CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Home Health
Quality Reporting Program Provider Training

Data Submission and Reporting

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Objectives

- Identify strategies for successful Outcome and Assessment Information Set (OASIS) data submission.
- Describe the process to navigate the Certification And Survey Provider Enhanced Reports (CASPER) application.
- Discuss the purpose, location and common errors associated with Final Validation Reports (FVRs).

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Objectives

- Identify the top 10 errors associated with OASIS submission.
- Discuss various CASPER and other reports available to home health providers.
- Locate resources available to support providers with data submission.

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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)
- Final Validation Report (FVR)
- Home Health Agency (HHA)
- Home Health Compare (HHC)
- Identification (ID)

Acronyms in This Presentation

- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
- Outcome and Assessment Information Set (OASIS)
- Post-Acute Care (PAC)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Assessments Only (QAO)
- Quality Measure (QM)
- Validation Report (VR)

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Tips for Successful OASIS Data Submission

- Important tips to remember before submitting your OASIS records to the Assessment Submission and Processing (ASAP) system:
  - Ensure that you have a CMSNet user ID and password and that the Juniper communication software is correctly installed on your PC.
  - Ensure that you have registered for AND activated your Quality Improvement and Evaluation System (QIES) user ID.

Tips for Successful OASIS Data Submission

- You must utilize data entry software capable of formatting OASIS records in an XML format and exporting files in accordance with CMS' standard record layout specifications.
  - OASIS Data Submission Specifications available on the CMS Web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html.
- Ensure that the Facility ID you received when you registered for your QIES user ID is correctly entered into the OASIS data entry software you choose to use.
- Do not attempt the OASIS file submission process if any of the above steps are not complete.

Tips for Successful OASIS Data Submission

- OASIS records are submitted to the QIES ASAP system via the OASIS Submissions system:
  - Link to access the OASIS Submissions system is on the “Welcome to the CMS QIES Systems for Providers” Web page.
- Login and upload file containing OASIS records.

Tips for Successful OASIS Data Submission

- Following upload of the file containing OASIS records:
  - An online initial confirmation message displays. This message includes important information about the submission, including the Submission ID of the file.
  - Print the initial confirmation message to help identify and locate the OASIS Agency Final Validation Report (FVR) in the CASPER Reporting application.

Resources Available to Support Submission

- Refer to the *OASIS Submission User's Guide* for detailed information about submission of OASIS data to the ASAP system.
  - The guide is available for download in the following locations:
    - Welcome to the CMS QIES Systems for Providers Web page.
    - OASIS User Guides and Training page on the QIES Technical Support Office (QTSO) Web site (https://www.qtso.com/hhatrain.html).

CMS QIES Systems for Providers Web Site

Welcome to the CMS QIES Systems for Providers - OASIS

OASIS User Registration

OASIS Submissions

OASIS Submission User's Guide Choose a Section Select

CASPER Reporting - Select this link to access the Final Validation and Provider reports.

CASPER Reporting User's Guide: Choose a Section Select

QIES User Maintenance Application

QIES User Maintenance Application User's Guide

OASIS Forms

Locating Reports in CASPER

- Access the ASAP system-generated FVRs and other reports in the CASPER Reporting application.
  - A link to the CASPER Reporting application is available on the “Welcome to the CMS QIES Systems for Providers - OASIS” Web page.
  - Log into the CASPER Reporting application using your QIES user ID and password.

Final Validation Report

- Created within 24 hours following submission of the zip file that contains OASIS data records.
- Provides feedback about the processing of each XML record included in the zip file submitted to the ASAP system.
- Created for each submission file if the provider in the XML record can be identified.
- If no system-generated FVR is created, this indicates there were severe errors with the zip file or no records could be extracted from the zip file.

Final Validation Report

- FVR is automatically placed in the Validation Report (VR) folder following completion of file processing.
  - Three permanent folders are available on the CASPER Folders page.
    - **My Inbox:** Folder where user-requested home health agency (HHA) reports are stored.
    - **Shared Provider Folder:** Read-only folder into which agency-level automatically generated reports are distributed.
      - Folder named: [State Code] HHA [Facility ID]
    - **Shared Provider VR Folder:** Read-only folder into which ASAP system-generated FVRs are stored.
      - VR Folder named: [State Code] HHA [Facility ID] VR
  - Users who have access to submit data for your agency automatically have access to the VR folder.

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Final Validation Report

- Select the VR folder name, and a list of ASAP system-generated FVRs display in the right frame.
- Refer to the initial confirmation message you received after uploading the zip file to the ASAP system. This message contains the Submission ID of the FVR in the VR folder.

Final Validation Report

FVRs are labeled as [Submission Date & Time].[Submission ID]

- Example FVR name: 07012016153029.789541
- Interpreted as:
  - 07012016: Submission date (07/01/2016)
  - 153029: Submission time (3:30:29 pm)
  - 789541: Submission ID

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Final Validation Report

- Two ASAP system-generated FVRs are available in the VR folder:
  - Text-formatted report.
    - This report can be identified by the notebook icon that displays adjacent to the FVR name link.
    - Access this user-friendly version of the FVR.
  - XML-formatted report.
    - This report format is intended for use by software vendors.
    - Can be identified by the XML icon displaying adjacent to the FVR name link.

Final Validation Report

Skip navigation links Skip to Content

CASPER Folders

Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Folders

My Inbox
Agency MN H02252 Inbox
* MN HHA H02252
* MN HHA H02252 VR

* MN HHA H02252 VR

Info	Click Link to View Report	Date Requested	Select
XML	04302016121908.200000400	01/04/2016 12:26:59	☐
	04302016121908.200000400	01/04/2016 12:26:59	☐
XML	06232016103433.200000448	11/19/2015 17:38:35	☐
	06232016103433.200000448	11/19/2015 17:38:35	☐
XML	06232016103433.200000448	06/24/2015 10:35:22	☐
	06232016103433.200000448	06/24/2015 10:35:21	☐
XML	05182016095402.200000420	05/19/2015 09:55:30	☐
	05182016095402.200000420	05/19/2015 09:55:29	☐

Pages [1]

This Folder is Read-Only

SelectAll | Print PSRs | Zip | MergePDFs

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Final Validation Report

```
                    CMS Submission Report
            OASIS Agency Final Validation Report

Submission Date/Time:                10/11/2015 10:15:34
Submission ID:                       50000740
Submitter User ID:                   [illegible]
Submission File Name:                BL_XMLFile_102015_OASIS_V2.12_ICD10_R01_0
                                     5012015.zip
Submission File Status:              Completed
Processing Completion Date/Time:     05/01/2015 10:17:40

Agency ID (FAC_ID):                  [illegible]
Agency Name:                         [illegible]
State Code:                          [illegible]

# Records Processed:                 1
# Production Records Accepted:       1
# Production Records Rejected:       0
# Production Duplicate Records:      0
# Production Records Submitted
  Without Agency Authority:          0
# Test Records Passed:               0
# Test Records Failed:               0
Total # of Messages:                 2

-------------------------------------------------------------------------------
Record: 1                            Accepted

Asmt_ID: 70002009044                 Name (M0040) : [illegible]
Res_Int_ID: 32567840                 SSN (M0064): [illegible]
RFA, BRANCH_ID: 01, P                Medicare Num (M0063): [illegible]
M0090 Date: 10/01/2015               Eff Date: 10/01/2015
Type of Transaction: NEW RECORD      Correction Num: 0
XML File Name:                       BL_XMLFile_102015_OASIS_V2.12_ICD10_R01_0
                                     5012015.xml

OASIS Item(s):                       M0100_ASSMT_REASON, SUBM_HIPPS_CODE,
                                     CALC_HIPPS_CODE
Data Submitted:                      01, ^, 1CGKV
Message Number/Severity:             -4820      WARNING
Message:                             Invalid HIPPS Values: SUBM_HIPPS_CODE
                                     and SUBM_HIPPS_VERSION values should
                                     match the system-calculated values.

OASIS Item(s):                       M0100_ASSMT_REASON, SUBM_HIPPS_VERSION,
                                     CALC_HIPPS_VERSION
Data Submitted:                      01, ^, V5115
Message Number/Severity:             -4820      WARNING
Message:                             Invalid HIPPS Values: SUBM_HIPPS_CODE
                                     and SUBM_HIPPS_VERSION values should
                                     match the system-calculated values.
```

Error Types: Fatal File Errors

- The file is rejected by the QIES ASAP system if the file structure does not meet these requirements.
- Examples of fatal file errors:
  - The file is not a ZIP file.
  - The records in the ZIP file cannot be extracted.
  - The file cannot be read.
- Files that are rejected must be corrected and resubmitted.

