hospice Provider” report category
- Provides, for up to five specified error numbers, a list of HIS records submitted with those errors
- Run report for errors -3034a and -3034b to determine list of HIS records submitted late
- Assists you in researching cause of late submissions



HIS Records With Error Number XXXXX Report (cont.)

Run Date: 05/02/2018

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CASPER Report
(NV) HIS Records with Error Number -3034a, -3034b
from 10/01/2016 thru 09/30/2017

CCN: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Error Number: -3034a

Error Message: Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.

Submission Date	Last Name	First Name	HIS ID	HIS Item(s)	Submitted Data
03/17/2017	GRACE	GRACE	8002034	A0250, Submission Date, A0220	01, 03/17/2017, 01/14/2017
03/17/2017	CONTRARY	MARY	8002048	A0250, Submission Date, A0220	01, 03/17/2017, 02/01/2017
03/17/2017	PATIENT	LONELY	8002910	A0250, Submission Date, A0220	01, 03/17/2017, 01/14/2017
07/12/2017	SEVEN	PATIENT	9113772	A0250, Submission Date, A0220	01, 07/12/2017, 06/06/2017
07/12/2017	SIX	PATIENT	9113783	A0250, Submission Date, A0220	01, 07/12/2017, 06/09/2017
07/12/2017	FIVE	PATIENT	9113774	A0250, Submission Date, A0220	01, 07/12/2017, 06/08/2017
07/12/2017	FOUR	PATIENT	9113779	A0250, Submission Date, A0220	01, 07/12/2017, 06/06/2017
07/12/2017	BIRD	TWEETIE	9113781	A0250, Submission Date, A0220	01, 07/12/2017, 06/07/2017
07/12/2017	DOG	KITTY	9113773	A0250, Submission Date, A0220	01, 07/12/2017, 06/09/2017
07/14/2017	DOLL	BARBIE	9145911	A0250, Submission Date, A0220	01, 07/14/2017, 04/17/2017

This report may contain privacy protected data and should not be released to the public.



HIS Record Error Detail by Provider Report

- The HIS Record Error Detail by Provider report
 - Details, by HIS ID, the errors encountered in HIS records submitted during a specified period
- The Hospice Error Number Summary by Provider by Vendor report
 - Summarizes the errors encountered in HIS records submitted by or on behalf of the provider during a specified period



HIS Record Error Detail by Provider Report (cont. 1)

[Skip navigation links](#)

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HIS Record Error Detail by Provider

Date Criteria:

from (mm/dd/yyyy):

thru (mm/dd/yyyy):

Template Folder: Submit Back

Template Name: Save & Submit Save



HIS Record Error Detail by Provider Report (cont. 2)

Run Date: 05/02/2018

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CASPER Report
(NV) HIS Record Error Detail by Provider
from 10/01/2016 thru 09/30/2017

CCN: 123456
 Provider Name: GREAT HOSPICE
 Provider City: ANYWHERE

HIS ID: 8002038
 Submission Date: 03/17/2017

Error Num	Error Message	Error Type	HIS Item(s)	Data Submitted
-907	Duplicate Record: The submitted record is a duplicate of a previously accepted record.	FATAL	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	1, 7487160, 1209811

HIS ID: 8002040
 Submission Date: 03/17/2017

Error Num	Error Message	Error Type	HIS Item(s)	Data Submitted
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	WARNING	Facility ID (FAC_ID)	Old: 1130 New: 294467
-3034b	Record Submitted Late: If A0250 is equal to 09 (Discharge), then Submission Date minus A0270 (Discharge Date) should be less than or equal to 30 days.	WARNING	A0250, Submission Date, A0270	09, 03/17/2017, 01/14/2017

This report may contain privacy protected data and should not be released to the public.



Hospice Error Number Summary by Provider by Vendor Report

- This report contains the following fields:
 - Vendor Name: Name of software vendor
 - Vendor Email: Email of software vendor
 - Error Number: Error number encountered in the QIES Assessment Submission and Processing (ASAP) system
 - Error Message: Description of the error (fatal errors and/or warnings)
 - Number of Errors: The count of the number of assessments with the error
 - Percentage of HIS records with the error



Hospice Error Number Summary by Provider by Vendor Report (cont.)

Run Date: 05/02/2018 Page 1 of 1

CASPER Report
(NV) Hospice Error Number Summary by Provider by Vendor
from 10/01/2016 thru 09/30/2017

