

Quality Reporting Program Provider Training



Home Health Quality Reporting Program Reports

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Acronyms in This Presentation

- CMS – Centers for Medicare & Medicaid Services
- CASPER – Certification and Survey Provider Enhanced Reports
- CSV – Comma-Separated Values
- HH – Home Health
- HHA – Home Health Agency
- HHC – Home Health Compare
- OASIS – Outcome and Assessment Information Set

HHC HH CSV
CASPER
HHA CMS
OASIS

Acronyms in This Presentation (cont.)

- QAPI – Quality Assurance & Performance Improvement
- QAO – Quality Assessments Only
- QRP – Quality Reporting Program
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- QTSO – QIES Technical Support Office

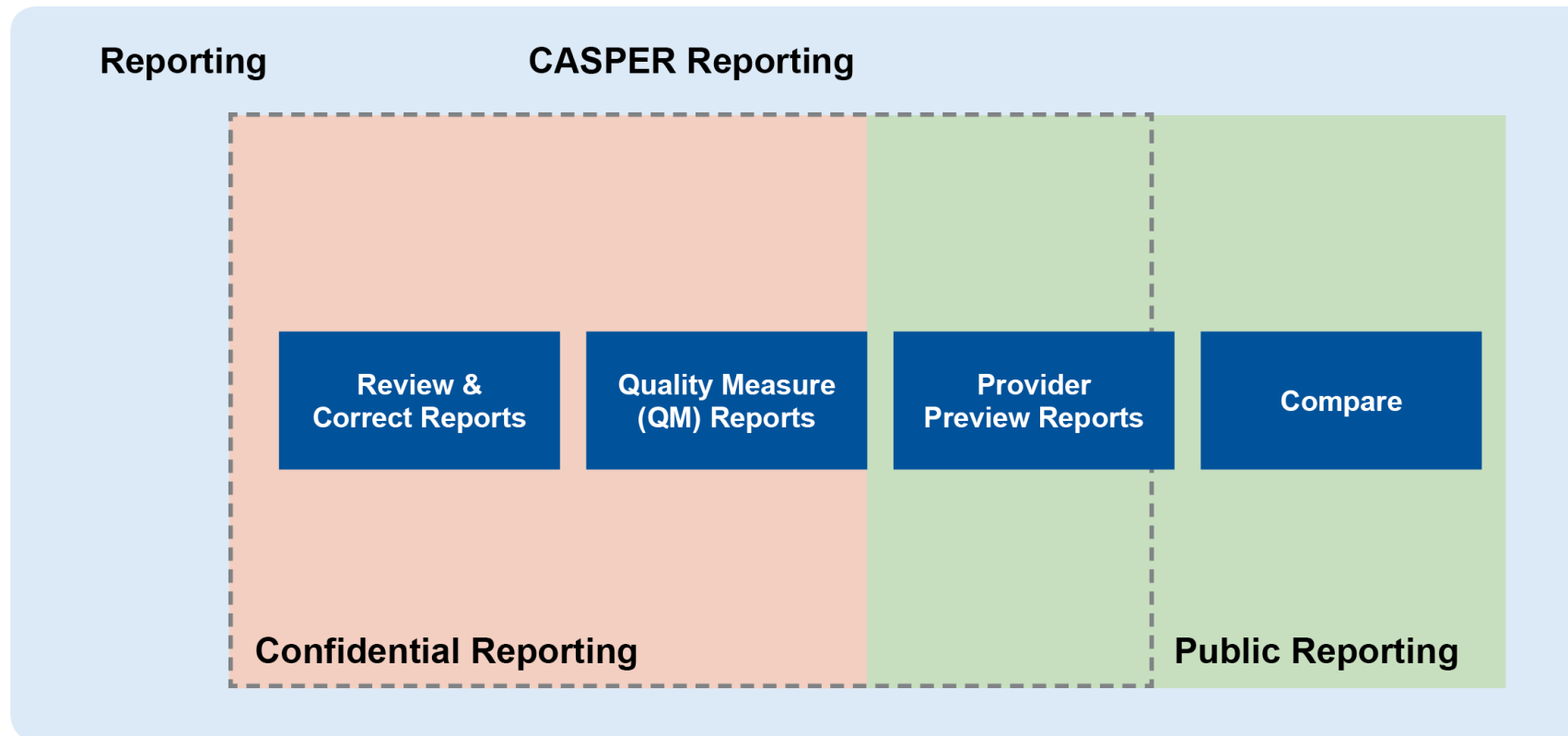
QAO QAPI QRP
QM QIES QTSO

Objectives

- Describe key Home Health (HH) Quality Reporting Program (QRP) reports.
- Discuss how each report may be helpful for quality improvement.
- Identify how to obtain these reports in the Certification and Survey Provider Enhanced Reports (CASPER) system.
- Utilize HH QRP reports to perform a quality improvement analysis.



Public Reporting Overview Graphic



Overview of CASPER Reports

On-Demand Reports

- Review and Correct Reports.
- Quality Measure Reports (Agency-Level and Patient-Level).

Distributed Reports ("Shared Folder")

- Provider Preview Reports.
- Quality Assessments Only (QAO) Reports.

Review and Correct Report

Review and Correct Report

- User-requested, on-demand CASPER report.
- Confidential to providers.
- Provides agency-level quarterly and cumulative performance rates for Outcome and Assessment Information Set (OASIS)-based publicly reported quality measures (QMs).
- Presents aggregate performance for the most recent four full quarters, as data are available.
- Available for providers to run with updated data weekly (until the data correction deadline).
- Only observed (raw) data are provided; risk-adjusted rates are not shown.

Data Collection Periods


Calendar Year Data Collection Quarter	Data Collection/ Submission QRP (Quality Episode End Dates)	Quarterly Review and Correction Periods*
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

*Data correction deadlines are for data that are used to calculate the publicly reported measures and are not applied to the confidential QM reports.

Enhancements to the Review and Correct Report

- Addition of a patient-level data table to supplement agency-level data will be available April 1, 2019.
- Patient-level data will be available as a comma-separated values (CSV) flat file.
- Ability to sort patient-level data by fields such as:
 - Patient last name.
 - Patient first name.
 - Discharge date.
 - Admission date.
- Ability to request report by individual quality measure.

Review and Correct Report: Agency-Level Data



CASPER Report
Home Health Review and Correct Report

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Agency ID: MD217333
 CCN: 2171333
 Agency Name: Happy Harbor Home Care
 City/State: Baltimore, MD

Requested Quarter End Date: Q3 2018
 Report Release Date: 04/01/2019
 Report Run Date: 04/18/2019
 Data Calculation Date: 01/28/2019
 Report Version Number: 2.0

Quality Measures: Pressure Ulcer Injury, Pressure Ulcers, Drug Regimen Review Conducted with Follow-Up, Improvement in Ambulation/Locomotion, Improvement in Bed Transferring, Improvement in Bathing, Improvement in Pain Interfering with Activity, Improvement in Dyspnea, Improvement in Status of Surgical Wounds, Improvement in Management of Oral Meds, Timely Initiation of Care, Depression Assessment Conducted, Multifactor Fall Risk Assessment Conducted, Diabetic Foot Care and Patient Education, Drug Education on All Medications, Influenza Immunization for Current Flu Season, Pneumococcal Vaccine Ever Received, Application of Functional Assessment, Application of Falls

Status: N/A
 Reporting Quarter: N/A
 Data Correction Status: N/A

HH Quality Measure: Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues

Table Legend


***Episode:** A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge, or transfer. Additional measure-specific exclusions may apply.

Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria

Agency-Level Data							
Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of HH Episodes Included in the Numerator for this Quality Measure*	Number of HH Episodes Included in the Denominator*	Your Agency's Observed Performance Rate
Q3 2018	07/01/2018	09/30/2018	02/15/2019	Closed	-	-	-
Q2 2018	04/01/2018	06/30/2018	11/15/2018	Closed	-	-	-
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Closed	-	-	-
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Closed	3	4	75.0%
Cumulative	10/01/2017	09/30/2018	-	-	3	4	75.0%

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

Review and Correct Report: Patient-Level Data



CASPER Report
Home Health Review and Correct Report

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Patient-Level Data							
Reporting Quarter	Patient Name	Patient ID	SOC/ROC Date*	Transfer, Discharge, or Death Date*	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2017	Moore, James	17895817	09/07/2017	10/17/2017	05/15/2018	Closed	X
Q4 2017	Jackson, Sarah	41703311	09/13/2017	10/10/2017	05/15/2018	Closed	NT
Q4 2017	Harris, Mary	370265	09/12/2017	10/06/2017	05/15/2018	Closed	X
Q4 2017	Thompson, Michael	362567	08/10/2017	10/05/2017	05/15/2018	Closed	X

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

Status
X
NT
X
X

Quality Measure (QM) Reports

QM Reports

- User-requested, on-demand CASPER reports.
- Include process and outcome quality measure result data at the patient and agency levels.
- Provide confidential feedback to agencies on their performance.
- Result data are risk-adjusted where applicable.
- Include all data submitted from OASIS assessments with a target date within the requested reporting period, regardless of their submission date.
- Include claims-based measure data at the agency-level.

How QM Reports May Be Helpful to Providers

- Snapshot of performance for quality improvement purposes based on data submitted and results risk-adjusted, as applicable.
- May be used for Home Health Agency (HHA) internal quality improvement purposes, such as Quality Assurance & Performance Improvement (QAPI).

On-Demand QM Reports


Agency-Level Reports:

- Agency Patient-Related Characteristics (Case Mix) Report.
- Outcome Report.
- Potentially Avoidable Event Report.
- Process Measures Report.

Patient-Level Reports:

- Agency Patient-Related Characteristics (Case Mix) Tally Report.
- Outcome Tally Report.
- Potentially Avoidable Event: Patient Listing Report.
- Process Tally Report.

Agency Patient-Related Characteristics (Case Mix) Report



CASPER Report
Agency Patient-Related Characteristics (Case Mix) Report

Page 1 of 4

Agency Name: Happy Harbor Home Care

Agency ID: MD217333

Location: Baltimore, MD

CCN: 2171333

Medicaid Number: 0011223344

Report Run Date:

Requested Current Period: 07/2017 - 06/2018

Request Prior Period: 07/2016 - 06/2017

Actual Current Period: 07/2017 - 06/2018

Actual Prior Period: 07/2016 - 06/2017

Cases: Curr 322 **Prior** 335

Number of Cases (National): 7,230,344

Definitions:

HHA Obs - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

HHA Prior Obs¹ - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

Nat'l Obs - National Observed Rate/Value is the actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.


Asterisks - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

* The probability is 1% or less that this difference is due to chance, and 99% or more that the difference is real.