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Error Types: Fatal Record Errors

- The individual OASIS record is rejected by the QIES ASAP system.
- Examples:
  - Out-of-range responses.
  - Inconsistent relationships between items.
- Rejected records must be corrected and resubmitted.

Types of Errors: Warnings (Non-Fatal Errors)

- Warnings include missing or questionable data of a non-critical nature or item consistency errors of a non-critical nature.

- Examples:
  - Timing errors.
  - Record sequencing errors.

- The provider must evaluate each warning to identify necessary corrective actions.

Time-Related QIES ASAP Requirements

- FVR is automatically deleted from the agency's VR folder after 60 days.
  - You can still request OASIS Submitter FVR using the Submission ID at any time.
- Fatal errors must be addressed and the OASIS records must be resubmitted such that the 30 day submission time frame requirement is met.

Top 10 Errors Returned for OASIS Records

No. 1 Error – 3330: Record Submitted Late

The submission date is more than 30 days after M0090 date on this new (TRANS_TYPE_CD = 1) record.

- Warning message.
- Provider workflow error.
- 1,944,401 OASIS records encountered this error.
- A tracking mechanism is not in place to ensure timely submission of OASIS records.

Top 10 Errors Returned for OASIS Records

No. 2 Error – 915: Patient Information Mismatch

Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If record accepted, the database has been updated.

- Warning message.
- Informational error.
- 1,039,878 OASIS records encountered this error.
- Occurs when submitted agency or patient information is different than the same information for the patient in the national resident table.
- Verify updated information is correct.

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Top 10 Errors Returned for OASIS Records

No. 3 Error – 907: Duplicate Assessment

The submitted record is a duplicate of a previously accepted record.

- Fatal error.
- Provider workflow error.
- 396,471 OASIS records encountered this error.
- OASIS record already exists in the QIES ASAP database and should not be resubmitted.
- Compare the record in your software to the record previously accepted by the ASAP system; if data changed, submit a modification record.

Top 10 Errors Returned for OASIS Records

No. 4 Error – 909: Inconsistent Record Sequence

Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

- Warning message.
- Provider workflow error.
- 370,766 OASIS records encountered this error.
- Submitted OASIS record was not the next expected record for the patient.
- A tracking mechanism is not in place to ensure OASIS records are completed and submitted in a sequential manner.

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Top 10 Errors Returned for OASIS Records

No. 5 Error – 4820: Invalid HIPPS Values

SUBM_HIPPS_CODE and SUBM_HIPPS_VERSION values should match the system-calculated values.

- Warning message.
- Software error.
- 214,946 OASIS records encountered this error.
- May need to report this error to the vendor that created your data entry software.

Top 10 Errors Returned for OASIS Records

No. 6 Error – 925: Record Timing Invalid

CMS timing guidelines require recertification follow-up records (**M0100.** Reason for Assessment equals **4**) at least every 60 days (relative to Start of Care date), but no earlier than Day 56 of the follow-up cycle.

- Warning message.
- Provider workflow error.
- 121,774 OASIS records encountered this error.
- A tracking mechanism is not in place to ensure OASIS records are completed according to CMS timing guidelines.

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Top 10 Errors Returned for OASIS Records

No. 7 Error – 3320: Inconsistent Dates

If **M0100.** Reason for Assessment is equal to **9,** Discharge from agency, then **M0090.** Date Assessment Completed minus **M0906.** Discharge/Transfer/Death Date should be greater than or equal to 0 days and less than or equal to 2 days.

- Warning message.
- Provider workflow error.
- 119,520 OASIS records encountered this error.
- A tracking mechanism is not in place to ensure OASIS records are completed according to CMS timing guidelines.

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Top 10 Errors Returned for OASIS Records

No. 8 Error – 3160: Invalid HHA_AGENCY_ID

The HHA_AGENCY_ID submitted in file does not identify a valid provider in the QIES ASAP System.

- Fatal error.
- Software or user error.
- 78,257 OASIS records encountered this error.
- The HHA_AGENCY_ID must be a system-assigned HHA_AGENCY_ID.
- Software used to create the OASIS records for submission did not conform to data specifications.
- Report this error to the vendor that created your data entry software.

Top 10 Errors Returned for OASIS Records

No. 9 Error – 903: Required Item Missing or Invalid

Based on the OASIS Data Specifications in effect on the effective date of this record, this item is required.

- Fatal error.
- Software error.
- 69,440 OASIS records encountered this error.
- Software used to create the OASIS records for submission did not conform to data specifications.
- Report this error to the vendor that created your data entry software.