Facility ID: 123456
 Provider Name: GREAT HOSPICE
 Provider City: ANYWHERE

Vendor Name: MUMMS SOFTWARE
 Vendor E-mail: cpc-his@mumms.com

Error #	Error Message	# of Errors	% of HISs with the Error
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	289	64.08
-3077	Inconsistent N0500A/N0510A/J0905 Values: If N0500A is equal to 1 or N0510A is equal to 1, and J0905 is equal to 0, then J0905 should be equal to 1 if opioids were used to treat pain.	39	8.65
-3034a	Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.	15	3.33
-907	Duplicate Record: The submitted record is a duplicate of a previously accepted record.	15	3.33
-909	Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.	8	1.77
-3034b	Record Submitted Late: If A0250 is equal to 09 (Discharge), then Submission Date minus A0270 (Discharge Date) should be less than or equal to 30 days.	3	0.67
-3005	Incorrect Format: If the first character is numeric (0 - 9), then the first 9 characters must be numeric (0 - 9).	2	0.44
-3017	Invalid Format: Only numeric characters 0 - 9, letters A - Z, letters a - z, dash (-), at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), and embedded spaces are valid for this item.	2	0.44
-3048	Inconsistent J Items: If J2040A is equal to 2, then at least one active item from J2040C1 through J2040C4 must equal 1 or dash (-).	2	0.44

Provider Total Errors = 377

This report may contain privacy protected data and should not be released to the public.



Hospice Admissions and Discharges Reports

- For details regarding patients who were admitted or discharged within a specific period:
 - The Hospice Admissions report lists only patients with an accepted HIS Admission submitted with an admission date within the specified period
 - The Hospice Discharges report lists only patients with an accepted HIS Discharge submitted with a discharge date within the specified period



Hospice Admissions Report

Run Date: 01/21/2014

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CASPER Report (TX) Hospice Admissions from 10/01/2014 thru 10/04/2014

Facility ID: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Patient ID	Patient Name	SSN	DOB	Gender	Admission Date	Submission Date
28884787	TC30462_10S, TOM	999-01-2364	04/15/1956	F	10/01/2014	10/05/2014
28884808	TC30462_17S, TOM	999-01-2385	04/15/1956	F	10/01/2014	10/05/2014

Total Number of Admissions: 2

This report may contain privacy protected data and should not be released to the public.



Hospice Discharges Report

Run Date: 05/02/2018

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CASPER Report (NV) Hospice Discharges from 10/01/2016 thru 09/30/2017

Facility ID: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Patient ID	Patient Name	SSN	DOB	Gender	Discharge Date	Submission Date
22222222	BOOP, BETTY	999-99-9999	08/13/1929	F	12/22/2016	01/09/2017
33333333	BOPPITY, BIPPITY	999-99-9999	09/09/1940	M	11/88/2016	12/12/2016
44444444	BUNCH, BRADY	999-99-9999	02/05/1943	F	05/22/2017	05/28/2017
77777777	CONTRARY, MARY	999-99-9999	06/29/1931	F	02/09/2017	02/27/2017
88888888	CORDUROY, RED	999-99-9999	02/03/1936	M	10/12/2016	11/10/2016

Total Number of Discharges = 5

This report may contain privacy protected data and should not be released to the public.




The Hospice FVR

- The Hospice FVR provides detailed information about the status of the select submission files
 - Indicates whether the records submitted in each file were accepted or rejected and details the fatal error and warning messages encountered
 - Is auto-generated for each submission and placed in your provider's Validation Report (VR) folder in CASPER
 - Is automatically purged from the VR folder after 60 days
 - It can be user-generated upon request



The Hospice FVR (cont.)

		CMS Submission Report Hospice Final Validation Report	Run Date: 05/02/2018 Page 1 of 1
Submission Date/Time:	09/06/2017 09:29:11		
Submission ID:	2043427		
Submitter User ID:	HOSPC0099999		
Submission File Name:	123456-2017-09-06_09-24-30.zip		
Submission File Status:	Completed		
Processing Completion Date/Time:	09/06/2017 09:34:01		
FAC_ID:	123456		
Provider Name:	GREAT HOSPICE		
Provider CCN:	123456		
State Code:	CA		
# Records Processed:	2		
# Records Accepted:	2		
# Records Rejected:	0		
# Duplicate Records:	0		
# Records Submitted Without Provider Authority:	0		
Total # of Messages:	1		

Record: 1	Accepted
Name (A0500C, A): BOOP, BETTY	Birth Date (A0900): 03/13/1937
SSN (A0600A): 999-99-9999	Gender (A0800): F
Medicare Num:(A0600B): 999999999A	Patient ID: 22222222
Target Date: 08/19/2016	Type of Record (A0050): NEW RECORD
HIS_ID: 9999999	Reason for Record (A0250): 09
XML File Name:	-34254-Death-2016-08-19.xml
HIS Item(s):	Death Date
Data Submitted:	Old: New: 08/18/2016
Message Number:	-915 WARNING
Message:	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.

This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.




The Hospice Item Set Print Report

- The Hospice Item Set Print report:
 - Lists the item and item responses submitted for a select HIS record
 - Can be requested only for HIS records accepted into ASAP
 - Allows for easy viewing of the values submitted for the HIS item in the record



The Hospice Item Set Print Report (cont.)