** The probability is 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.

	HHA Obs	HHA Prior Obs ¹	Nat'l Obs		HHA Obs	HHA Prior Obs ¹	Nat'l Obs
PATIENT HISTORY							
Demographics							
Age (years)	79.97	79.41	74.99 **	Multiple hospitalizations (%)	10.56%	10.45%	32.33% **
Gender: Female (%)	63.66%	65.67%	60.62%	History of falls (%)	29.19%	18.21%	33.00%
Race: Black (%)	3.73%	5.67%	13.65% **	5 or more medications (%)	99.07%	98.51%	91.83% **
Race: White (%)	36.02%	39.70%	76.09% **	Frailty factors (%)	37.58%	13.13%	44.74% *
Race: Other (%)	62.11%	57.01%	10.57% **	Other (%)	97.52%	88.66%	52.24% **
Payment Source							
Any Medicare (%)	100.00	100.00%	93.60% **	None (%)	0.00%	0.00%	1.70% *
Any Medicaid (%)	0.00%	0.00%	8.82% **	Overall Status			
Any HMO (%)	0.00%	0.00%	32.81% **	Overall Status (0-3)	0.97	0.99	1.43 **
Medicare HMO (%)	0.00%	0.00%	28.15% **	Unknown / Unclear (%)	0.00%	0.00%	0.14%
Other (%)	0.31%	1.79%	3.69% **	Other Risk Factors			
Episode Start							
Episode timing: Early (%)	99.07%	97.01%	88.91% **	Smoking (%)	5.56%	4.68%	23.20% **
Episode timing: Later (%)	0.93%	2.99%	5.98% **	Obesity (%)	10.13%	9.69%	27.57% **
Episode timing: Unknown (%)	0.00%	0.00%	5.11% **	Alcohol dependency (%)	0.98%	0.63%	3.80% *
Inpatient Discharge / Medical Regimen							
Long-term nursing facility (%)	0.00%	0.00%	0.60%	Drug dependency (%)	0.00%	0.31%	1.85% *
Skilled nursing facility (%)	0.00%	0.00%	14.70% **	None (%)	83.66%	85.31%	54.31% **
Short-stay acute hospital (%)	25.16%	22.09%	51.36% **	Body Mass Index			
Long-term care hospital (%)	0.31%	1.49%	0.52%	Low Body Mass Index (%)	2.22%	3.51%	6.26% *
Inpatient rehab hospital/unit (%)	6.52%	3.58%	5.83%	LIVING ARRANGEMENT / ASSISTANCE			
				Current Situation			
				Lives alone (%)			
				1.55%			
				2.09%			
				23.44% **			
				Lives with others (%)			
				27.33%			
				22.08%			
				85.19% **			
				Lives in congregate situation (%)			
				71.12%			
				75.82%			
				11.36% **			
				Availability			

Agency Patient-Related Characteristics (Case Mix) Report (cont. 1)



CASPER Report
Agency Patient-Related Characteristics (Case Mix) Report

Page 1 of 4

Agency Name: Happy Harbor Home Care
 Agency ID: MD217333
 Location: Baltimore, MD
 CCN: 2171333
 Medicaid Number: 0011223344
 Report Run Date:

Requested Current Period: 07/2017 - 06/2018
 Request Prior Period: 07/2016 - 06/2017
 Actual Current Period: 07/2017 - 06/2018
 Actual Prior Period: 07/2016 - 06/2017

* The probability is 1% or less that this difference is due to chance, and 99% or more that the difference is real.

Definitions:

HHA Obs - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

HHA Prior Obs¹ - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

Nat'l Obs - National Observed Rate/Value is the actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

Asterisks - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

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** The probability is 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.

Low Body Mass Index (%)	2.22%	3.51%	6.26% *
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	HHA Obs	HHA Prior Obs ¹	Nat'l Obs
PATIENT HISTORY			
Demographics			
Age (years)	79.97	79.41	74.99 **
Gender: Female (%)	63.66%	65.67%	60.62%
Race: Black (%)	3.73%	5.67%	13.65% **
Race: White (%)	36.02%	39.70%	76.09% **
Race: Other (%)	62.11%	57.01%	10.57% **
Payment Source			
Any Medicare (%)	100.00	100.00%	93.60% **
Any Medicaid (%)	0.00%	0.00%	8.82% **
Any HMO (%)	0.00%	0.00%	32.81% **
Medicare HMO (%)	0.00%	0.00%	28.15% **
Other (%)	0.31%	1.79%	3.69% **
Episode Start			
Episode timing: Early (%)	99.07%	97.01%	88.91% **
Episode timing: Later (%)	0.93%	2.99%	5.98% **
Episode timing: Unknown (%)	0.00%	0.00%	5.11% **
Inpatient Discharge / Medical Regimen			
Long-term nursing facility (%)	0.00%	0.00%	0.60%
Skilled nursing facility (%)	0.00%	0.00%	14.70% **
Short-stay acute hospital (%)	25.16%	22.09%	51.36% **
Long-term care hospital (%)	0.31%	1.49%	0.52%
Inpatient rehab hospital/unit (%)	6.52%	3.58%	5.83%

	HHA Obs	HHA Prior Obs ¹	Nat'l Obs
Multiple hospitalizations (%)			
History of falls (%)	10.56%	10.45%	32.33% **
5 or more medications (%)	29.19%	18.21%	33.00%
Frailty factors (%)	99.07%	98.51%	91.83% **
Other (%)	37.58%	13.13%	44.74% *
None (%)	97.52%	88.66%	52.24% **
Overall Status	0.00%	0.00%	1.70% *
Overall Status (0-3)			
Unknown / Unclear (%)	0.97	0.99	1.43 **
Other Risk Factors			
Smoking (%)	5.56%	4.69%	23.20% **
Obesity (%)	10.13%	9.69%	27.57% **
Alcohol dependency (%)	0.98%	0.83%	3.80% *
Drug dependency (%)	0.00%	0.31%	1.85% *
None (%)	83.66%	85.31%	54.31% **
Body Mass Index			
Low Body Mass Index (%)	2.22%	3.51%	6.26% *
LIVING ARRANGEMENT / ASSISTANCE			
Current Situation			
Lives alone (%)	1.55%	2.09%	23.44% **
Lives with others (%)	27.33%	22.09%	85.19% **
Lives in congregate situation (%)	71.12%	75.82%	11.36% **
Availability			

Agency Patient-Related Characteristics (Case Mix) Report (cont. 2)



CASPER Report

Agency Patient-Related Characteristics (Case Mix) Report

Page 1 of 4

Agency Name: Happy Harbor Home Care

Agency ID: MD217333

Location: Baltimore, MD

CCN: 2171333

Medicaid Number: 0011223344

Report Run Date:

Requested Current Period: 07/2017 - 06/2018

Request Prior Period: 07/2016 - 06/2017

Actual Current Period: 07/2017 - 06/2018

Actual Prior Period: 07/2016 - 06/2017

**** The probability is 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.**

Definitions:

HHA Obs - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

HHA Prior Obs¹ - Home Health Agency's Observed Rate/Value from the Prior Period (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

Nat'l Obs - National Observed Rate/Value is the actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

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	HHA Obs	HHA Prior Obs ¹	Nat'l Obs
Age (years)			
	79.97	79.41	74.99 **
PATIENT HISTORY			
Demographics			
Age (years)	79.97	79.41	74.99 **
Gender: Female (%)	63.66%	65.67%	60.62%
Race: Black (%)	3.73%	5.67%	13.65% **
Race: White (%)	36.02%	39.70%	76.09% **
Race: Other (%)	62.11%	57.01%	10.57% **
Payment Source			
Any Medicare (%)	100.00%	100.00%	93.60% **
Any Medicaid (%)	0.00%	0.00%	8.82% **
Any HMO (%)	0.00%	0.00%	32.81% **
Medicare HMO (%)	0.00%	0.00%	28.15% **
Other (%)	0.31%	1.79%	3.69% **
Episode Start			
Episode timing: Early (%)	99.07%	97.01%	88.91% **
Episode timing: Later (%)	0.93%	2.99%	5.98% **
Episode timing: Unknown (%)	0.00%	0.00%	5.11% **
Inpatient Discharge / Medical Regimen			
Long-term nursing facility (%)	0.00%	0.00%	0.60%
Skilled nursing facility (%)	0.00%	0.00%	14.70% **
Short-stay acute hospital (%)	25.16%	22.09%	51.36% **
Long-term care hospital (%)	0.31%	1.49%	0.52%
Inpatient rehab hospital/unit (%)	6.52%	3.58%	5.83%
Multiple hospitalizations (%)			
History of falls (%)			
5 or more medications (%)			
Frailty factors (%)			
Other (%)			
None (%)			
Overall Status			
Overall Status (0-3)			
Unknown / Unclear (%)			
Other Risk Factors			
Smoking (%)			
Obesity (%)			
Alcohol dependency (%)			
Drug dependency (%)			
None (%)			
Body Mass Index			
Low Body Mass Index (%)			
LIVING ARRANGEMENT / ASSISTANCE			
Current Situation			
Lives alone (%)			
Lives with others (%)			
Lives in congregate situation (%)			
Availability			

Changes to the Agency Patient-Related Characteristics (Case Mix) Report

- **Measure Removals:**

- Numerous measures cannot be calculated due to item removals in OASIS-D.
- Examples: Prior Conditions, Patient Diagnostic Information, Reasons for Hospitalization.


- **Measure Additions:**

- Added due to new/revised OASIS-D items.
- Examples: Functional Abilities (calculated using OASIS-D Section GG), Health Conditions/Falls (calculated using OASIS-D Section J).

Changes to the Agency Patient-Related Characteristics (Case Mix) Report (cont.)

- **Measure Updates:**
 - Home Care Diagnoses were updated to match ICD-10 coding categories.
 - The Integumentary Section of this report was updated to include revised pressure ulcer/injury terminology and new measures for unstageable pressure ulcers/injuries.