Top 10 Errors Returned for OASIS Records

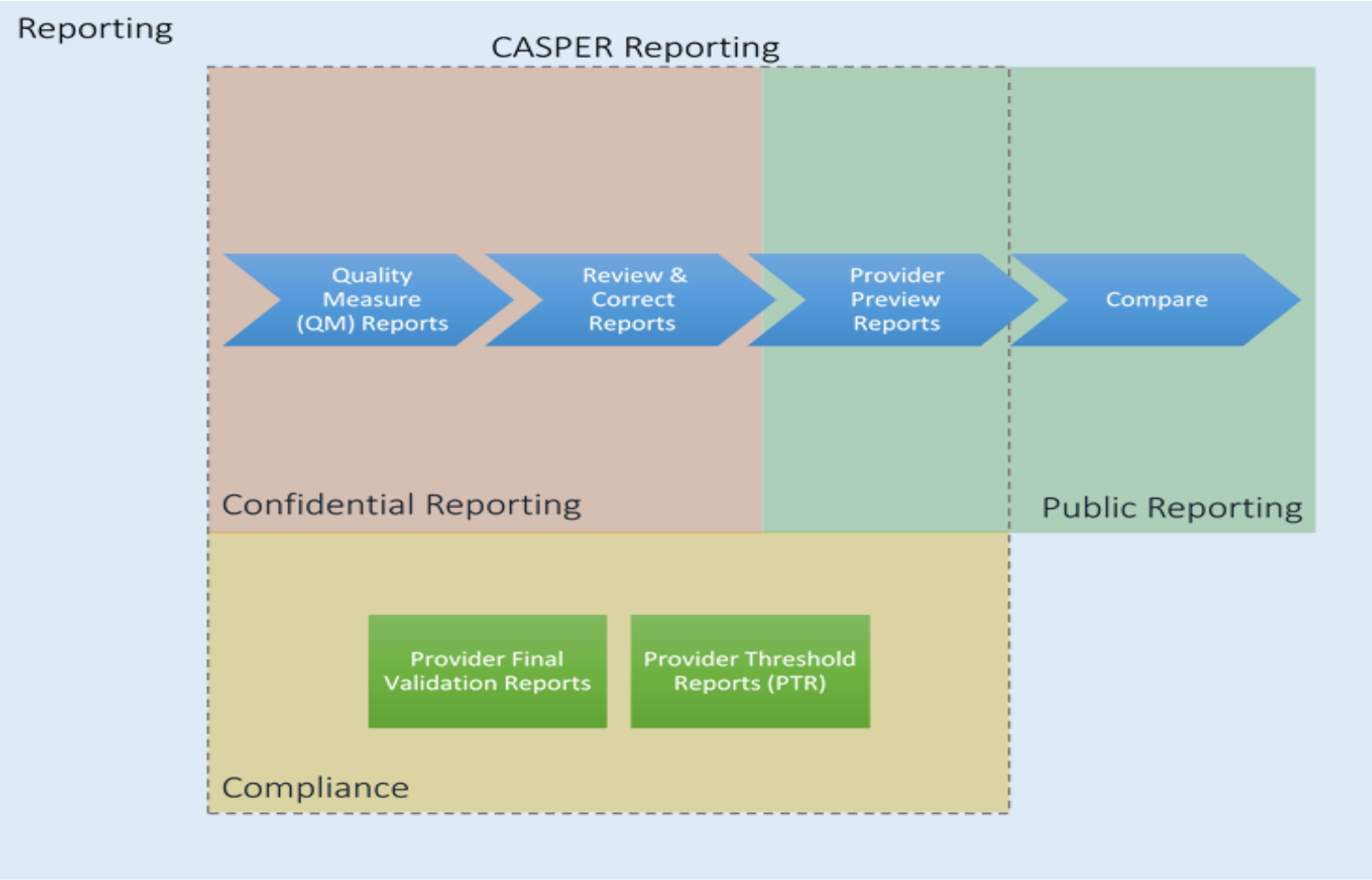
No. 10 Error – 3060: Invalid Value

The value submitted for this item is not an acceptable value.

- Fatal error.
- Software error.
- 45,762 OASIS records encountered this error.
- Software used to create the OASIS records for submission did not conform to data specifications.
- Report this error to the vendor that created your data entry software.

Overview of Quality Reports

Public Reporting Overview Graphic



Overview of Reports

- CASPER:
  - On-Demand Reports:
    - Quality Measure (QM) Reports (agency level and patient level).
    - Review and Correct Reports (new).
  - Distributed Reports ("Folder"):
    - Provider Preview Reports.

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Resources

- Refer to the *CASPER Reporting User's Manual* for detailed information.
  - Welcome to the CMS QIES Systems for Providers Web page.
  - The guide is available for download in the following location:
    - OASIS User Guides and Training page on the QTSO Web site (https://www.qtso.com/hhatrain.html).

Overview of Reports

- Public Reporting:
  - Home Health Compare (HHC) Web site.
  - Downloadable data from https://data.medicare.gov.

Additional Reports

- Quality of Patient Care Star Ratings.
  - Quarterly preview of results.
- Quality Assessments Only (QAO) Pay-for-Reporting Reports.
  - Show provider compliance with reporting thresholds.
  - Interim reports quarterly.
  - Annual report aligns with Annual Payment Update (APU) period.

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Quality Measure Reports

CASPER QM agency-level and patient-level reports:

- Contain QM information at the agency- and patient-levels for a single reporting period.
- Providers are able to select the data collection end date and obtain aggregate performance data.
- Reports are available on a monthly basis and can be used to determine any data submission errors that may affect QM data.
- The existing reports meet the requirement for “confidential feedback” under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.

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On-Demand Agency-Level Reports

- Risk Adjusted Outcome Report.
- Potentially Avoidable Event Report.
- All Patients' Process Quality Measures Report.
- Agency Patient-Related Characteristics Report.
- Two- and three-bar versions:
  - Two bar shows current results, plus a national reference.
  - Three bar shows includes prior results as well.
- HHA Trend Analysis Report and Patient Characteristics Analysis.

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On-Demand Patient-Level Reports

- Outcome Tally Report.
- HHA Process Measures Tally Report.
- Patient-Related Characteristics Analysis Summary Report.

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On-Demand Reports: Patient-Related Characteristics Two Bar

Agency Patient-Related Characteristics Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:
Date Report Printed: 09/28/2016

Requested Current Period: 05/2014 - 04/2015
Actual Current Period: 05/2014 - 04/2015

Number of Cases in Current Sample: 151
Number of Cases in Reference Sample: 6426748

	Current Mean	Ref. Mean
PATIENT HISTORY		
Demographics		
Age (years)	63.90	74.66 **
Gender: Female (%)	50.33%	61.41% *
Race: Black (%)	0.00%	13.96% **
Race: White (%)	0.00%	75.64% **
Race: Other (%)	100.00	10.67% **
Payment Source		
Any Medicare (%)	70.86%	93.31% **
Any Medicaid (%)	49.01%	9.68% **
Any HMO (%)	1.32%	26.19% **
Medicare HMO (%)	0.00%	22.05% **
Other (%)	15.23%	3.98% **
Episode Start		
Episode timing: Early (%)	82.26%	88.12%
Episode timing: Later (%)	4.84%	7.67%
Episode timing: Unknown (%)	12.90%	4.21% **
Inpatient Discharge / Medical Regimen		
Long-term nursing facility (%)	0.00%	0.80%
Skilled nursing facility (%)	0.66%	14.48% **
Short-stay acute hospital (%)	67.55%	50.76% **
Long-term care hospital (%)	0.66%	0.70%
Inpatient rehab hospital/unit (%)	0.66%	6.03% *
Psychiatric hospital/unit (%)	0.66%	0.48%
Medical Regimen Change (%)	73.51%	89.35% **
Prior Conditions		
Lives with others (%)	51.66%	65.39% **
Lives in congregate situation (%)	31.79%	10.22% **
Availability		
Around the clock (%)	87.42%	76.60% *
Regular daytime (%)	5.30%	4.07%
Regular nighttime (%)	3.31%	5.16%
Occasional (%)	3.97%	13.24% **
None (%)	0.00%	0.94%
CARE MANAGEMENT		
ADLs		
None needed (%)	23.84%	7.75% **
Caregiver currently provides (%)	71.52%	59.49% *
Caregiver training needed (%)	1.99%	25.32% **
Uncertain/Unlikely to be provided (%)	1.32%	4.04%
Needed, but not available (%)	1.32%	3.40%
IADLs		
None needed (%)	10.60%	2.99% **
Caregiver provides (%)	87.42%	80.27%
Caregiver training needed (%)	0.66%	11.82% **
Uncertain/Unlikely to be provided (%)	0.66%	2.28%
Needed, but not available (%)	0.66%	2.64%
Frequency of ADL / IADL (1-5)	1.51	1.32
Medication Administration		
None needed (%)	33.77%	21.23% **
Caregiver provides (%)	59.60%	50.34%
Caregiver training needed (%)	3.31%	23.65% **

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On-Demand Reports: Patient-Related Characteristics Three Bar

Agency Patient-Related Characteristics Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:
Date Report Printed: 09/28/2016

Requested Current Period: 05/2014 - 04/2015
Request Prior Period: 05/2013 - 04/2014
Actual Current Period: 05/2014 - 04/2015
Actual Prior Period: 05/2013 - 04/2014
Cases: Curr 151 Prior 178
Number of Cases in Reference Sample: 6426748

	Current Mean	Prior Mean	Ref. Mean
PATIENT HISTORY			
Demographics			
Age (years)	63.90	64.12	74.66 **
Gender: Female (%)	50.33%	53.93%	61.41% *
Race: Black (%)	0.00%	0.00%	13.96% **
Race: White (%)	0.00%	1.12%	75.64% **
Race: Other (%)	100.00	98.88%	10.67% **
Payment Source			
Any Medicare (%)	70.86%	67.98%	93.31% **
Any Medicaid (%)	49.01%	55.06%	9.68% **
Any HMO (%)	1.32%	4.49%	26.19% **
Medicare HMO (%)	0.00%	2.25%	22.05% **
Other (%)	15.23%	3.93% ++	3.98% **
Episode Start			
Episode timing: Early (%)	82.26%	91.87% +	88.12%
Episode timing: Later (%)	4.84%	7.32%	7.67%
Episode timing: Unknown (%)	12.90%	0.81% ++	4.21% **
Inpatient Discharge / Medical Regimen			
Long-term nursing facility (%)	0.00%	1.12%	0.80%
Skilled nursing facility (%)	0.66%	8.43% ++	14.48% **
Short-stay acute hospital (%)	67.55%	64.04%	50.76% **
Long-term care hospital (%)	0.66%	2.81%	0.70%
Inpatient rehab hospital/unit (%)	0.66%	3.37%	6.03% *
Psychiatric hospital/unit (%)	0.66%	0.00%	0.48%
Medical Regimen Change (%)	73.51%	75.84%	89.35% **