CASPER Report
Hospice Item Set Print

Print Date: 06/02/2018
Page 1 of 3

State: CA
 Facility ID (FAC_ID): 123456
 Provider Name: GREAT HOSPICE
 Patient Name: BIRD, TWEETIE
 Item Set ID: 11756186
 ISC: HD - HOSPICE: DISCHARGE

SECTION A: Administrative Information

A0050	Type of record	1 - Add new record
A0100A	Facility National Provider Identifier (NPI)	999999999
A0100B	Facility CMS Certification Number (CCN)	123456
A0220	Admission date	02/13/2018
A0250	Reason for record	09 - Discharge
A0270	Discharge date	04/29/2018
A0500A	Patient first name	TWEETIE
A0500B	Patient middle initial	^
A0500C	Patient last name	BIRD
A0500D	Patient name suffix	^
A0600A	Social Security Number	999999999
A0600B	Patient Medicare/railroad insurance number	999999999A
A0700	Patient Medicaid number	N
A0800	Gender	2 - Female
A0900	Birthdate	06/02/1922
A2115	Reason for discharge	01 - Expired

SECTION Z: Record Administration

Z0500B	g record completion	04/30/2018
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Additional Items

ASSESSMENT ID	Assessment internal ID	99999999
BIRTHDATE SUBMIT CODE	Birth date submit code	S - Full date submitted
CRCTN NUM	Correction number	0
C CCN NUM	Calculated Facility CMS Certification Number (CCN)	123456
HICN MBI IND	HICN or MBI Indicator	H
ORIGINAL ASSESSMENT ID	Original assessment ID	99999999
RESIDENT AGE	Age of resident on the target date	95
RESIDENT INTERNAL ID	Resident internal ID	27702357
RESIDENT MATCH CRITERIA	Resident matching criteria	1
SUBMISSION DATE	Submission date	05/01/2018
SUBMISSION ID	Submission ID	2045159
TARGET DATE	Target date	04/29/2018

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.



The Hospice Item Set Submission Statistics by Provider Report

- The Hospice Item Set Submission Statistics by Provider report:
 - Summarizes the submissions made during a specified period
 - Can be used to identify submissions for a specified period and statistics per submission
 - Allows electronic compilation of information that would otherwise have to be manually retrieved from individual FVRs



The Hospice Item Set Submission Statistics by Provider Report (cont.)

Run Date: 06/02/2018

Page 1 of 1

CASPER Report (CA) Hospice Item Set Submission Statistics by Provider from 01/01/2017 thru 12/31/2017

Facility ID: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Submission Date / Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Percent Rejected
11/16/2017 19:34:25	11111	25	0	25	0
09/22/2017 19:31:57	22222	10	10	0	100
08/20/2017 18:13:20	33333	50	0	50	0
01/05/2017 15:44:05	44444	15	0	15	0
Totals:		100	10	90	10

This report may contain privacy protected data and should not be released to the public.



Hospice Item Sets Submitted

- The Hospice Item Sets Submitted report lists the accepted HIS records and inactivation requests that were submitted by or on behalf of a provider during a specified period



Hospice Item Sets Submitted (cont.)



Run Date: 05/02/2018

Page 33 of 33

CASPER Report (SC) Hospice Item Sets Submitted from 01/01/2017 thru 12/31/2017

Facility ID: 123456
Provider Name: GREAT HOSPICE
Provider City: ANYWHERE

Patient ID	Patient Name	SSN	Medicare Num	DOB	Gender	HIS Reason	Target Date	Submission Date	Type Rec	Corr Num
78787878	FROG, KERMIT	999-99-9999	999999999A	10/15/1931	M	01 - Adm	03/30/2017	04/06/2017	New	00
23232323	DALMATION, SPOT	999-99-9999	999999999A	09/03/1935	M	01 - Adm	04/06/2017	04/13/2017	New	00
45454545	DOLL, BARBIE	999-99-9999	999999999A	02/20/1931	F	01 - Adm	10/06/2017	10/13/2017	New	00

This report may contain privacy protected data and should not be released to the public.



Hospice Roster Report

The Hospice Roster report:

- Lists all patients on record for your hospice for whom the most recent accepted HIS record is not a discharge record (all active patients)
- Lists patients in the hospice on the day the report is run
- Includes only those patients in the hospice for whom the latest accepted HIS record is not a Discharge record



Hospice Roster Report (cont. 1)

- Can be used as a quality assurance tool to ensure that all current patients have a HIS Admission record and that all discharged patients have a HIS-Discharge record in ASAP
- Helps you verify that all of your current patients have had their appropriate HIS-Admission record accepted, and that all discharged patients no longer display to verify that their discharge record has been submitted



Hospice Roster Report (cont. 2)



Run Date: 02/20/2017

Page 1 of 1

CASPER Report (IA) Hospice Roster Report

CCN: 123456
 Facility ID: 123456
 Provider Name: GREAT HOSPICE
 Provider City: ANYWHERE