Agency Patient-Related Characteristics (Case Mix) Tally Report



CASPER Report

Agency Patient-Related Characteristics (Case Mix) Tally Report

Agency Name: Happy Harbor Home Care

Agency ID: MD217333

Location: Baltimore, MD

CCN: 2171333


Medicaid Number: 0011223344

Report Run Date: 10/01/2018

Report Period: 07/01/2017 - 06/30/2018			Patient History																											
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Demographics					Payment Source			Episode Start			Inpatient Discharge / Medical Regimen Change					Prior Conditions											
			Age (years)	Gender: Female (%)	Race: Black (%)	Race: White (%)	Race: Other (%)	Any Medicare (%)	Any Medicaid (%)	Any HMO (%)	Medicare HMO (%)	Other (%)	Episode timing: Early (%)	Episode timing: Later (%)	Episode timing: Unknown (%)	Long-term nursing facility (%)	Skilled nursing facility (%)	Short-stay acute hospital (%)	Long-term care hospital (%)	Inpatient rehab hospital/unit (%)	Psychiatric hospital/unit (%)	Medical regimen change (%)	Urinary incontinence (%)	Indwelling/suprapubic catheter (%)	Intractable pain (%)	Impaired decision-making (%)	Disruptive / Inapprop. behav. (%)	Memory loss (%)	None listed (%)	No inpat. dc/No med. reg. chg (%)
Allen, Mark	03/07/18	N/N	94	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Andrews, Linda	04/09/18	N/N	74	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Baker, James	01/26/18	N/N	86	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Carter, Helen	10/06/17	N/N	83	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	y	n
Corbin, Kelly	03/20/18	N/N	65	y	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Hall, Kim	05/31/17	N/N	90	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Harris, Mary	08/24/17	N/N	90	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Jackson, Sarah	01/25/18	N/N	91	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Moore, James	10/02/17	N/N	67	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n
Rodriguez, Angela	12/22/17	N/N	67	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n
Simpson, Jack	03/21/18	N/N	67	n	n	n	y	y	n	n	n	n	y	n	n	n	n	y	n	n	y	y	n	n	y	n	y	n	n	n
Smith, Shannon	04/27/18	N/N	66	y	n	n	y	y	n	n	n	n	y	n	n	n	n	y	n	n	y	y	n	n	n	n	n	n	n	n
Thompson, Michael	09/13/17	N/N	85	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Williams, Don	12/14/17	N/N	86	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	y	n	n	n
Wilson, Freda	11/29/17	N/N	89	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n
Young, Paul	11/17/17	N/N	84	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	n	n	n	n

Agency Patient-Related Characteristics (Case Mix) Tally Report (cont.)

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CASPER Report
Agency Patient-Related Characteristics (Case Mix) Tally Report

Agency Name: Happy Harbor Home Care
 Agency ID: MD217333
 Location: Baltimore, MD

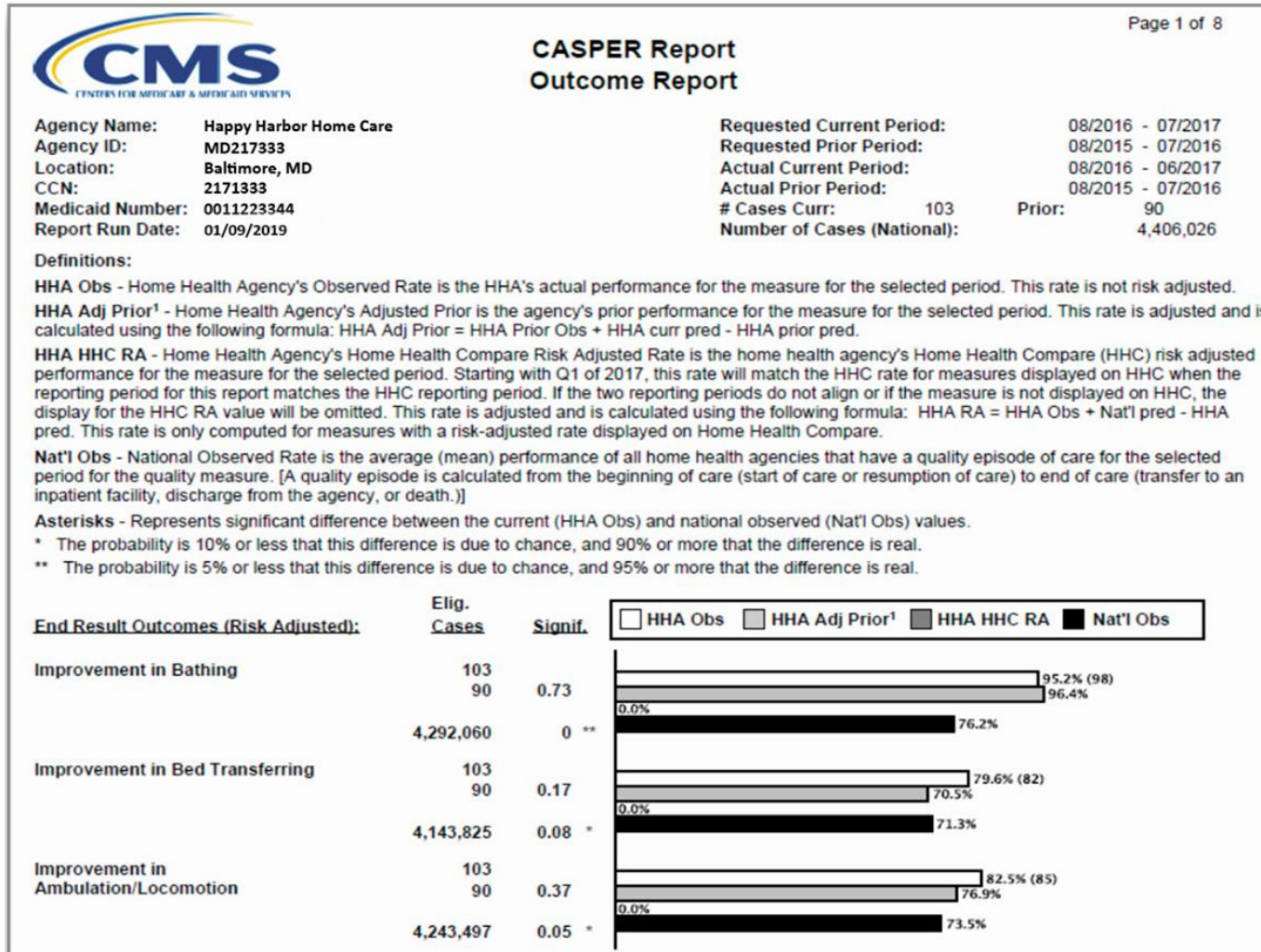
CCN: 2171333
 Medicaid Number: 0011223344
 Report Run Date: 10/01/2018

Report Period: 07/01/2017 - 06/30/2018			Patient History																											
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Demographics				Payment Source				Episode Start			Inpatient Discharge / Medical Regimen Change					Prior Conditions											
			Age (years)	Gender: Female (%)	Race: Black (%)	Race: White (%)	Race: Other (%)	Any Medicare (%)	Any Medicaid (%)	Any HMO (%)	Medicare HMO (%)	Other (%)	Episode timing: Early (%)	Episode timing: Later (%)	Episode timing: Unknown (%)	Long-term nursing facility (%)	Skilled nursing facility (%)	Short-stay acute hospital (%)	Long-term care hospital (%)	Inpatient rehab hospital/unit (%)	Psychiatric hospital/unit (%)	Medical regimen change (%)	Urinary incontinence (%)	Indwelling/suprapubic catheter (%)	Intractable pain (%)	Impaired decision-making (%)	Disruptive / Inapprop. behav. (%)	Memory loss (%)	None listed (%)	No inpat. dcNo med. reg. chg (%)
Allen, Mark	03/07/18	N/N	94	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n
Andrews, Linda	04/09/18	N/N	74	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Baker, James	01/26/18	N/N	86	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Carter, Helen	10/06/17	N/N	83	n	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	y	n	n
Corbin, Kelly	03/20/18	N/N	65	y	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Hall, Kim	05/31/17	N/N	90	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Harris, Mary	08/24/17	N/N	90	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Jackson, Sarah	01/25/18	N/N	91	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n
Moore, James	10/02/17	N/N	67	n	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n	n
Rodriguez, Angela	12/22/17	N/N	67	n	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n	n
Simpson, Jack	03/21/18	N/N	67	n	n	n	y	y	n	n	n	y	n	n	n	n	y	n	n	y	y	n	n	y	n	y	n	n	n	n
Smith, Shannon	04/27/18	N/N	66	y	n	n	y	y	n	n	n	y	n	n	n	n	y	n	n	y	y	n	n	y	n	n	n	n	n	n
Thompson, Michael	09/13/17	N/N	85	n	n	n	y	y	n	n	n	y	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	n	n	n
Williams, Don	12/14/17	N/N	86	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	n	n	y	n	n	n	n
Wilson, Freda	11/29/17	N/N	89	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	y	n	n	n	n
Young, Paul	11/17/17	N/N	84	y	n	n	y	y	n	n	n	y	n	n	n	n	n	n	n	y	y	n	n	y	n	n	n	n	n	n

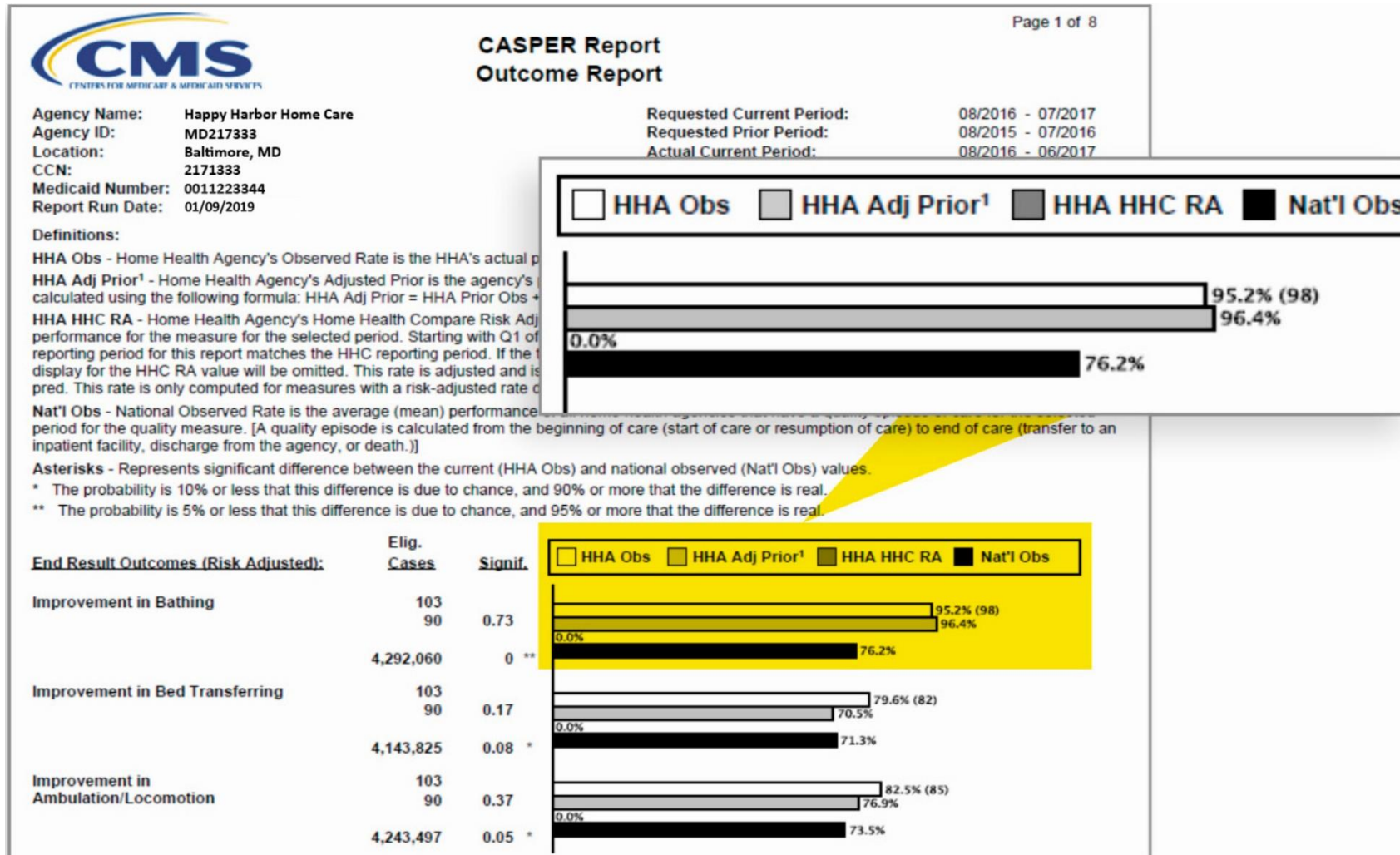
Age (years)

94
74
86
83
65
90
90
91
67
67
67
66
85
86
89
84

Outcome Report




Outcome Report (cont.)