	Current Mean	Prior Mean	Ref. Mean
Lives with others (%)	51.66%	54.49%	65.39% **
Lives in congregate situation (%)	31.79%	29.78%	10.22% **
Availability			
Around the clock (%)	87.42%	86.52%	76.60% *
Regular daytime (%)	5.30%	2.25%	4.07%
Regular nighttime (%)	3.31%	6.18%	5.16%
Occasional (%)	3.97%	3.93%	13.24% **
None (%)	0.00%	1.12%	0.94%
CARE MANAGEMENT			
ADLs			
None needed (%)	23.84%	26.40%	7.75% **
Caregiver currently provides (%)	71.52%	66.85%	59.49% *
Caregiver training needed (%)	1.99%	1.12%	25.32% **
Uncertain/Unlikely to be provided (%)	1.32%	3.37%	4.04%
Needed, but not available (%)	1.32%	2.25%	3.40%
IADLs			
None needed (%)	10.60%	12.36%	2.99% **
Caregiver provides (%)	87.42%	80.90%	80.27%
Caregiver training needed (%)	0.66%	0.00%	11.82% **
Uncertain/Unlikely to be provided (%)	0.66%	1.69%	2.28%
Needed, but not available (%)	0.66%	5.06% +	2.64%
Frequency of ADL / IADL (1-5)	1.51	1.46	1.32
Medication Administration			
None needed (%)	33.77%	32.58%	21.23% **
Caregiver provides (%)	59.60%	56.74%	50.34%

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On-Demand Reports: Patient-Related Characteristics Analysis

Improvement in Grooming

Agency Patient-Related Characteristics (Case Mix) Analysis Summary Report

Agency Name: [illegible] Date Range: 05/01/2014 - 04/30/2015

CCN: [illegible]

Case Mix Category	Case Mix Measure	Average / Percentage		
		Achieved	Not Achieved	Difference * (Achieved - Not Achieved)
Availability	Around the clock (%)	92.00	83.87	8.13
	Regular daytime (%)	4.00	6.45	-2.45
	Regular nighttime (%)	0.00	3.23	-3.23
	Occasional (%)	4.00	6.45	-2.45
	None (%)	0.00	0.00	0.00
ADLs	None needed (%)	4.00	0.00	4.00
	Caregiver currently provides (%)	92.00	93.55	-1.55
	Caregiver training needed (%)	4.00	3.23	0.77
	Uncertain/Unlikely to be provided (%)	0.00	3.23	-3.23
	Needed, but not available (%)	0.00	0.00	0.00
IADLs	None needed (%)	0.00	0.00	0.00
	Caregiver provides (%)	96.00	100.00	-4.00
	Caregiver training needed (%)	4.00	0.00	4.00
	Uncertain/Unlikely to be provided (%)	0.00	0.00	0.00
	Needed, but not available (%)	0.00	0.00	0.00
	Frequency of ADL / IADL (1-5)	1.08	1.00	0.08
Medication Administration	None needed (%)	20.00	19.35	0.65
	Caregiver provides (%)	72.00	70.97	1.03
	Caregiver training needed (%)	8.00	6.45	1.55
	Uncertain/Unlikely to be provided (%)	0.00	3.23	-3.23
	Needed, but not available (%)	0.00	0.00	0.00
Medical Procedures	None needed (%)	20.00	29.03	-9.03

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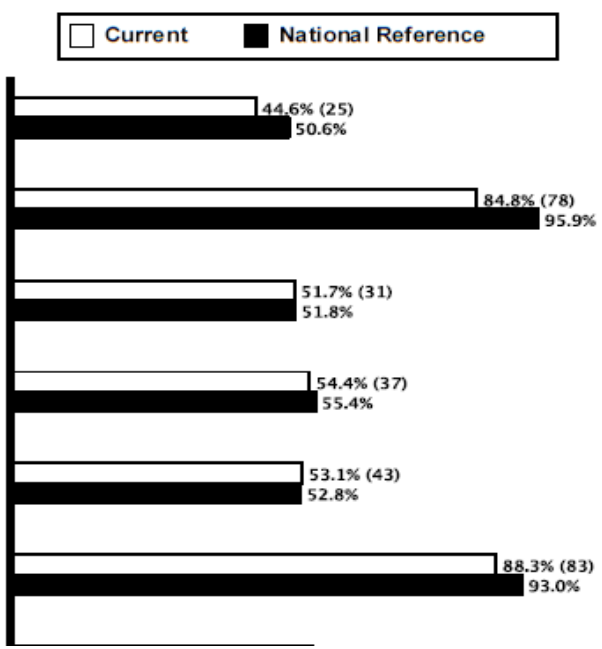
On-Demand Reports: Risk-Adjusted Outcome Two Bar

Risk Adjusted Outcome Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:

Requested Current Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Number of Cases in Current Sample: 102
Number of Cases in Reference Sample: 461909
Date Report Printed: 09/28/2016

End Result Outcomes:	Elig. Cases	Signif.
Improvement in Grooming	56 / 3782032	0.38
Stabilization in Grooming	92 / 4279522	0.00 **
Improvement in Upper Body Dressing	60 / 3972943	0.98
Improvement in Lower Body Dressing	68 / 4129096	0.86
Improvement in Bathing	81 / 4424999	0.96
Stabilization in Bathing	94 / 4317654	0.10 *
Improvement in Toilet Transferring		



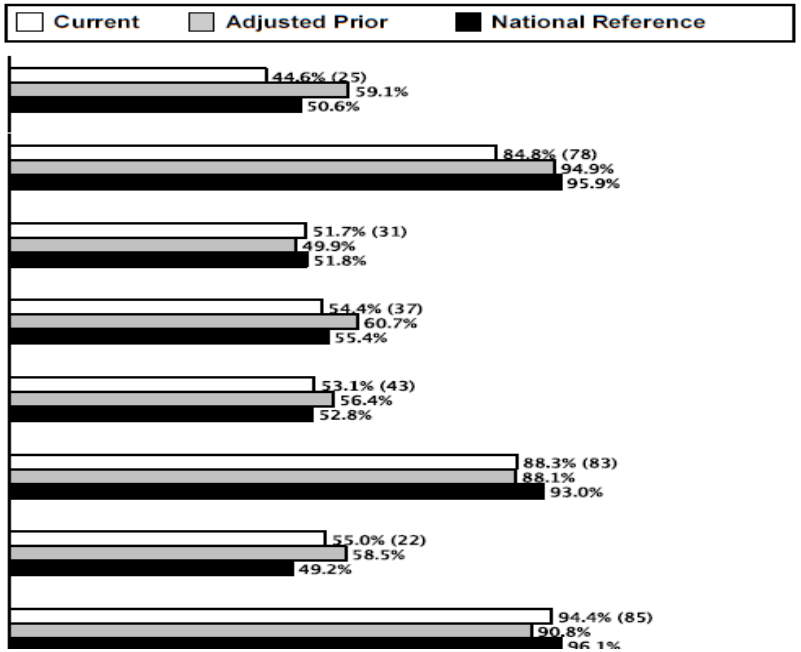
On-Demand Reports: Risk-Adjusted Outcome Three Bar

Risk Adjusted Outcome Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:
Date Report Printed: 09/28/2016

Requested Current Period: 05/20 - 04/20
Requested Prior Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Actual Prior Period: 05/20 - 04/20
Cases Curr: 102 Prior: 126
Number of Cases in Reference Sample: 461909