Patient ID	Patient Name	SSN	DOB	Gender	Admission Date	Submission Date
22222222	BOOP, BETTY	999-99-9999	02/25/1944	F	04/06/2016	04/29/2016
33333333	BOPPITY, BIPPITY	999-99-9999	01/22/1926	M	02/12/2016	02/18/2016
44444444	BUNCH, BRADY	999-99-9999	04/15/1929	F	02/12/2016	02/18/2016
77777777	CONTRARY, MARY	999-99-9999	01/16/1926	F	03/25/2016	04/29/2016
88888888	CORDUROY, RED	999-99-9999	07/21/1942	M	02/23/2016	02/26/2016
12121212	COYOTE, WHYLIE	999-99-9999	07/07/1922	M	04/01/2016	05/10/2016
23232323	DALMATION, SPOT	999-99-9999	09/03/1935	M	02/24/2016	02/26/2016
34343434	DOG, KITTY	999-99-9999	08/20/1947	F	03/03/2016	05/05/2016
45454545	DOLL, BARBIE	999-99-9999	02/20/1931	F	03/23/2016	05/05/2016
56565656	DUCK, DAISY	999-99-9999	06/15/1922	F	04/01/2016	05/06/2016
67676767	EVERY, NONE	999-99-9999	08/20/1947	M	03/03/2016	05/10/2016
78787878	FROG, KERMIT	999-99-9999	10/15/1931	M	04/12/2016	05/09/2016
89898989	GRAPE, PURPLE	999-99-9999	01/11/1923	F	07/10/2014	07/15/2014
90909090	HOWSER, DOOGIE	999-99-9999	11/28/1933	M	07/14/2015	07/20/2015
11223344	IMPATIENT, THEODORE	999-99-9999	04/12/1927	M	04/15/2016	05/05/2016
22334455	KIDDING, JUST	999-99-9999	09/21/1942	F	02/17/2016	02/26/2016
33445566	LUCK, LADY	999-99-9999	08/31/1939	F	04/06/2016	05/05/2016
44556677	MAN, BASHFUL	999-99-9999	11/09/1930	M	04/08/2016	05/05/2016

This report may contain privacy protected data and should not be released to the public.



The Hospice Submitter Final Validation Report

- The Hospice Submitter Final Validation Report:
 - Provides detailed information about the status of select submission files
 - Indicates whether the records were accepted or rejected
 - Details the warning messages and fatal errors encountered
 - Can only be requested by the user who submitted the original file




The Hospice Submitter Final Validation Report (cont. 1)

- Request the Submitter Final Validation Report when:
 - The ASAP system-generated FVR is not available in the VR folder after 24 hours
 - The total record count on the List of Submissions page in the Hospice File Submission system displays 0
 - This indicates the presence of a severe error in the submission or XML file that caused file processing to stop
 - Examples of a severe error include:
 - The State code in the XML record being invalid, or
 - The transaction type code (item A0050) being missing or invalid



The Hospice Submitter Final Validation Report (cont. 2)



Run Date: 12/10/2015
Page 1 of 1

CMS Submission Report Hospice Submitter Final Validation Report

Submission Date/Time:	09/01/2016 14:22:31
Submission ID:	223805
Submitter User ID:	[REDACTED]
Submission File Name:	20151020.zip
Submission File Status:	Completed
Processing Completion Date/Time:	10/20/2015 14:24:01
# Records Processed:	1
# Records Accepted:	1
# Records Rejected:	0
# Duplicate Records:	0
# Records Submitted Without Provider Authority:	0
# Invalid Records:	0
Total # of Messages:	1

Record: 1	Accepted
Provider CCN: [REDACTED]	FAC_ID: [REDACTED]
Provider Name: [REDACTED]	State Code: MA
Name (A0500C, A): [REDACTED]	Birth Date (A0900): [REDACTED]
SSN (A0600A): [REDACTED]	Gender (A0800): [REDACTED]
Medicare Num:(A0600B): [REDACTED]	Patient ID: [REDACTED]
Target Date: 04/05/2016	Type of Record (A0050): NEW RECORD
HIS ID: 1380267	Reason for Record (A0250): 01
XML File Name:	20151020.xml
HIS Item(s):	A0250, Submission Date, A0220
Data Submitted:	01, 09/01/2016, 04/05/2016
Message Number/Severity:	-3034a WARNING
Message:	Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.

This report may contain privacy protected data and should not be released to the public.



Hospice Timeliness Compliance Threshold Report

CASPER Reports Logout Folders MyLibrary **Reports** Queue Options Maint Home

Report Categories

- Hospice Provider**
Hospice Quality Reporting Program

Hospice Provider

- [HIS Record Error Detail by Provider](#) • Error Detail by Provider
- [HIS Record Errors by Field by Provider](#) • Errors by Field by Provider
- [HIS Records with Error Number XXXXX](#) • Records with Error Number XXXXX
- [Hospice Admissions](#) • Admissions
- [Hospice Discharges](#) • Discharges
- [Hospice Error Number Summary by Provider by Vendor](#) • Error Number Summary by Provider by Vendor
- [Hospice Final Validation](#) • Hospice Final Validation
- [Hospice Item Set Print](#) • Item Set Print
- [Hospice Item Set Submission Statistics by Provider](#) • Submission Statistics by Provider
- [Hospice Item Sets Submitted](#) • Item Sets Submitted
- [Hospice Roster](#) • Roster
- [Hospice Submitter Final Validation](#) • Submitter Final Validation
- [Hospice Timeliness Compliance Threshold Report](#) • Timeliness Compliance Threshold Report