Changes to Outcome Report

- Change in report title from “Risk Adjusted Outcome Report” to “Outcome Report” as not all outcome measures will be risk-adjusted.
- Measures on the report were reorganized by:
 - Risk Adjustment Status (risk adjusted or non-risk adjusted).
 - Type (end result outcome, utilization, resource use).
 - Source (OASIS-based or claims-based).
- Removal of measures:
 - Acute Care Hospitalization (OASIS-based).
 - Emergency Department Use with Hospitalization (OASIS-based).
- New Footnote: “Measure results for ‘Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened’ will be frozen as of the October 2019 Home Health Compare (HHC) refresh and will include quality episodes ending January 2018–December 2018.”

Outcome Tally Report



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

**CASPER Report
Outcome Tally Report**

Page 1 of 21 - A

2171333
0011223344

CCN: [REDACTED]
Medicaid Number: [REDACTED]
Report Run Date: 11/14/2018

Agency Name: Happy Harbor Home Care
Agency ID: MD217333
Location: Baltimore, MD

Report Period: 09/2016 - 01/2019			Functional Outcomes															
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Activities of Daily Living												IADLs			
			Improvement in Grooming ¹	Stabilization in Grooming	Improvement in Upper Body Dressing	Improvement in Lower Body Dressing	Improvement in Bathing	Stabilization in Bathing	Improvement in Toilet Transferring	Stabilization in Toilet Transferring	Improvement in Toileting Hygiene ¹	Stabilization in Toileting Hygiene	Improvement in Bed Transferring	Stabilization in Bed Transferring	Improvement in Ambulation/Locomotion	Improvement in Eating ¹	Improvement in Management of Oral Medications	Stabilization in Management of Oral Medications
Allen, Mark	05/01/17	N/N	y	y	y	y	y	y	-	y	-	y	-	y	y	-	-	y
Andrews, Linda	01/18/17	N/N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Baker, James	02/24/17	N/N	n	y	n	n	n	y	n	y	y	y	y	y	y	n	y	-
Carter, Helen	08/27/16	N/N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corbin, Kelly	01/23/17	N/N	y	y	y	y	y	y	y	y	y	y	y	y	y	-	y	-
Hall, Kim	09/06/16	N/N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harris, Mary	10/13/16	N/N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jackson, Sarah	08/01/13	N/N	-	y	-	-	-	y	-	y	-	y	-	y	-	-	n	y
Moore, James	06/17/17	N/N	y	y	y	y	y	y	y	y	y	y	y	y	y	-	y	y
Rodriguez, Angela	12/07/16	N/N	y	y	y	y	y	y	y	y	y	-	y	y	y	y	y	-
Simpson, Jack	01/30/17	N/N	y	y	y	y	y	y	n	y	-	y	n	y	y	y	y	y

Footnote Legend

¹ This measure has been removed from the CMS Home Health Quality Initiative. Data are provided here for agencies' internal quality monitoring and improvement efforts.

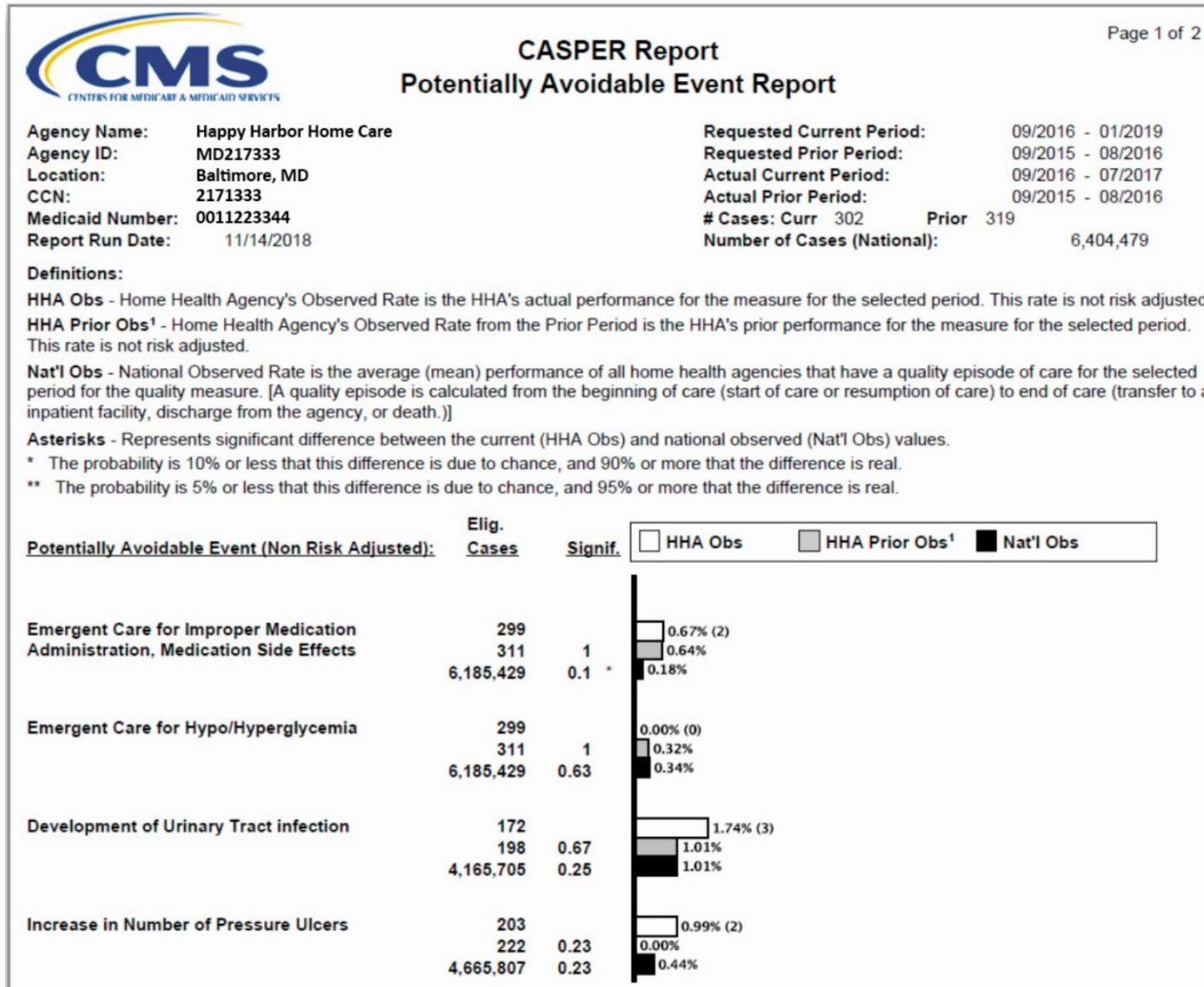
² Measure results for "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened" will be frozen as of the October 2019 Home Health Compare refresh and will include quality episodes ending January 2018-December 2018.

**This report may contain privacy protected data and should not be released to the public.
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Home Health: OASIS-D | HH QRP Reports | March 2019

28


Potentially Avoidable Event Report



Home Health: OASIS-D | HH QRP Reports | March 2019



Potentially Avoidable Event: Patient Listing Report



CASPER Report
Potentially Avoidable Event:
Patient Listing Report

Page 1 of 2

Agency Name: Happy Harbor Home Care
Agency ID: MD217333
Location: Baltimore, MD
CCN: 2171333
Medicaid Number: 0011223344

Requested Current Period: 09/2016 - 01/2019
Actual Current Period: 09/2016 - 07/2017
Number of Cases in Current Period: 302
Number of Cases (National): 6,404,479
Report Run Date: 11/14/2018

Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases :	299	Number of Events :	2	Agency Incidence :	0.67%	Nat'l Obs :	0.18%
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
152324	Moore	James	M	06/01/1940	01/22/2018	02/28/2018	N/N
168853	Jackson	Sarah	F	07/05/1985	04/10/2017	05/15/2017	N/N


Emergent Care for Hypo/Hyperglycemia

Complete Data Cases :	299	Number of Events :	0	Agency Incidence :	0.00%	Nat'l Obs :	0.34%
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							

Development of Urinary Tract infection

Complete Data Cases :	172	Number of Events :	3	Agency Incidence :	1.74%	Nat'l Obs :	1.01%
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
152324	Moore	James	M	06/01/1940	01/22/2018	02/28/2018	N/N
168853	Jackson	Sarah	F	07/05/1985	04/10/2017	05/15/2017	N/N
179345	Harris	Mary	F	08/07/1950	02/15/2018	04/12/2018	N/N

Potentially Avoidable Event: Patient Listing Report (cont.)