End Result Outcomes:	Elig. Cases	Signif.
Improvement in Grooming	56	
	50	0.17
	3782032	0.38
Stabilization in Grooming	92	
	121	0.02 ++
	4279522	0 **
Improvement in Upper Body Dressing	60	
	59	0.93
	3972943	0.98
Improvement in Lower Body Dressing	68	
	64	0.56
	4129096	0.86
Improvement in Bathing	81	
	89	0.8
	4424999	0.96
Stabilization in Bathing	94	
	115	1.0
	4317654	0.1 *
Improvement in Toilet Transferring	40	
	44	0.83
	3311530	0.47
Stabilization in Toilet Transferring	90	
	117	0.43



On-Demand Reports: Potentially Avoidable Event Patient List

Potentially Avoidable Event Report: Patient Listing

Agency Name:
Agency ID:
Location:
CCN:
Medicaid Number:

Requested Current Period: 05/2014 - 04/2015
Actual Current Period: 05/2014 - 04/2015
Number of Cases in Current Period: 151
Number of Cases in Reference Sample: 6426748
Date Report Printed: 09/28/2016

Substantial Decline in Management of Oral Medications

Complete Data Cases : 41 Number of Events : 2 Agency Incidence : 4.88% Adjusted Reference Incidence : 0.29%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
000000000000					03/03/2015	03/11/2015	N/N
P1699					06/09/2014	06/23/2014	N/N

Discharged to the Community Needing Wound Care or Medication Assistance

Complete Data Cases : 102 Number of Events : 0 Agency Incidence : 0.00% Adjusted Reference Incidence : 0.05%

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

Discharged to the Community Needing Toileting Assistance

Complete Data Cases : 102 Number of Events : 0 Agency Incidence : 0.00% Adjusted Reference Incidence : 0.05%

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

Discharged to the Community with Behavioral Problems

Complete Data Cases : 102 Number of Events : 0 Agency Incidence : 0.00% Adjusted Reference Incidence : 0.03%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID

HOME HEALTH QUALITY REPORTING PROGRAM

On-Demand Reports: Risk-Adjusted Potentially Avoidable Events Two Bar

Risk-Adjusted Potentially Avoidable Event Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:

Requested Current Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Number of Cases in Current Period: 151
Number of Cases in Reference Sample: 642674
Date Report Printed: 09/28/2016

Potentially Avoidable Event:	Elig. Cases	Signif.	Current	National Reference
Emergent Care for Injury Caused by Fall	142		1.41% (2)	
	617630	0.57		0.98%
Emergent Care for Wound Infections, Deteriorating Wound Status	142		1.41% (2)	
	617630	0.84		1.74%
Emergent Care for Improper Medication Administration, Medication Side Effects	142		0.00% (0)	
	617630	0.7		0.25%
Emergent Care for Hypo/Hyperglycemia	142		0.70% (1)	
	617630	0.23		0.17%
Development of Urinary Tract infection #	88		0.00% (0)	
	410537	0.39		1.07%
Increase in Number of Pressure Ulcers	102		1.96% (2)	
	460157	0.22		0.75%
Substantial Decline in 3 or More Activities of	95			

HOME HEALTH QUALITY REPORTING PROGRAM

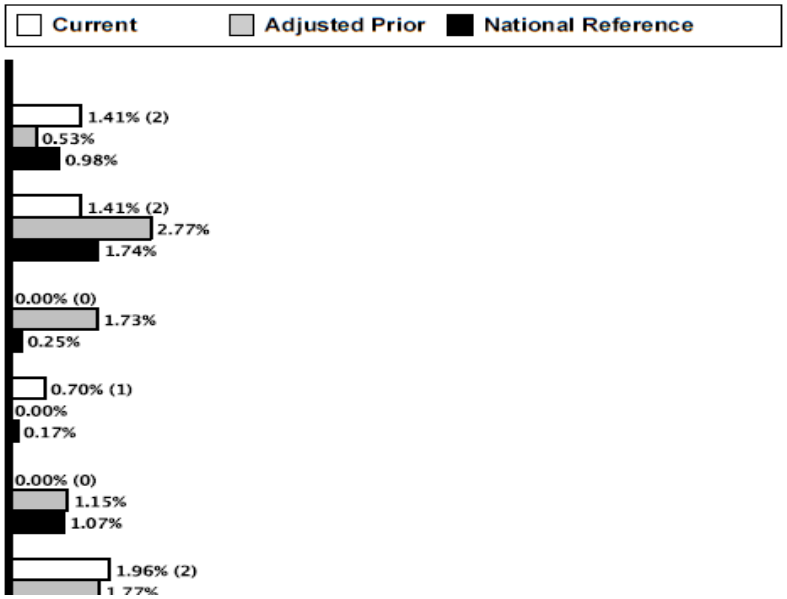
On-Demand Reports: Risk-Adjusted Potentially Avoidable Events Three Bar

Risk-Adjusted Potentially Avoidable Event Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:
Date Report Printed: 09/28/2016

Requested Current Period: 05/20 - 04/20
Requested Prior Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Actual Prior Period: 05/20 - 04/20
Cases: Curr 151 Prior 178
Number of Cases in Reference Sample: 642674

Potentially Avoidable Event:	Elig. Cases	Signif.
Emergent Care for Injury Caused by Fall	142	
	174	0.59
	617630	0.57
Emergent Care for Wound Infections, Deteriorating Wound Status	142	
	174	0.46
	617630	0.84
Emergent Care for Improper Medication Administration, Medication Side Effects	142	
	174	0.26
	617630	0.7
Emergent Care for Hypo/Hyperglycemia	142	
	174	0.45
	617630	0.23
Development of Urinary Tract infection #	88	
	111	1
	410537	0.39
Increase in Number of Pressure Ulcers	102	



On-Demand Reports: All Patients' Process Quality Measures Two Bar

All Patients' Process Quality Measures Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:

Requested Current Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Number of Cases in Current Period: 151
Number of Cases in Reference Sample: 642674
Date Report Printed: 09/28/2016

	Elig. Cases	Signif.	Current	National Reference
Process Quality Measures: Timely Care				
Timely Initiation of Care	150		92% (138)	
	640066	1		92%
Process Quality Measures: Care Coordination				
Physician Notification Guidelines Established	19		11% (2)	
	291741	0 **		93%
Process Quality Measures: Assessment				
Depression Assessment Conducted	151		92% (139)	
	636406	0 **		98%
Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	111		98% (109)	
	565720	0.7		98%
Pain Assessment Conducted	151		99% (149)	
	642674	0.7		99%
Pressure Ulcer Risk Assessment Conducted	151		95% (144)	
	642674	0 **		99%
Process Quality Measures: Care Planning				
Depression Interventions In Plan Of Care	22		14% (3)	
	206089	0 **		95%

HOME HEALTH QUALITY REPORTING PROGRAM

On-Demand Reports: All Patients' Process Quality Measures Three Bar

All Patients' Process Quality Measures Report

Agency Name:
Agency ID:
Location:
CCN: Branch: All
Medicaid Number:
Date Report Printed: 09/28/2016

Requested Current Period: 05/20 - 04/20
Requested Prior Period: 05/20 - 04/20
Actual Current Period: 05/20 - 04/20
Actual Prior Period: 05/20 - 04/20
Cases: Curr 151 Prior 178
Number of Cases in Reference Sample: 642674

	Elig. Cases	Signif.	Current	Prior	National Reference
Process Quality Measures: Timely Care					
Timely Initiation of Care	150		92% (138)		
	178	0.21		88%	
	640066	1			92%
Process Quality Measures: Care Coordination					
Physician Notification Guidelines Established	19		11% (2)		
	28	0.17		29%	
	291741	0 **			93%
Process Quality Measures: Assessment					
Depression Assessment Conducted	151		92% (139)		
	176	0 ++		99%	
	636406	0 **			98%
Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	111		98% (109)		
	135	0.59		99%	
	565720	0.7			98%
Pain Assessment Conducted	151		99% (149)		
	178	0.21		100%	
	642674	0.7			99%
Pressure Ulcer Risk Assessment Conducted	151		95% (144)		
	178	0.01 ++		87%	
	642674	0 **			99%