Pages [1]

Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice Timeliness Compliance Threshold Report (cont. 1)

- Provides the percentage of HIS records submitted within the 30-day submission deadline, per fiscal year
- The report provides the following information:
 - Number of HIS records submitted
 - Number of HIS records submitted on time
 - Percentage of HIS records submitted on time
 - Facility identifiers: CMS Certification Number (CCN) and Facility ID, Name, City, and State
- Identifies the required percentage that must be submitted on time to avoid the 2-percentage-point reduction in APU (for selected FY):
 - 80 percent for FY 2019
 - 90 percent for FY 2020 and beyond



Hospice Timeliness Compliance Threshold Report (cont. 2)

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: Hospice Timeliness Compliance Threshold Report

Fiscal Year (FY): 2019 ▼

Template Folder: My Favorite Reports ▼ [Submit](#) [Back](#)

Template Name: Hospice Timeliness Compliance Threshold Report ▼ [Save & Submit](#) [Save](#)

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice Timeliness Compliance Threshold Report (cont. 3)

CASPER Folders

Logou Folders MyLibrary Reports Queue Options Maint Home

My Inbox

My Inbox
IA HUSPC 230600 VR

My Inbox

Info- Click Link to View Report-
Hospice Timeliness Compliance Threshold Report

Date Requested+ Select+

03/18/2018 13:45:18

Pages [1]

SelectAll Print PSRs Zip MergePDFs Move Delete

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice Timeliness Compliance Threshold Report (cont. 4)



Run Date: 03/18/2018
Page 1 of 1

CASPER Report FY2019 Hospice Timeliness Compliance Threshold Report

CCN: 123456
FAC ID: 123456
Provider Name: GREAT HOSPICE
Provider City/State: ANYWHERE, IA

# of HIS Records Submitted:	67
# of HIS Records Submitted on Time:	46
% of HIS Records Submitted on Time:	69%*

*Per requirements set forth by CMS, 80% of all required HIS records must be submitted within the 30-day submission deadline to avoid the 2-percentage point reduction in the FY 2019 APU. Extensions and exceptions approved according to CMS policy have not been applied in the score calculations. As such, the score in this report is considered preliminary.



Hospice-Level Quality Measure Report

The screenshot displays the CASPER Reports application interface. At the top, a navigation bar includes links for Logout, Folders, MyLibrar, Reports, Queue, Options, Maint, and Home. The 'Reports' link is circled in red. On the left, a 'Report Categories' sidebar lists 'Hospice Provider' and 'Hospice Quality Reporting Program', with the latter circled in red. The main content area shows a folder titled 'Hospice Quality Reporting Program' containing two reports: 'Hospice Patient Stay-Level Quality Measure Report' and 'Hospice-Level Quality Measure Report', both of which are circled in red. A search bar at the bottom right prompts the user to 'Enter Criteria To Search For A Report:' with a search button. A footer note states: 'Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.'



Hospice-Level Quality Measure Report (cont. 1)

- “Hospice Quality Reporting Program” report category contains user-requested, on-demand reports in CASPER
- Provides the hospice-level quality measure values for the HIS-based measures for the requested report period
- Includes the following information per measure:
 - The Numerator, Denominator, Hospice Observed Percent, Comparison Group National Average, and Comparison Group National Percentile



Hospice-Level Quality Measure Report (cont. 2)

Report: Hospice-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 02/01/2017
End Date (mm/dd/yyyy): 01/31/2018
Comparison Group Period: 02/01/2017 - 01/31/2018
Data was calculated on: 03/15/2018

Template Folder: My Favorite Reports
Template Name: Hospice-Level Quality Measure Report

Submit Back
Save & Submit Save

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice-Level Quality Measure Report (cont. 3)

CASPER Folders

Logou Folders MyLibrary Reports Queue Options Maint Home

My Inbox

Info+	Click Link to View Report+	Date Requested+	Select+
	Hospice-Level Quality Measure Report	03/18/2018 13:55:15	<input type="checkbox"/>
	Hospice Timeliness Compliance Threshold Report	03/18/2018 13:45:18	<input type="checkbox"/>

Pages [1]

SelectAll Print PSRs Zip MergePDFs Move Delete

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice-Level Quality Measure Report (cont. 4)



CASPER Report Hospice-Level Quality Measure Report

Page 1 of 1

Facility ID: 123456
 CCN: 123456
 Hospice Name: GREAT HOSPICE
 City/State: ANYWHERE, IA