CASPER Report
Potentially Avoidable Event:
Patient Listing Report

Page 1 of 2

Agency Name: Happy Ha

Agency ID: MD21733

Location: Baltimore

CCN: 2171333

Medicaid Number: 00112233

Development of Urinary Tract infection

Complete Data Cases : 172 Number of Events : 3 Agency Incidence : 1.74% Nat'l Obs : 1.01%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
152324	Moore	James	M	06/01/1940	01/22/2018	02/28/2018	N/N
168853	Jackson	Sarah	F	07/05/1985	04/10/2017	05/15/2017	N/N
179345	Harris	Mary	F	08/07/1950	02/15/2018	04/12/2018	N/N

Emergent Care for Impaired Consciousness

Complete Data Cases : 299 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.34%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
152324	Moore	James	M	06/01/1940	01/22/2018	02/28/2018	N/N
168853	Jackson	Sarah	F	07/05/1985	04/10/2017	05/15/2017	N/N

Emergent Care for Hypo/Hyperglycemia

Complete Data Cases : 299 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.34%

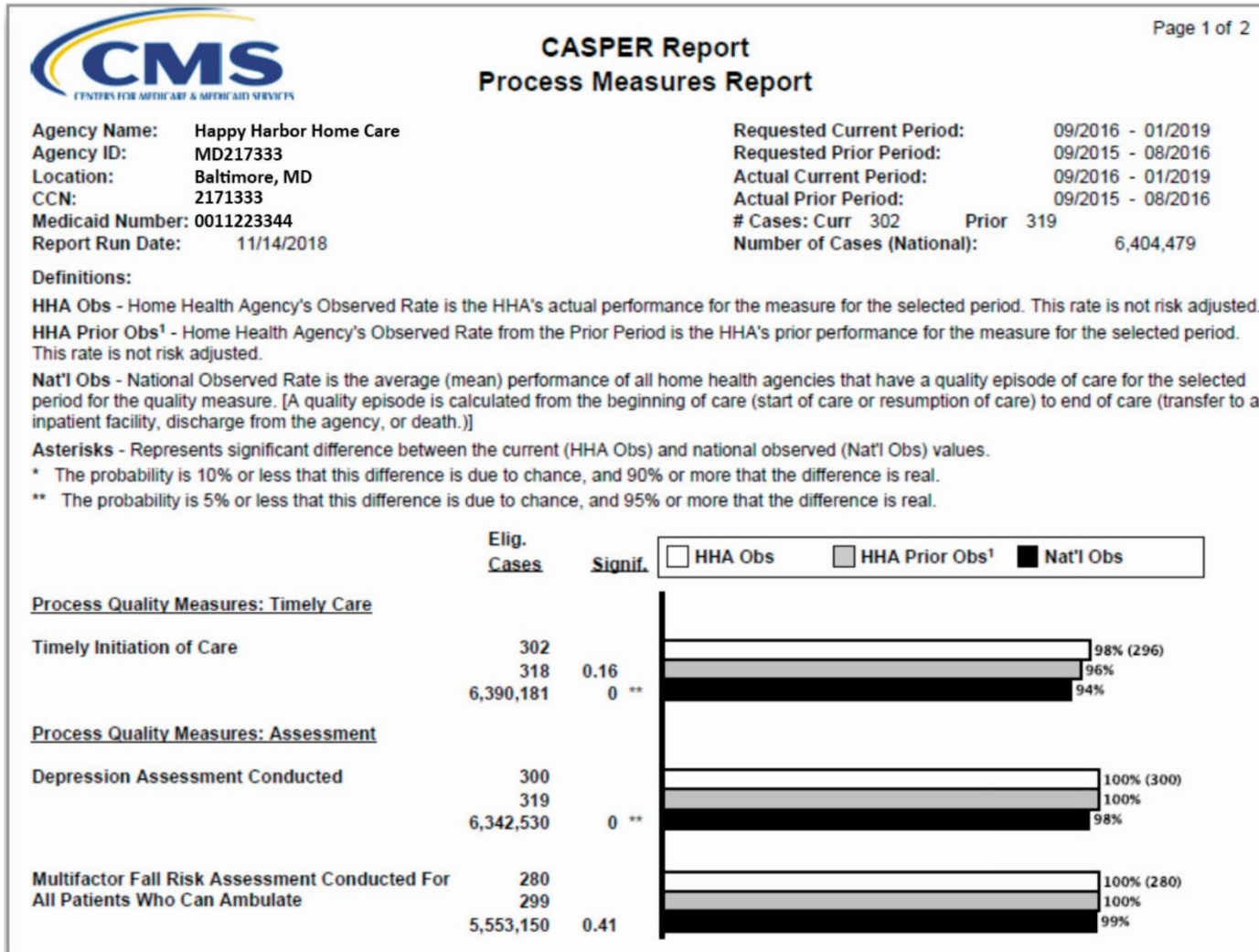
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							

Development of Urinary Tract infection


Complete Data Cases : 172 Number of Events : 3 Agency Incidence : 1.74% Nat'l Obs : 1.01%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
152324	Moore	James	M	06/01/1940	01/22/2018	02/28/2018	N/N
168853	Jackson	Sarah	F	07/05/1985	04/10/2017	05/15/2017	N/N
179345	Harris	Mary	F	08/07/1950	02/15/2018	04/12/2018	N/N

Process Measures Report



Process Tally Report



CASPER Report
Process Tally Report

Page 1 of 2 - A

Agency Name: **Happy Harbor Home Care**
 Agency ID: **MD217333**
 Location: **Baltimore, MD**

CCN: **2171333**
 Medicaid Number: **0011223344**
 Report Run Date: **11/12/2018**


Report Period: 01/2017 - 01/2019			Process Quality Measures						
			Timely Care	Assessment		Care Plan Implementation			
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Timely Initiation Of Care	Depression Assessment Conducted	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Depression Interventions Implemented During All EOC ¹	Diabetic Foot Care And Patient/Caregiver Education Implemented During All EOC ¹	Pain Interventions Implemented During All Episodes Of Care ²	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing For All EOC ¹
Allen, Mark	12/15/16	N/N	y	y	y	-	-	y	-
Andrews, Linda	01/26/17	N/N	y	y	y	-	-	-	-
Baker, James	02/26/17	N/N	y	y	-	-	y	y	-
Carter, Helen	03/18/17	N/N	y	y	y	-	-	y	-
Corbin, Kelly	03/29/17	N/N	y	y	y	-	-	-	-
Hall, Kim	05/08/17	N/N	y	y	-	-	-	y	-
Harris, Mary	01/16/17	N/N	y	y	y	-	-	-	-
Jackson, Sarah	01/20/17	N/N	y	y	y	-	y	y	-
Moore, James	03/10/17	N/N	y	-	-	-	-	-	-
Rodriguez, Angela	02/23/17	N/N	y	y	y	-	-	y	-

Legend:
 SOE = Start Of Episode
 POC = Plan Of Care
 SOC = Start Of Care
 ROC = Resumption Of Care
 EOC = Episodes Of Care
 y = Measure achieved
 n = Measure not achieved
 - = No data available
 / = Excluded from this measure

Footnote Legend
¹ This measure has been removed from the CMS Home Health Quality Initiative effective January 1, 2017. Data are provided here for agencies' internal quality monitoring and improvement efforts.
² This measure has been removed from the CMS Home Health Quality Reporting Program effective January 1, 2017. Data are provided here for agencies' internal quality monitoring and improvement efforts.

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Process Tally Report (cont.)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
Process Tally Report

Page 1 of 2 - A

Agency Name: **Happy Harbor Home Care**
 Agency ID: **MD217333**
 Location: **Baltimore, MD**

CCN: **2171333**
 Medicaid Number: **0011223344**
 Report Run Date: **11/12/2018**

Report Period: 01/2017 - 01/2019			Process Quality Measures						
			Timely Care	Assessment	Care Plan Implementation				
Legend: SOE = Start Of Episode POC = Plan Of Care SOC = Start Of Care ROC = Resumption Of Care EOC = Episodes Of Care y = Measure achieved n = Measure not achieved - = No data available / = Excluded from this measure			Timely Initiation Of Care	Depression Assessment Conducted	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Depression Interventions Implemented During All EOC ¹	Diabetic Foot Care And Patient/Caregiver Education Implemented During All EOC	Pain Interventions Implemented During All Episodes Of Care ²	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing For All EOC ¹
Patient Name	SOC/ROC Date	SOC/EOC Branch ID							
Allen, Mark	12/15/16	N/N	y	y	y	-	-	y	-
Andrews, Linda	01/26/17	N/N	y	y	y	-	-	-	-
Baker, James	02/26/17	N/N	y	y	-	-	y	y	-
Carter, Helen	03/18/17	N/N	y	y	y	-	-	y	-
Corbin, Kelly	03/29/17	N/N	y	y	y	-	-	-	-
Hall, Kim	05/08/17	N/N	y	y	-	-	-	y	-
Harris, Mary	01/16/17	N/N	y	y	y	-	-	-	-
Jackson, Sarah	01/20/17	N/N	y	y	y	-	y	y	-
Moore, James	03/10/17	N/N	y	-	-	-	-	-	-
Rodriguez, Angela	02/23/17	N/N	y	y	y	-	-	y	-

Timely Initiation Of Care

y

y

Footnote Legend


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Obtaining CASPER Reports

CMS QIES Systems for Providers Website



WELCOME TO THE CMS QIES SYSTEMS FOR PROVIDERS - OASIS

[OASIS User Registration](#)

 [OASIS Submissions](#)

OASIS Submission User's Guide:

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

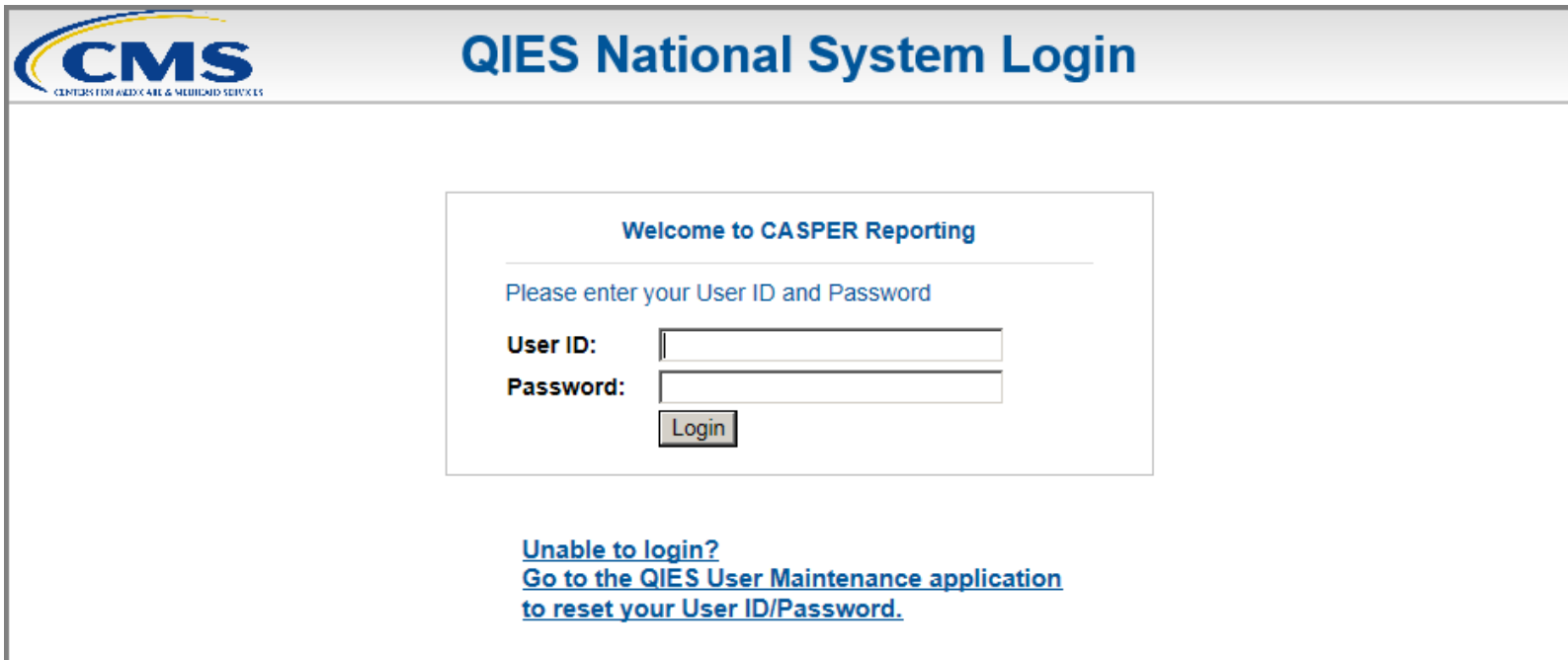
CASPER Reporting User's Guide:

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[OASIS Forms](#)

How to Obtain Reports



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

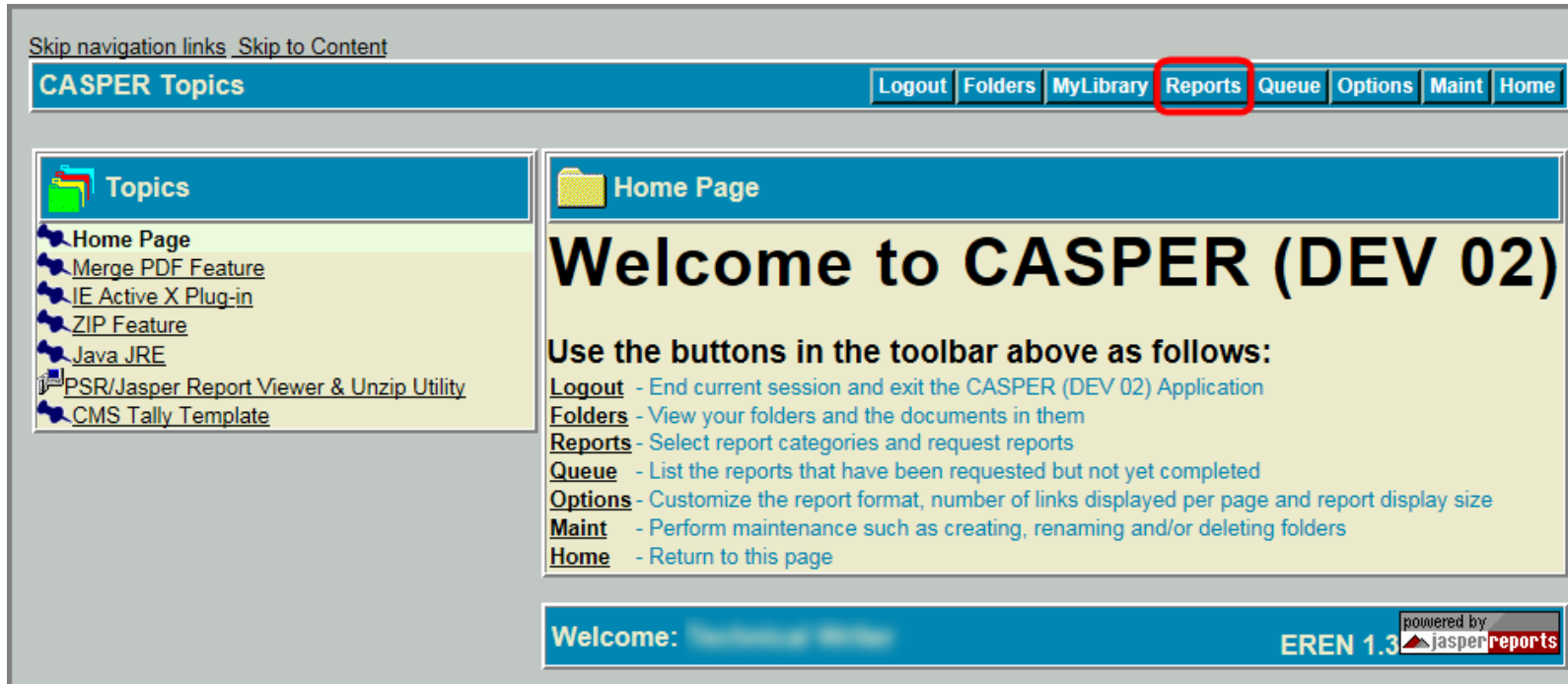
User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain Reports (cont. 1)



Skip navigation links Skip to Content

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

Topics

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

Home Page

Welcome to CASPER (DEV 02)

Use the buttons in the toolbar above as follows:

- Logout** - End current session and exit the CASPER (DEV 02) Application
- Folders** - View your folders and the documents in them
- Reports** - Select report categories and request reports
- Queue** - List the reports that have been requested but not yet completed
- Options** - Customize the report format, number of links displayed per page and report display size
- Maint** - Perform maintenance such as creating, renaming and/or deleting folders
- Home** - Return to this page

Welcome: EREN 1.3 powered by **jasperreports**

How to Obtain Reports (cont. 2)

Skip navigation links Skip to Content

CASPER Reports Logout Folders MyLibrary Reports Queue Options Maint Home

Report Categories

- HHA Provider
- OASIS Quality Improvement**
- Utility Reports

OASIS Quality Improvement

 Agency Patient-Related Characteristics (Case Mix) Report	• Agency Patient-Related Characteristics (Case Mix) Report
 Agency Patient-Related Characteristics (Case Mix) Tally Report	• Agency Patient-Related Characteristics (Case Mix) Tally Report
 HHA Review and Correct Report	• HHA Review and Correct Report
 HHA Trend Analysis Report	• HHA Trend Analysis Report
 Outcome Tally Report	• Outcome Tally Report
 Potentially Avoidable Event Patient Listing Report	• Potentially Avoidable Event Patient Listing Report

Pages [\[1\]](#) [\[2\]](#) [\[3\]](#)

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

Other Helpful Reports

OASIS Error Detail by Agency

- Located in CASPER HHA Provider report category.
- Request by date range.
- Shows list of all errors encountered in assessments submitted during date range.
- Specifies, per assessment ID, whether WARNING or FATAL error.
 - Assessments with FATAL errors are not accepted into database and will not be included in QM calculations.

OASIS Error Detail by Agency Report Example

Run Date: 01/29/2019Page 86 of 179

CASPER Report
(MD) OASIS Error Detail by Agency
from 10/01/2018 thru 12/31/2018

Agency ID: MD217333
Agency Name: Happy Harbor Home Care
Agency City: Baltimore, MD

Assessment ID: 70079420870
(M0100) RFA: 01
Submission Date: 11/16/2018

Error Number	Error Description	Error Type	Field In Error	Value In Error
-3330	Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.	WARNING	TRANS_TYPE_CD, M0090_INFO_COMPLETED_DT, Submission Date	1, 10/08/2018, 11/16/2018

Assessment ID: 70079420871
(M0100) RFA: 09
Submission Date: 11/16/2018


Error Number	Error Description	Error Type	Field In Error	Value In Error
-3190	No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items of this record did not match the corresponding items of an existing record in the database.	FATAL	M0030_START_CARE_DT, M0032_ROC_DT, M0032_ROC_DT_NA, M0040_PAT_FNAME, M0040_PAT_LNAME, M0064_SSN, M0064_SSN_UK,	05/31/2018, , 1,

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

OASIS Assessment Print Report

- Located in CASPER HHA Provider report category.
- Request by Assessment ID (shown on Final Validation Report).
- Shows all values submitted for the assessment.
- Easily identify what values submitted for OASIS items were included in QM calculations.

OASIS Assessment Print Report Example



Run Date: 01/29/2019
Page 1 of 19

CASPER Report OASIS Assessment Print

State: MD
Agency ID: MD217333
Agency Name: Happy Harbor Home Care
Patient Name: Baker, James
Assessment ID: 70083139385

SECTION 02: Patient Tracking Sheet

M0010 CCN	FACILITY CMS CERTIFICATION NUMBER (CCN)	
M0014 BRANCH STATE	BRANCH STATE	^ - Blank (not available or unknown)
M0016 BRANCH ID	BRANCH ID	P
M0018 PHYSICIAN ID	ATTENDING PHYSICIAN NATIONAL PROVIDER ID (NPI)	
M0018 PHYSICIAN UK	ATTENDING PHYSICIAN NPI: UNKNOWN	0 - Not checked (No)
M0020 PAT ID	PATIENT ID NUMBER	
M0030 START CARE DT	START OF CARE DATE	01/23/2019
M0032 ROC DT	RESUMPTION OF CARE DATE	^
M0032 ROC DT NA	NO RESUMPTION OF CARE DATE	1 - Checked (Yes)
M0040 PAT FNAME	PATIENT'S FIRST NAME	
M0040 PAT MI	PATIENT'S MIDDLE INITIAL	

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Provider Preview Reports

Provider Preview Reports

- Automatically generated and saved into your provider's shared folder in CASPER.
- Displays agency-level results that will be posted on the Compare websites.
- Two Provider Preview Reports:
 - Home Health Compare Provider Preview Report.
 - Quality of Patient Care Star Ratings Provider Preview Report.
- Provider Preview Reports are available 3 months in advance of the HHC refresh.

Provider Preview Reports (cont. 1)

Important Notes:

- Please review your agency's data.
- Providers may email homehealthqualityquestions@cms.hhs.gov for questions related to the reports.
- The order of the measures may not represent the order in which they will be displayed on the Compare websites.
- The titles of the measure(s) are not the consumer language titles that will appear on the Compare websites.
- The crosswalk between these titles is available on the Compare websites.

Provider Preview Reports (cont. 2)

- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date), which falls approximately 135 days after the end of each calendar year quarter as noted on the Review and Correct Reports.
- There is a 30-day preview period prior to public reporting, which begins the day reports are issued to providers via their CASPER system folders.
- Providers will not have the opportunity to request the correction of underlying publicly reported data if the data correction deadline has passed.