HOME HEALTH QUALITY REPORTING PROGRAM

On-Demand Reports: Patient-Related Characteristics Tally

Agency Patient-Related Characteristics (Case Mix) Tally Report

Page 7 of 7 - A

Agency Name: [illegible]
Agency ID: [illegible]
Location: [illegible]

CCN: [illegible]
Medicaid Number: [illegible]
Date Reported: 09/28/2016

Report Period: 05/01/2014 - 04/30/2015

Legend:
y = Attribute present
n = Attribute not present
number = Patient's actual score on item with scale
U = No data collected for this item

			Patient History																												
			Demographics					Payment Source					Episode Start			Inpatient Discharge / Medical Regimen Change							Prior Conditions							
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	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 (%)
[illegible]	03/28/15	N/N	26	y	n	n	y	n	y	n	n	n	U	U	U	n	n	y	n	n	n	y	n	n	y	n	n	n	n	n
[illegible]	04/16/14	N/N	83	y	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n
[illegible]	05/28/14	N/N	72	y	n	n	y	y	n	n	n	n	y	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n	y	n
[illegible]	03/27/14	N/N	53	y	n	n	y	y	y	n	n	n	y	n	n	n	n	n	n	n	n	n	U	U	U	U	U	U	U	y
[illegible]	04/29/14	N/N	45	y	n	n	y	y	y	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	y	n
[illegible]	10/03/14	N/N	51	n	n	n	y	n	y	n	n	n	U	U	U	n	n	y	n	n	n	y	n	n	n	n	n	n	y	n
[illegible]	03/05/15	N/N	68	n	n	n	y	y	n	n	n	n	y	n	n	n	n	y	n	n	n	y	n	n	n	n	n	n	y	n
[illegible]	04/21/14	N/N	70	y	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	U	U	U	U	U	U	U	y
[illegible]	02/28/15	N/N	62	n	n	n	y	y	y	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	y	n
[illegible]	05/22/14	N/N	73	n	n	n	y	y	n	n	n	n	y	n	n	n	n	y	n	n	n	y	n	n	n	n	n	n	y	n

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HOME HEALTH QUALITY REPORTING PROGRAM

On-Demand Reports: Outcome Tally

Outcome Tally Report

Agency Name: [illegible]
Agency ID: [illegible]
Location: [illegible]

CCN: [illegible]
Medicaid Number: [illegible]
Date Reported: 09/28/2016

Report Period: 05/2014 - 04/2015

Legend:
x = Patient achieved outcome
o = Patient did not achieve outcome
U = Outcome not computed for patient
y = Yes n = No

Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Functional Outcomes																			
			Activities of Daily Living														IADLs					
			Improvement in Grooming	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	Stabilization in Toileting Hygiene	Improvement in Bed Transferring	Stabilization in Bed Transferring	Improvement in Ambulation/Locomotion	Improvement in Eating	Improvement in Light Meal	Stabilization in Light Meal Preparation	Improvement in Phone Use	Stabilization in Phone Use	Improvement in Management of Oral Medications	Stabilization in Management of Oral Medications
[illegible]	03/28/15	N/N	U	x	U	U	U	x	U	x	U	x	x	x	x	U	U	x	U	x	U	x
[illegible]	04/16/14	N/N	o	U	o	o	o	o	o	U	o	U	o	x	o	o	o	U	o	x	o	U
[illegible]	05/28/14	N/N	U	x	U	x	x	x	U	x	U	x	x	x	x	U	U	x	U	x	U	x
[illegible]	03/27/14	N/N	o	o	o	o	o	x	o	U	o	U	o	x	o	x	o	U	U	x	x	x
[illegible]	04/29/14	N/N	U	x	U	U	o	x	U	x	U	x	U	x	x	o	o	o	o	x	o	o
[illegible]	10/03/14	N/N	U	x	U	U	o	x	U	x	U	x	x	x	x	U	x	U	U	U	U	x
[illegible]	03/05/15	N/N	x	x	x	x	x	x	U	x	U	x	U	x	U	U	x	x	U	x	U	x
[illegible]	04/21/14	N/N	o	x	U	U	x	x	U	x	U	o	U	o	o	o	o	x	U	x	o	x
[illegible]	02/28/15	N/N	U	x	U	U	U	x	U	x	U	x	U	x	U	U	U	x	U	x	U	x
[illegible]	05/22/14	N/N	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U

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HOME HEALTH QUALITY REPORTING PROGRAM

On-Demand Reports: HHA Process Measures Tally

CASPER Report
HHA Process Measures Tally Report

Agency Name: [illegible]
Agency ID: [illegible]
Location: [illegible]

CCN: [illegible]
Medicaid Number: [illegible]
Report Date: 09/28/2016

Report Period: 05/2014 - 04/2015

Legend:
SOE = Start Of Episode
POC = Plan Of Care
SOC = Start Of Care
ROC = Resumption Of Care
EOC = Episodes Of Care
x = Triggered
o = Not triggered
U = No Data Collected For This Item

			Process Quality Measures																	
			Timely Care	Care Coord-ination	Assessment				Care Planning						Care Plan Implementation					
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Timely Initiation Of Care	Physician Notification Guidelines Established	Depression Assessment Conducted	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Pain Assessment Conducted	Pressure Ulcer Risk Assessment Conducted	Depression Interventions In POC	Diabetic Foot Care And Patient Education In POC	Falls Prevention Steps In POC	Pain Interventions In POC	Pressure Ulcer Prevention In POC	Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In POC	Depression Interventions Implemented During All EOC	Diabetic Foot Care And Patient/Caregiver Education Implemented During All EOC	Heart Failure Symptoms Addressed During All Episodes Of Care	Pain Interventions Implemented During All Episodes Of Care	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing For All EOC	Heart Failure Symptoms Assessed And Addressed
[illegible]	11/06/14	N/N	x	U	x	x	x	x	U	U	o	U	U	U	U	U	U	U	U	x
[illegible]	09/03/14	N/N	x	o	x	U	x	x	o	o	o	o	o	o	U	U	U	x	o	U
[illegible]	12/18/14	N/N	x	o	x	x	x	x	o	o	x	x	o	o	U	U	U	U	U	U
[illegible]	05/12/14	N/N	x	U	x	x	x	x	U	U	o	o	U	U	U	U	U	x	U	U
[illegible]	06/06/14	N/N	x	x	x	x	x	x	U	U	U	o	U	U	U	U	U	x	U	U
[illegible]	07/03/14	N/N	x	o	x	x	x	x	U	o	o	o	o	U	U	x	U	x	U	U
[illegible]	05/22/14	N/N	x	U	x	x	x	x	U	x	x	x	x	x	U	U	U	U	U	U

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HOME HEALTH
QUALITY REPORTING PROGRAM