Report Period: 02/01/2017 - 01/31/2018
 Data was calculated on: 03/15/2018
 Comparison Group Period: 02/01/2017 - 01/31/2018
 Report Run Date: 03/18/2018
 Report Version Number: 2.00

Table Legend

N/A: Not Available

Dash (-): A dash represents a value that could not be computed

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	Comparison Group National Average	Comparison Group National Percentile
Treatment Preferences (NQF #1641)	H001.01	78	78	100.0%	98.8%	100
Beliefs/Values (NQF #1647)	H002.01	78	78	100.0%	95.5%	100
Pain Screening (NQF #1634)	H003.01	78	78	94.1%	94.0%	29
Pain Assessment (NQF #1637)	H004.01	37	37	100.0%	86.1%	100
Dyspnea Screening (NQF #1639)	H005.01	77	78	98.7%	98.0%	32
Dyspnea Treatment (NQF #1638)	H006.01	52	53	98.1%	95.7%	47
Bowel Regimen (NQF #1617)	H007.01	24	24	100.0%	93.8%	100
Hospice Comprehensive Assessment (NQF #3235)	H008.01	58	59	98.3%	84.0%	84

This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.



Hospice Patient Stay-Level Quality Measure Report

- This is another user-requested, on-demand report in CASPER's "Hospice Quality Reporting Program" report category
 - Identifies each patient whose qualifying HIS record was included in the QM calculations for the selected report period
 - Includes, per patient per measure:
 - Whether the patient stay triggered the measure, did not trigger the measure, was excluded from the Denominator, or outcome was not available because the patient was either still active or the discharge record was missing



Hospice Patient Stay-Level Quality Measure Report (cont. 1)

The screenshot displays the CASPER Reports application interface. At the top, a navigation bar includes links for Logout, Folders, MyLibrary, Reports (circled in red), Queue, Options, Maint, and Home. The main content area is divided into two panes. The left pane, titled 'Report Categories', lists 'Hospice Quality Reporting Program' (circled in red) under the 'Hospice Provider' category. The right pane, titled 'Hospice Quality Reporting Program', shows a list of reports: 'Hospice Patient Stay-Level Quality Measure Report' (circled in red) and 'Hospice-Level Quality Measure Report'. A search bar at the bottom right contains the text 'Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)' and a 'Search' button. A footer note states: 'Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.'



Hospice Patient Stay-Level Quality Measure Report (cont. 2)

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Patient Stay-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 02/01/2017
End Date (mm/dd/yyyy): 01/31/2018
Data was calculated on: 03/15/2018

Template Folder: My Favorite Reports ▼
Template Name: Hospice Patient Stay-Level Quality Measure Report ▼

Submit Back
Save & Submit Save

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice Patient Stay-Level Quality Measure Report (cont. 3)

CASPER Folders

Logout Folders MyLibrary Reports Queue Options Maint Home

My Inbox

IA HOSPIC 230600 VR

Info	Click Link to View Report	Date Requested	Select
	Hospice Patient Stay-Level Quality Measure Report	03/18/2018 14:05:39	<input type="checkbox"/>
	Hospice-Level Quality Measure Report	03/18/2018 13:55:15	<input type="checkbox"/>
	Hospice Timeliness Compliance Threshold Report	03/18/2018 13:45:16	<input type="checkbox"/>

Pages [1]

SelectAll Print PSRs Zip MergePDFs Move Delete

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.



Hospice Patient Stay-Level Quality Measure Report (cont. 4)



CASPER Report Hospice Patient Stay-Level Quality Measure Report

Page 27 of 27

Facility ID: 999999
 CCN: 123456
 Hospice Name: GREAT HOSPICE
 City/State: ANYWHERE, GA

Report Period: 04/01/2017 - 03/31/2018
 Data was calculated on: 05/15/2018
 Report Run Date: 05/02/2018
 Report Version Number: 2.00

Status Legend

b = not triggered
 e = excluded from the QM denominator
 X = triggered
 c = admission date extracted from the discharge record because admission record is missing
 d = measure not implemented based on patient's admission and/or discharge date(s)
 N/A = not available because the patient stay is either active or the discharge record is missing

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
BOOP, BETTY	2222222	03/03/2018	N/A	e	e	e	e	e	e	e	e	0
BOPPITY, BIPPITY	3333333	09/08/2017	09/11/2017	X	X	X	X	X	X	e	X	7
BUNCH, BRADY	4444444	08/26/2017	09/01/2017	X	X	b	e	X	e	e	b	3
CONTRARY, MARY	5555555	11/12/2017	11/16/2017	X	X	X	e	X	e	X	X	6
CORDUROY, RED	7777777	11/05/2017	11/10/2017	X	b	X	e	X	e	e	b	3
OGRE, SHREK	8888888	10/20/2017	10/28/2017	X	X	b	e	X	e	X	b	4
PIPER, PETER	1313131	01/23/2018	02/05/2018	X	X	X	e	X	e	e	X	5
RIDINGHOOD, RED	2424242	10/24/2017	10/27/2017	X	X	X	b	X	e	X	b	5

This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.