Provider Preview Reports (cont. 3)

Preview of Home Health Agency Quality Measure Scores To Be Posted on Home Health Compare (April 2019)			
(Please note that a separate preview report will be distributed for Quality of Patient Care Star Ratings.)			
State:	Maryland		
Provider Name:	Happy Harbor Home Care		
Provider Number:	MD217333		
Street Address:	45 Harbor Shore Road		
City:	Baltimore		
ZIP Code:	21201		
Phone:	(410) 123-4567		
Agency's Initial Date of Medicare Certification:	01/03/1974		
Type of Ownership:	VOLUNTARY NON PROFIT - RELIGIOUS AFFILIATION		
Services Provided			
Nursing Care:	Y	Speech Pathology:	Y
Physical Therapy:	Y	Medical Social Services:	Y
Occupational Therapy:	Y	Home Health Aide:	Y
OASIS-BASED MEASURES (1)			
PROCESS MEASURES:	Agency (2) Average%	State (3) Average%	National Average%
Timely Initiation of Care	99.3	95.1	94.5
Depression Assessment Conducted	99.8	96.5	97.5
Multifactor Fall Risk Assessment Conducted for All patients who Can Ambulate	100.0	99.6	99.6
Diabetic Foot Care and Pt/CG Ed Implemented	100.0	98.9	97.8
Drug Education On All Meds Provided to Pt/CG	100.0	99.2	98.2
Influenza Immunization Rec'd For Current Flu Season	84.6	84.4	78.5
Pneumococcal Vaccination Ever Received	84.6	83.6	81.6
Drug Regimen Review Conducted with Follow-up for Identified Issues	99.1	92.7	92.6
END RESULT OUTCOME MEASURES:	Agency (2) Average%	State (3) Average%	National Average%
Improvement in Bathing	82.2	80.8	78.5
Improvement in Bed Transfer	81.2	79.2	75.8
Improvement in Ambulation/Locomotion	81.4	78.9	76.3
Improvement in Management of Oral Medications	74.1	70.7	67.6
Improvement in Pain Interfering With Activity	90.0	82.4	79.2
Improvement in Dyspnea	91.8	83.7	78.3
Improvement in Status of Surgical Wounds	94.4	92.9	91.2
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (see Important Notes at end of report)	0.2	0.3	0.4

MEDICARE FEE-FOR-SERVICE CLAIMS-BASED MEASURES (1)			
CLAIMS BASED OUTCOMES FOR ELIGIBLE STAYS DURING THE FIRST 60 DAYS OF HOME HEALTH:			
	Agency (2) Average%	State (3) Average%	National Average%
Acute Care Hospitalization	14.8	15.4	15.8
Emergency Department Use without Hospitalization	12.5	13.0	13.0
CLAIMS BASED OUTCOMES FOR PREVIOUSLY HOSPITALIZED PATIENTS:			
Rehospitalization			
During First 30 Days of Home Health:	Worse Than Expected		
E.D. Use without Hospital Readmission			
During First 30 Days of Home Health:	Worse Than Expected		
Potentially Preventable Readmission (PPR) 30-Day Post-Discharge from Post-Acute Care (PAC) Home Health:	N/A (4)		
CLAIMS BASED OUTCOMES POST-DISCHARGE:			
Discharge to Community from Post-Acute Care (PAC) Home Health:	Better Than National Rate		
CLAIMS BASED COST MEASURES:	Eligible (2) Episodes	Agency (2) Score	National Avg Score
Medicare Spending per Beneficiary (MSPB) Post-Acute Care (PAC) Home Health:	4279	0.94	1.00
Reporting Period	07/01/2017 - 06/30/2018		
OASIS-based Quality Measures:			
Medicare Fee-For-Service Claims-Based Measures:			
Acute Care Hosp., MSPB, E.D. Use without Hosp.	01/01/2017 - 12/31/2017		
Discharge to Community	01/01/2016 - 12/31/2017		
Rehospitalization, E.D. use without Hosp. Read., PPR	01/01/2015 - 12/31/2017		
(1) All measure values will be displayed to one decimal place on Home Health Compare, with the exception of Medicare Spending per Beneficiary, which will be displayed to two decimal places.			
(2) A value of 199 means the number of episodes is too small to report; 201 means the measure currently does not have data or has less than 6 months of data. Codes of 199 and 201 will be reported as 'Not Available' on the Home Health Compare website and a footnote of '4' or '5' will display next to the text with an associated tooltip indicating why the information is unavailable.			
(3) Each state average is the aggregate rate for all patients served by providers in that state. The national average is the aggregate rate for all patients served by providers in the nation.			
(4) Data suppressed by CMS for one or more quarters.			

Home Health Compare

Home Health Compare

- The public HHC website provides:
 - Access to quality measure results (tailored for the public).
 - The ability to search for a home health agency by geographic location (city, State, ZIP Code).



The screenshot shows the Medicare.gov Home Health Compare website. At the top, the header reads "Medicare.gov | Home Health Compare" with the subtitle "The Official U.S. Government Site for Medicare". Below the header is a navigation bar with buttons for "Home Health Compare Home", "About Home Health Compare", "About the data", "Resources", and "Help". A "Home" link and a "Share" button are also present. The main section is titled "Find a home health agency" and includes a link to "Learn about what home health care includes". A search form is displayed with a note: "A field with an asterisk (*) is required." The form has two input fields: "Location" (with an example "45802 or Lima, OH or Ohio" and the text "BALTIMORE, MD" entered) and "Home Health Agency Name (optional)" (with the text "Full or partial home health name" entered). A green "Search" button is at the bottom right of the form. To the right of the form is a photograph of a female healthcare worker with a stethoscope around her neck, sitting and talking to an elderly male patient who is sitting on a couch.

<https://www.medicare.gov/homehealthcompare/search.html>

Home Health Compare (cont.)

- New quality measures were added to HHC on January 1, 2019:
 - **Assessment-based measures:**
 1. Percent of Residents or Patients with a Pressure Ulcers that Are New or Worsened (Short Stay) (NQF#0678).
 2. Drug Regimen Review Conducted with Follow-Up for Identified Issues.
 - **Claims-based measures:**
 1. Medicare Spending Per Beneficiary – Post Acute Care HH QRP.
 2. Discharge to Community – Post Acute Care HH QRP.

Resources

- Refer to the *CASPER Reporting User's Guide* for detailed information.
 - Welcome to the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers web page.
 - The guide is also available for download in the following location:
 - Home Health Agency (HHA) Providers – Reference & Manuals page on the QIES Technical Support Office (QTSO) website (<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>).
- OASIS Education Coordinators:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf>.

Resources (cont.)

- Quality Measures and OASIS Data Collection Guidance: Home Health Quality Reporting Program:
 - HomeHealthQualityQuestions@cms.hhs.gov.
- Medicare Prospective Payment System Payment Policy Mailbox:
 - HomeHealthPolicy@cms.hhs.gov.
- Data Submission & CASPER: QTSO Help Desk:
 - Telephone: (800) 339-9313.
 - Email: help@qtso.com.
 - Website: <https://qtso.cms.gov/>.



Reports Activity

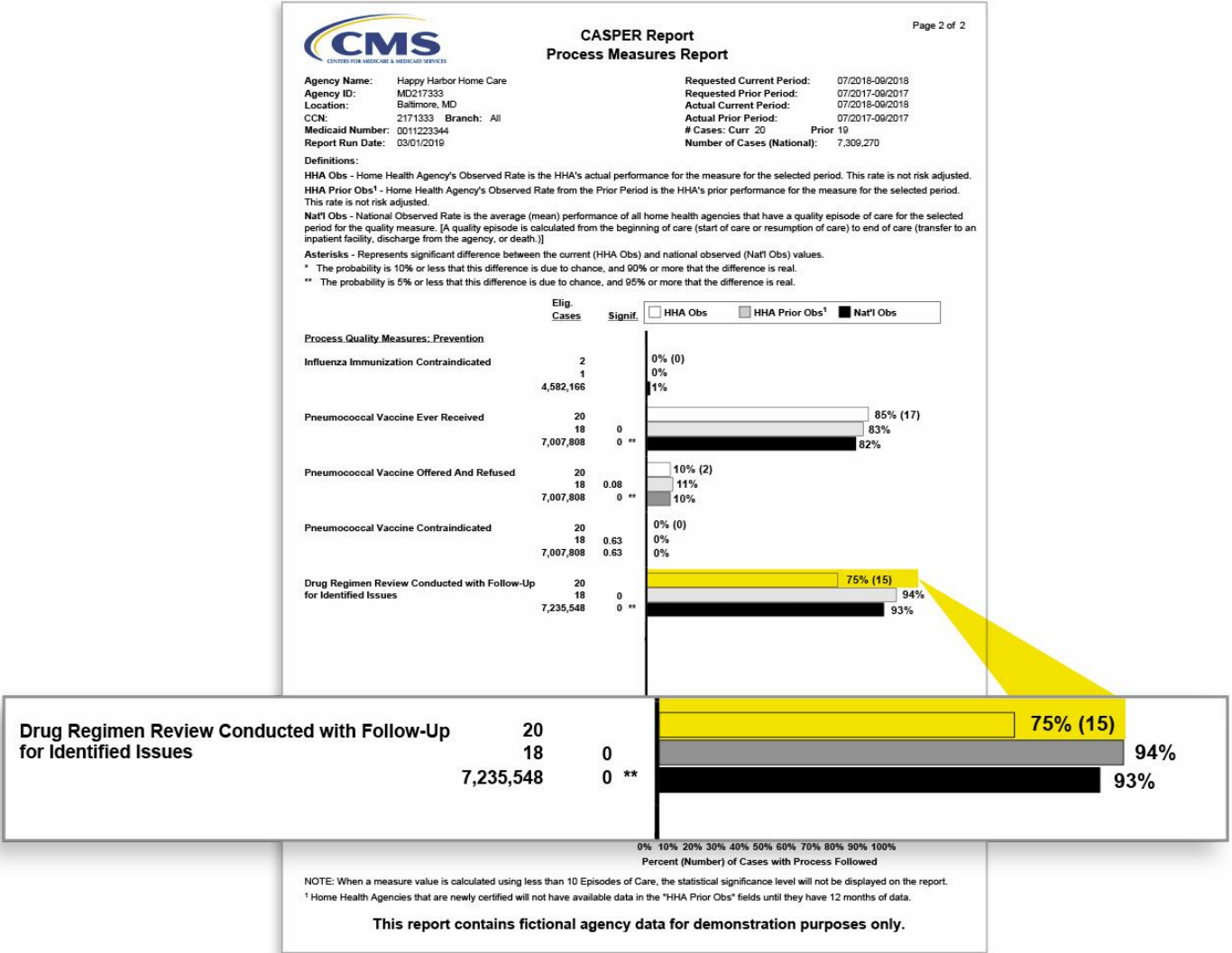
Reports Activity Overview

- **Scenario:** You are the Quality Manager at Happy Harbor Home Care, located in Baltimore, MD. On a regular basis, you access, analyze, and use CASPER reports to support your agency's quality program. When reviewing your Process Measure Report for Quarter 3 2018, you identify an opportunity for improvement.
- **Activity Instructions:**
 - Work in groups at your table to review the sample CASPER reports provided.
 - Use the Reports Activity Worksheet to guide your review and analysis.
 - We will debrief in 20 minutes.