On-Demand Reports: HHA Trend Analysis

CONFIDENTIAL

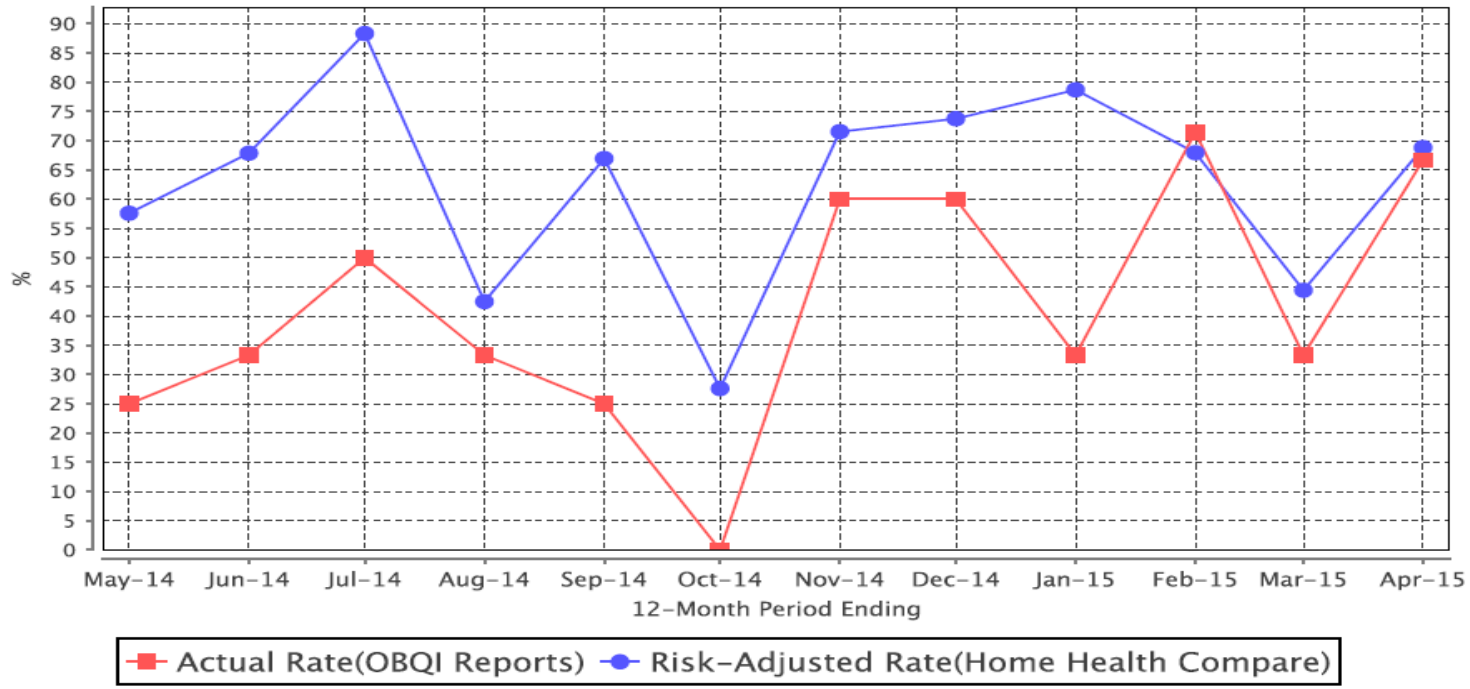
HHA Trend Analysis Report

AGENCY NAME: [redacted]
LOCATION: [redacted]

CCN: [redacted]
REPORT DATE: 09/28/2016
REPORT PERIOD: 05/2014 - 04/2015

Improvement in Grooming: Actual Rates vs. Risk-Adjusted Rates for Your Agency

Actual Rate (from OBQI Reports) vs. Risk-Adjusted Rate (as Reported on Home Health Compare)



Provider Preview Reports

- Contain agency-level QM data.
- These are automatically generated and saved into your provider's shared folder in the CASPER application.
- Provider Preview Reports are available about 5 months (4.5 months data correction period + 0.5 months Preview Report generation period) after the end of each data collection quarter.

Provider Preview Reports

- Data correction period has ended, so providers are not able to correct the underlying data in these reports.
- 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.
- There will be a 30-day preview period prior to public reporting, which will begin the day reports are issued to providers via their CASPER system folders.

Provider Preview Reports

Preview of Home Health Agency Quality Measure Scores for Year July 2014 - June 2015
To Be Posted on Home Health Compare

(Please note that a separate preview report will be distributed for Star Ratings.)

State:	MD
Provider Name:	GREAT HOME HEALTH AGENCY
Provider Number:	123456
Street Address:	1234 5TH STREET STE 123
City:	ANYWHERE
ZIP Code:	12345
Phone:	(555) 555-5555
Agency's Initial Date of Medicare Certification:	01/01/1999
Type of Ownership:	PROPRIETARY

Services Provided

Nursing Care:	Y	Speech Pathology:	Y
Physical Therapy:	Y	Medical Social Services:	Y
Occupational Therapy:	Y	Home Health Aide:	Y

PROCESS MEASURES *	Agency ** Average%	State*** Average%	National Average%
Timely Initiation of Care	95.7	94.6	91.6
Depression Assessment Conducted	99.9	98.3	97.7
Multifactor Fall Risk Assessment for Patients who Can Ambulate	99.9	98.7	98.1
Pain Assessment Conducted	99.8	98.9	98.8
Pressure Ulcer Risk Assessment Conducted	99.8	98.9	98.7
Pressure Ulcer Prevention In Plan Of Care	99.4	96.9	97.6
Diabetic Foot Care and Pt/CG Ed Implemented	99.1	92.2	94.4
Heart Failure Symptoms Addressed	100.0	97.4	98.0
Pain Interventions Implemented	99.9	98.4	98.4
Drug Ed On All Meds Provided to Pt/CG	96.7	93.5	92.6
Flu Immunization Rec'd For Current Flu Season	82.8	68.7	74.7
Pneumonia Vaccination Ever Received	84.0	67.3	72.7
Pressure Ulcer Prevention Implemented	99.3	95.5	96.5
OUTCOME MEASURES *			
Improvement in Bathing	76.7	73.3	68.1
Improvement in Bed Transfer	63.1	60.3	58.3
Improvement in Ambulation	70.2	66.6	62.8
Improvement in Management of Oral Medications	61.9	50.7	52.4
Improvement in Pain Interfering With Activity	73.3	73.7	67.7
Improvement in Dyspnea	75.6	62.7	65.2
Improvement in Status of Surgical Wounds	98.5	91.4	89.4
CLAIMS BASED OUTCOMES DURING THE FIRST 60 DAYS OF HOME HEALTH *			
Acute Care Hospitalization	18.8	15.4	15.8
Emergency Department Use without Hospitalization	14.2	10.3	12.3
CLAIMS BASED OUTCOMES FOR PREVIOUSLY HOSPITALIZED PATIENTS			
Rehospitalization			

HOME HEALTH QUALITY REPORTING PROGRAM

Star Ratings Preview Reports

- Quality of Patient Care Star Ratings:
  - Show star rating to appear on the next refresh of HHC.
  - Includes detailed information on the calculation of the final rating.
  - These are automatically generated and saved into your provider's shared folder in the CASPER application.
  - Providers have about 2.5 weeks to review and request suppression of the rating based on documented errors in data submitted.

HOME HEALTH QUALITY REPORTING PROGRAM

Quality of Patient Care Star Rating Preview Reports

Home Health
Quality of Patient Care Star Rating
Provider Preview Report

This report is based on Medicare fee-for-service claims data (1/1/2015-12/31/2015) and end-of-care OASIS assessment dates (4/1/2015-3/31/2016)

Rating for JW Blues Home Health Agency (999999) Baton Rouge, Louisiana
Quality of Patient Care Star Rating
***$^{1}/_{2}$ (3.5 stars)

Quality of Patient Care Star Rating Preview Reports

Quality of Patient Care Star Rating Scorecard[1] JW Blues Home Health Agency (999999) Baton Rouge, Louisiana