Hospice Provider Preview Reports

- Both the Hospice Provider Preview report and CAHPS® Hospice Survey Provider Preview report are available in CASPER
- These two separate reports are located in your CASPER folder



Hospice Provider Preview Reports (cont. 1)

- Hospice providers are encouraged to use these to review their HIS quality measure results and their facility-level CAHPS[®] survey results
- Providers have 30-days to review their HIS and CAHPS[®] results



Hospice Provider Preview Reports (cont. 2)

- Should a provider believe the denominator or other HIS quality metric to be inaccurate or if there are errors within the results from the CAHPS[®] Survey data, a provider may request CMS review



Hospice Provider Preview Reports (cont. 3)

- Once in CASPER, you will select your provider's shared folder from the ***Folders list*** on the CASPER Folders page
- The folder will be named in the following manner:
 - [State Code] HOSPC [Facility ID]
 - State Code = your two-character State code
 - HOSPC = Hospice
 - Facility ID = CMS-assigned facility ID used for submitting HIS records
- Select the desired Hospice Provider Preview report link from the list of reports displayed
- NOTE: The Hospice Provider Preview report links are titled "Hospice Provider Preview Report"



Hospice Provider Preview Reports (cont. 4)



Skip navigation links [Skip to Content](#)

CASPER Folders [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Folders

My Inbox
* MD HOSPC 123456 VR
* MD HOSPC 123456

*** MD HOSPC 123456**

Info	Click Link to View Report	Date Requested	Select
	Hospice Provider Preview Report	03/01/2018 10:36:18	<input type="checkbox"/>
	CAHPS for Public Reporting Q2 2017	03/01/2018 08:49:44	<input type="checkbox"/>
	CAHPS for Public Reporting Q1 2017	12/01/2017 13:58:49	<input type="checkbox"/>

Pages [1](#)

This Folder is Read-Only [SelectAll](#) [Zip](#) [MergePDFs](#)



Hospice Provider Preview Reports (cont. 5)

Hospice Provider Preview Reports Format

Report Run Date: 06/01/2017

Hospice Provider Preview Report

Reporting Period for HIS Quality Measures: Patient Stays Discharged October 1, 2015 through September 30, 2016

CMS Certification Number: 999999
 Hospice Facility ID: THR01
 Hospice Name: Hospice of Ohio
 Street Address Line 1: 1111 West Pine Avenue
 Street Address Line 2: Suite 101
 City: Waltham
 State: MA
 ZIP Code: 02452
 County Name: Middlesex
 Telephone Number: (781) 555-5555
 Type of Ownership: Non-profit
 Medicare Certification Date: 99/99/9999

HIS QUALITY MEASURES

CMS Measure ID:	H001.01		
Hospice Quality Measure:	Treatment Preferences (NQF #1641)		
	- Number of Eligible Patient Stays in the Denominator:	20	
	- Your Hospice's Observed Percent:	50.2%	75.2%
	- National Rate:		
CMS Measure ID:	H002.01		
Hospice Quality Measure:	Beliefs/Values (NQF #1647)		
	- Number of Eligible Patient Stays in the Denominator:	20	
	- Your Hospice's Observed Percent:	25.3%	50.2%
	- National Rate:		

FOOTNOTE LEGEND

- a. The number of patient stays is too small to report (less than 20 patient stays).
- b. Data not available for this reporting period.
- c. Data suppressed by CMS upon request from the agency.
- d. Data not submitted for this reporting period.
- e. Results are based on a shorter time period than required.

IMPORTANT NOTES

- Please review the data about your agency. If you request CMS review of your data, please follow the procedures that can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Public-Reporting.html>
- The order of the measure(s) may not represent the order displayed on Hospice Compare.
- The titles of the measure(s) are not the consumer language titles that appear on the Hospice Compare website.
- The numbering of the footnotes on this preview report is different from the footnotes displayed on the Hospice Compare website.



Hospice Provider Preview Reports (cont. 6)

CAHPS® Hospice Provider Preview Report Reporting Period: 07/01/2015-06/30/2017

CMS Certification Number: 999985
Hospice Facility ID: 8888873
Hospice Name: Anywhere Hospice

Number of Quarters of Data Included: 8
Number of Completed Surveys Included: 69

CAHPS Hospice Survey Quality Measures

This table displays a preview of CAHPS scores for your hospice, representing the proportion of respondents who gave the least, middle, and most favorable response(s) for each measure—also known as the bottom, middle, and top box scores—along with national scores, for comparison. Please review. If you have questions or concerns about your CAHPS Hospice Survey data, please email our technical assistance team at hospicecahpsurvey@HCQIS.org.