Activity Debrief

1. Review the **Process Measures Report** to identify which measure your agency should target for improvement. How does the report data support your conclusion?
2. Using the **Process Tally Report**, identify the patients who did not achieve the numerator for the quality measure identified for improvement.
3. Using the **OASIS Assessment Print Report**, summarize the findings for each patient who did not achieve the numerator for the identified quality measure. What conclusions can you make?
4. How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?


Activity Debrief: Process Measures Report



Activity Debrief: Process Tally Report

- **Five patients** did not achieve the “*Drug Regimen Review Conducted with Follow-up for Identified Issues*” QM:
 1. Collins, Timothy (Quality Episode 1)
 2. Collins, Timothy (Quality Episode 2)
 3. Collins, Timothy (Quality Episode 3)
 4. Edwards, Nancy
 5. Green, Linda

Activity Debrief: Process Tally Report (cont.)

 CASPER Report Process Tally Report <small>Agency Name: HAPPY HARBOR HOME CARE Agency ID: MD217333 Location: BALTIMORE, MD</small>												
Report Period: 07/2018 - 09/2018			Process Quality Measures									
			Education		Prevention							
Legend: SOE = Start Of Episode POC = Plan Of Care SOC = Start Of Care ROC = Resumption Of Care EOC = Episodes Of Care y = Measure achieved n = Measure not achieved - = No data available / = Excluded from this measure			Drug Education On All Medications Provided To Patient/Caregiver During All EOC	Drug Education on High Risk Medications Provided to Patient/Caregiver SOE	Falls Prevention Steps Implemented For All EOC ¹	Influenza Immunization Received For Current Flu Season	Influenza Immunization Offered And Refused For Current Flu Season	Influenza Immunization Contraindicated	Pneumococcal Vaccine Ever Received	Pneumococcal Vaccine Offered And Refused	Pneumococcal Vaccine Contraindicated	Pressure Ulcer Prevention Implemented During All EOC ²
Patient Name	SOC/ROC Date	SOC/EOC Branch ID										Drug Regimen Review Conducted with Follow-Up for Identified Issues
Adams, Benjamin	07/26/18	N/N	y	y	y	-	-	-	y	n	n	y
Brown, Thomas	08/13/18	N/N	y	y	y	-	-	-	y	n	n	y
Collins, Timothy	05/01/18	N/N	y	y	y	-	-	-	n	y	n	y
Collins, Timothy	07/31/18	N/N	y	y	y	-	-	-	n	y	n	y
Collins, Timothy	08/03/18	N/N	y	y	y	-	-	-	y	n	n	y
Davis, Samuel	07/26/18	N/N	y	y	y	-	-	-	y	n	n	y
Edwards, Nancy	02/06/18	N/N	y	y	y	y	n	n	y	n	n	y
Flores, Maria	07/20/18	N/N	y	y	y	-	-	-	y	n	n	y
Garcia, Lisa	07/30/18	N/N	y	y	y	-	-	-	y	n	n	y
Green, Linda	03/07/18	N/N	y	y	y	y	n	n	n	n	n	y

Footnote Legend
¹ This measure has been removed from the CMS Home Health Quality Initiative effective January 1, 2017. Data are provided here for agencies' internal quality monitoring.
² This measure has been removed from the CMS Home Health Quality Reporting Program effective January 1, 2017. Data are provided here for agencies' internal quality monitoring.


This report contains fictional agency and patient data for demonstration purposes

Report Period: 07/2018 - 09/2018	
Legend: SOE = Start Of Episode POC = Plan Of Care SOC = Start Of Care ROC = Resumption Of Care EOC = Episodes Of Care y = Measure achieved n = Measure not achieved - = No data available / = Excluded from this measure	Drug Regimen Review Conducted with Follow-Up for Identified Issues
Patient Name	
Adams, Benjamin	
Brown, Thomas	
Collins, Timothy	
Collins, Timothy	
Collins, Timothy	
Collins, Timothy	
Davis, Samuel	
Edwards, Nancy	
Flores, Maria	
Garcia, Lisa	
Green, Linda	

Activity Debrief: OASIS Assessment Print Reports

Timothy Collins

Quality Episode 1


CENTERS FOR MEDICARE & MEDICAID SERVICES


CASPER Report
OASIS Assessment Print

State: MD
Agency ID: MD217333
Agency Name: HAPPY HARBOR
Patient Name: COLLINS, TIMOTHY
Assessment ID: 7013542895

SECTION 24: Medications

M2000 DRUG RGMN RVW	DRUG REGIMEN REVIEW
M2001 DRUG RGMN RVW	DRUG REGIMEN REVIEW
M2002 MDCTN FLWP	MEDICATION FOLLOW-UP
M2003 MDCTN FLWP	MEDICATION FOLLOW-UP

Quality Episode 2


CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
OASIS Assessment Print


Run Date: 03/01/2019
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State: MD
Agency ID: MD217333
Agency Name: HAPPY HARBOR HOME CARE
Patient Name: COLLINS, TIMOTHY
Assessment ID: 70232157812

SECTION 24: Medications

M2000 DRUG RGMN RVW	DRUG REGIMEN REVIEW
M2001 DRUG RGMN RVW	DRUG REGIMEN REVIEW
M2002 MDCTN FLWP	MEDICATION FOLLOW-UP
M2003 MDCTN FLWP	MEDICATION FOLLOW-UP
M2004 MDCTN INTRVTN	MEDICATION INTERVENTION
M2005 MDCTN INTRVTN	MEDICATION INTERVENTION

Quality Episode 3


CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
OASIS Assessment Print

Run Date: 03/01/2019
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State: MD
Agency ID: MD217333
Agency Name: HAPPY HARBOR HOME CARE
Patient Name: COLLINS, TIMOTHY
Assessment ID: 70368416541

SECTION 24: Medications

M2000 DRUG RGMN RVW	DRUG REGIMEN REVIEW	
M2001 DRUG RGMN RVW	DRUG REGIMEN REVIEW	1 - Yes - Issues found during review
M2002 MDCTN FLWP	MEDICATION FOLLOW-UP	
M2003 MDCTN FLWP	MEDICATION FOLLOW-UP	0 - No
M2004 MDCTN INTRVTN	MEDICATION INTERVENTION	
M2005 MDCTN INTRVTN	MEDICATION INTERVENTION	0 - No

1 - Yes - Issues found during review

0 - No

0 - No

Activity Debrief: OASIS Assessment Print Report

Nancy Edwards



Run Date: 03/01/2019
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CASPER Report OASIS Assessment Print

State: MD

Agency ID: MD217333

Agency Name: HAPPY HARBOR HOME CARE

Patient Name: EDWARDS, NANCY

Assessment ID: 70156953142

SECTION 24: Medications

M2000 DRUG RGMN RVW	DRUG REGIMEN REVIEW	
M2001 DRUG RGMN RVW	DRUG REGIMEN REVIEW	1 - Yes - issues found during review
M2002 MDCTN FLWP	MEDICATION FOLLOW-UP	
M2003 MDCTN FLWP	MEDICATION FOLLOW-UP	1 - Yes
M2004 MDCTN INTRVTN	MEDICATION INTERVENTION	
M2005 MDCTN INTRVTN	MEDICATION INTERVENTION	0 - No

Activity Debrief: OASIS Assessment Print Report

Linda Green



Run Date: 03/01/2019
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CASPER Report OASIS Assessment Print

State: MD

Agency ID: MD217333

Agency Name: HAPPY HARBOR HOME CARE

Patient Name: GREEN, LINDA

Assessment ID: 70195236142

SECTION 24: Medications

M2000 DRUG RGMN RVW DRUG REGIMEN REVIEW

M2001 DRUG RGMN RVW DRUG REGIMEN REVIEW - - Not assessed/no information

M2002 MDCTN FLWP MEDICATION FOLLOW-UP

M2003 MDCTN FLWP MEDICATION FOLLOW-UP - - Not assessed/no information

M2004 MDCTN INTRVTN MEDICATION INTERVENTION

M2005 MDCTN INTRVTN MEDICATION INTERVENTION - - Not assessed/no information

Activity Debrief: Next Steps

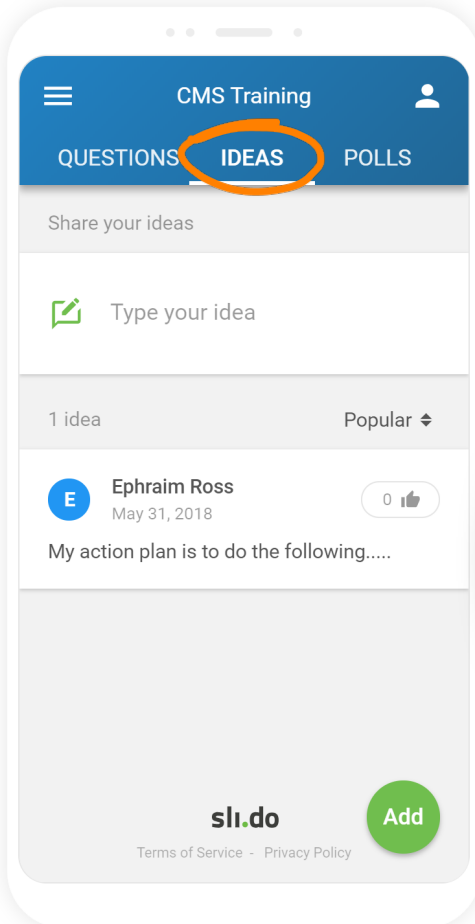
How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?



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Share Your Action Plan Ideas



The screenshot shows the CMS Training app interface. At the top, there's a blue header with 'CMS Training' and a user profile icon. Below the header, there are three tabs: 'QUESTIONS', 'IDEAS' (which is highlighted with an orange circle), and 'POLLS'. Under the 'IDEAS' tab, there's a section titled 'Share your ideas' with a text input field labeled 'Type your idea'. Below this, there's a list of ideas. The first idea is by 'Ephraim Ross' dated 'May 31, 2018', with a thumbs up icon and the text 'My action plan is to do the following.....'. At the bottom of the screen, there's a green 'Add' button and the 'slido' logo with links to 'Terms of Service' and 'Privacy Policy'.

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Questions?