		Measure Score Cut Points by Initial Decile Rating								
1	Initial Decile Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
2	0.5	0.0-80.8	0.0-86.9	0.0-37.4	0.0-47.0	0.0-39.0	0.0-47.2	0.0-44.9	0.0-36.3	20.4-100.0
3	1.0	80.9-86.7	87.0-92.6	37.5-52.8	47.1-54.4	39.1-47.7	47.3-57.3	45.0-55.7	36.4-50.4	18.6-20.3
4	1.5	86.8-90.0	92.7-95.2	52.9-61.3	54.5-59.2	47.8-53.7	57.4-62.5	55.8-61.6	50.5-58.7	17.4-18.5
5	2.0	90.1-92.1	95.3-96.7	61.4-67.3	59.3-62.7	53.8-57.9	62.6-66.3	61.7-66.0	58.8-64.1	16.6-17.3
6	2.5	92.2-93.8	96.8-97.7	67.4-71.7	62.8-65.5	58.0-61.2	66.4-69.6	66.1-69.6	64.2-68.4	15.7-16.5
7	3.0	93.9-95.2	97.8-98.4	71.8-75.4	65.6-68.1	61.3-64.1	69.7-72.5	69.7-73.1	68.5-71.8	14.8-15.6
8	3.5	95.3-96.4	98.5-99.1	75.5-78.9	68.2-70.6	64.2-67.1	72.6-75.5	73.2-77.0	71.9-75.2	13.8-14.7
9	4.0	96.5-97.5	99.2-99.6	79.0-82.6	70.7-73.8	67.2-70.6	75.6-78.9	77.1-81.8	75.3-78.8	12.5-13.7
10	4.5	97.6-98.8	99.7-99.9	82.7-87.7	73.9-79.1	70.7-76.3	79.0-84.0	81.9-89.6	78.9-84.0	10.5-12.4
11	5.0	98.9-100.0	100.0-100.0	87.8-100.0	79.2-100.0	76.4-100.0	84.1-100.0	89.7-100.0	84.1-100.0	0.0-10.4
12	Your HHA Score	95.4	96.3	78.5	72.3	67.9	67.3	72.1	73.8	19.8
13	Your Initial Group Rating	3.5	2.0	3.5	4.0	4.0	2.5	3.0	3.5	1.0
14	Your Number of Cases (N)	1,219	1,200	754	822	771	849	661	543	677
15	National (All HHA) Middle Score	93.8	97.7	71.8	65.6	61.2	69.7	69.6	68.5	15.6
16	Your Statistical Test Probability Value (p-value)	0.009	0.001	0.000	0.000	0.000	0.076	0.095	0.004	0.002
17	Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
18	Your HHA Adjusted Group Rating	3.5	2.0[2]	3.5	4.0	4.0	2.5	3.0	3.5	1.0[2]

HOME HEALTH QUALITY REPORTING PROGRAM

Quality of Patient Care Star Rating Preview Reports

19	Your Average Adjusted Rating	3.0
20	Your Average Adjusted Rating Rounded	3.0
21	**Your Quality of Patient Care Star Rating (1.0 to 5.0)**	***1/2 **(3.5 stars)**

[1]*Claims data from January 1, 2015 to December 31, 2015 and OASIS data from April 1, 2015 to March 31, 2016*

[2]*Based on your HHA's results, we suggest that you focus your attention on measures with a rating of 2.0 or less before the next quarterly reporting period. Review your HHA's care protocols that are or could be associated with this outcome or process and consider convening a meeting of your clinical staff to brainstorm how these outcomes or processes that affect the quality of patient care can be improved. Finally, once you have identified the source of the problem regarding your low score consider providing focused training of your staff to modify your existing quality of patient care practices.*

HOME HEALTH QUALITY REPORTING PROGRAM

Quality Assessments Only (QAO) Reports

- QAO Reports:
  - Assessments that can be paired to construct quality episodes for measure calculation.
  - Performance threshold is 80 percent.
- Interim reports every quarter for tracking.
- Annual report:
  - Aligns with APU determination period.
- These are automatically generated and saved into your provider's shared folder in the CASPER application.

Interim QAO Reports

October 1, 2015 to September 30, 2016 Quality Assessments Only (QAO) Interim Performance Report for Quarter 1

This QAO Performance Report is based on assessments completed by your HHA during the period from October 1, 2015 to September 30, 2016 and submitted by October 31, 2016

The results displayed in this report do NOT affect any prior or current period APU adjustments for this agency.

QAO Interim Score for JW Blues Home Health Agency (999999) Baton Rouge, Louisiana
97.5% (Your agency exceeds 2016-2017 performance requirement of 80%.)

Interim QAO Reports

October 1, 2015 to September 30, 2016 QAO Interim Performance Report
JW Blues Home Health Agency (999999) Baton Rouge, Louisiana

Step	Start or Resumption of Care (SOC ROC) Assessments	#	Step	End of Care (EOC) Assessments	#
	Quality Assessments			**Quality Assessments**	
[1]a	# matched to EOC assessments to form a quality episode of care	171	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	171
[2]a	# matched to follow-up assessment (occurring in last 60 days of APU period)	4	[2]b	# matched to follow-up assessment (occurring in first 60 days of APU period)	12
[3]a	# that occurred in last 60 days of APU period	10	[3]b	# that occurred in first 60 days of APU period	15
[4]a	# with no expected EOC assessment per claims data	7	[4]b	N/A	N/A
[5]a	**Total SOC/ROC Quality Assessments**	**192**	**[5]b**	**Total EOC Quality Assessments**	**198**
	Non-Quality Assessments			**Non-Quality Assessments**	
[6]a	# that do not meet above Quality Assessment criteria	5	[6]b	# that do not meet above Quality Assessment criteria	5
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	391			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	10			
[9]	Total Assessments	401			
	QAO Score				
[10]	= 100 x [7] / [9]	97.5			

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Annual QAO Reports

July 1, 2016 to June 30, 2017 Quality Assessments Only
Annual Performance Report

This QAO Performance Report is based on assessments completed by your HHA during the Annual Performance Update (APU) period from July 1, 2016 to June 30, 2017 and submitted by July 31, 2017

Annual QAO Score for JW Blues Home Health Agency (999999) Baton Rouge, Louisiana
97.9% (Your agency meets the 2016-2017 QAO performance requirement of 80%. All HHAs must meet both the QAO and the HHCAHPS [as applicable] portions of the APU requirement to receive their APU for CY2018.)

Annual QAO Reports

July 1, 2016 to June 30, 2017 Annual QAO Performance Report
JW Blues Home Health Agency (999999) Baton Rouge, Louisiana

Step	Start or Resumption of Care (SOC ROC) Assessments	#	Step	End of Care (EOC) Assessments	#
	Quality Assessments			**Quality Assessments**	
[1]a	# matched to EOC assessments to form a quality episode of care	184	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	184
[2]a	# matched to follow-up assessment (occurring in last 60 days of APU period)	4	[2]b	# matched to follow-up assessment (occurring in first 60 days of APU period)	12
[3]a	# that occurred in last 60 days of APU period	21	[3]b	# that occurred in first 60 days of APU period	14
[4]a	# with no expected EOC assessment per claims data	8	[4]b	N/A	N/A
[5]a	**Total SOC/ROC Quality Assessments**	**217**	**[5]b**	**Total EOC Quality Assessments**	**210**
	Non-Quality Assessments			**Non-Quality Assessments**	
[6]a	# that do not meet above Quality Assessment criteria	6	[6]b	# that do not meet above Quality Assessment criteria	3
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	428			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	9			
[9]	Total Assessments	437			
	QAO Score				
[10]	= 100 x [7] / [9]	97.9			

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Changes to Report Retention

- HHC Preview Reports:
  - Retention period within CASPER changed from 730 days to 90 days effective with the Preview Reports distributed in January 2017 (for April 2017 refresh).
  - All previous Preview Reports will be removed from the Shared Provider Folder.
    - Folder named: [State Code] HHA [Facility ID]
  - Report distributed in January 2017 (for April 2017 refresh) will be retained for 90 days.

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Changes to Reports

- 34 measures will be removed from all reports, except the Tally Reports.
- New IMPACT Act measures will be added to the respective preview and on-demand reports:
  - Confidential feedback.
  - Review and correct.
  - Public reporting preview.

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IMPACT Requirements

- Confidential feedback:
  - Agencies already can see measure results for existing measures through the on-demand reports.
  - IMPACT Act measures will be added to these reports starting January 1, 2018.
  - Patient-level information on Tally Reports.
  - Agency-level information on two- and three-bar reports.

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Resources

- OASIS Educational Coordinators:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf

- Quality Measures: Home Health Quality Reporting Program
  - HomeHealthQualityQuestions@cms.hhs.gov

- OASIS Items & Payment Policy: Home Health Policy Mailbox
  - HomehealthPolicy@cms.hhs.gov

- Data Submission & CASPER: QTSO Help Desk
  - Telephone: (800) 339-9313
  - Email: help@qtso.com
  - Website: https://www.qtso.com/index.php

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Questions?

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