CAHPS Hospice Quality Measure (NQF ID 2651)	Score Type	Response Option	Your Hospice (%)	U.S. National (%)
Communication with family*	Bottom	Never; Sometimes	6	7
	Middle	Usually	9	13
	Top	Always	85	80
Getting timely help	Bottom	Never; Sometimes	7	10
	Middle	Usually	8	12
	Top	Always	85	78
Treating patient with respect	Bottom	Never; Sometimes	3	2
	Middle	Usually	4	7
	Top	Always	93	91
Emotional and spiritual support**	Bottom	Too little; Too much	9	11
	Top	Right amount	91	89
Help for pain and symptoms***	Bottom	Never; Sometimes	7	10
	Middle	Usually	12	15
	Top	Always	81	75
Training family to care for patient	Bottom	No	9	9
	Middle	Yes, somewhat	13	16
	Top	Yes, definitely	78	75



Hospice Provider Preview Reports (cont. 7)

- For more information on how to access these reports, go to the CMS HQRP website under *Public-Reporting-Background-and-Announcements*
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements.html>
 - View the *HIS Preview Report Access Instructions*
 - The *Hospice CAHPS[®] Provider Preview Reports Access Instructions*



Knowledge Check 2

Which report provides detailed information for a hospice about their patient survey results prior to their data being publicly reported?

- A. Hospice Item Set Submission Statistics by Provider
- B. Hospice Final Validation Report
- C. Hospice CAHPS® Provider Preview report
- D. HIS Record Error Detail by Provider



Knowledge Check 2 (cont.)

Which report provides detailed information for a hospice about their patient survey results prior to their data being publicly reported?

A. Hospice Item Set Submission Statistics by Provider

B. Hospice Final Validation Report

✓ C. **Hospice CAHPS® Provider Preview report**

D. HIS Record Error Detail by Provider



Knowledge Check 3

Which report provides detailed information about the status of select submission files?

- A. Hospice Item Set Submission Statistics by Provider
- B. Hospice Final Validation Report
- C. Hospice Item Sets Submitted
- D. HIS Record Error Detail by Provider



Knowledge Check 3 (cont.)

Which report provides detailed information about the status of select submission files?

A. Hospice Item Set Submission Statistics by Provider

✓ **B. Hospice Final Validation Report**

C. Hospice Item Sets Submitted

D. HIS Record Error Detail by Provider



Knowledge Check 4

Which report provides the percent of HIS records submitted and accepted within the 30-day submission deadline, per fiscal year?

- A. Hospice Item Set Submission Statistics by Provider
- B. HIS Records With Error Number XXXXX Report
- C. Hospice Timeliness Compliance Threshold Report
- D. Hospice-Level Quality Measure Report



Knowledge Check 4 (cont.)

Which report provides the percent of HIS records submitted and accepted within the 30-day submission deadline, per fiscal year?

A. Hospice Item Set Submission Statistics by Provider

B. HIS Records With Error Number XXXXX Report

✓ **C. Hospice Timeliness Compliance Threshold Report**

D. Hospice-Level Quality Measure Report

Resources

Select HQRP Resources on the CMS Website

- Hospice Quality Reporting website:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>
- HIS web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>
- Hospice CAHPS® web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-CAHPS%C2%AE.html>



Select HQRP Resources on the CMS Website (cont. 1)

- Spotlight & Announcements web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html>
- Deadlines, Timelines, and Provider Engagement Opportunities web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Deadlines-Timelines-and-Provider-Engagement-Opportunities.html>
- Current Measures web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>



Select HQRP Resources on the CMS Website (cont. 2)

- HIS Technical Information web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html>
- Hospice Quality Reporting Training: Announcements and Registration web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Announcements-and-Registration.html>
- Hospice Quality Reporting Training – Training and Education Library web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library.html>



HQRP Resources on the QIES Technical Support Office (QTSO) Website

- *Hospice Submission User's Guide*
- *CASPER Reporting User's Guide*
- Available on the **Hospice User Guides & Training** web page of the QTSO website:
<https://qtso.cms.gov/hospicetrain.html>



Help Desk Assistance

- QIES Help Desk
 - Help@qtso.com or 1 (877) 201-4721
 - For questions about HIS submission reports and CASPER reports
- Quality Help Desk
 - HospiceQualityQuestions@cms.hhs.gov
 - For questions about quality reporting requirements, quality measures, and reporting deadlines
- APU/Reconsiderations Help Desk
 - HospiceQRPreconsiderations@cms.hhs.gov
 - For requesting reconsideration for a determination of noncompliance with hospice quality reporting



Help Desk Assistance (cont.)

- Public Reporting Help Desk
 - HospicePRQuestions@cms.hhs.gov
 - For questions related to public reporting of quality data, including those related to review of data during the 30-day preview period
- CAHPS® Hospice Survey Help Desk
 - HospiceCAHPSSurvey@hcqis.org or (844) 472-4621
 - For information about the CAHPS® Hospice Survey, technical assistance, and requests for review of CAHPS® Hospice Survey data
- CAHPS® Hospice Survey Data Warehouse support
 - CAHPSHospiceTechSupport@rand.org
 - For questions about data submission, data submission reports, and access to the CAHPS® Hospice Survey Data Warehouse



Questions and Answers

