

# Quality Reporting Program Provider Training



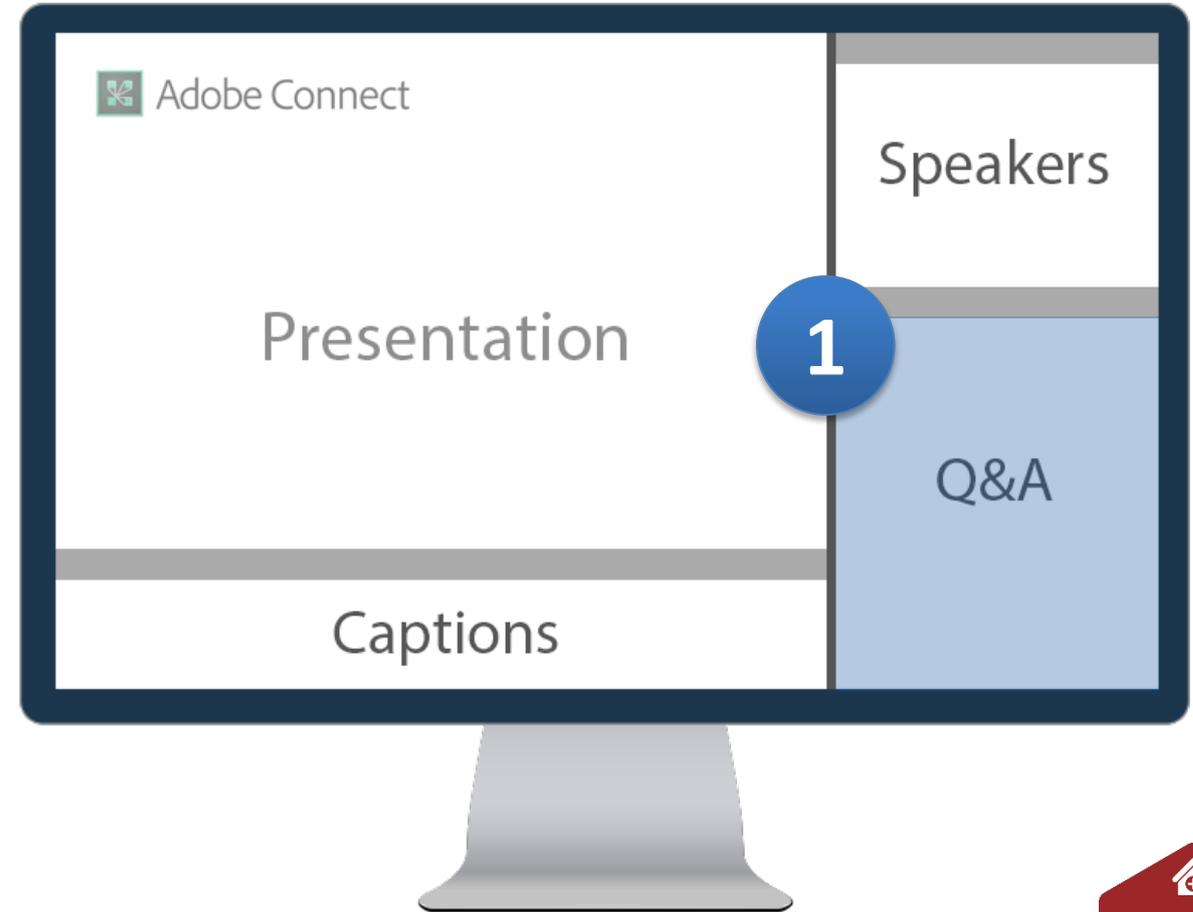
## Hospice Quality Reporting Program: Review and Correct Report Webinar

Cindy Massuda, J.D.  
Charles Padgett, R.N.  
Brenda Karkos, R.N.

June 11, 2019

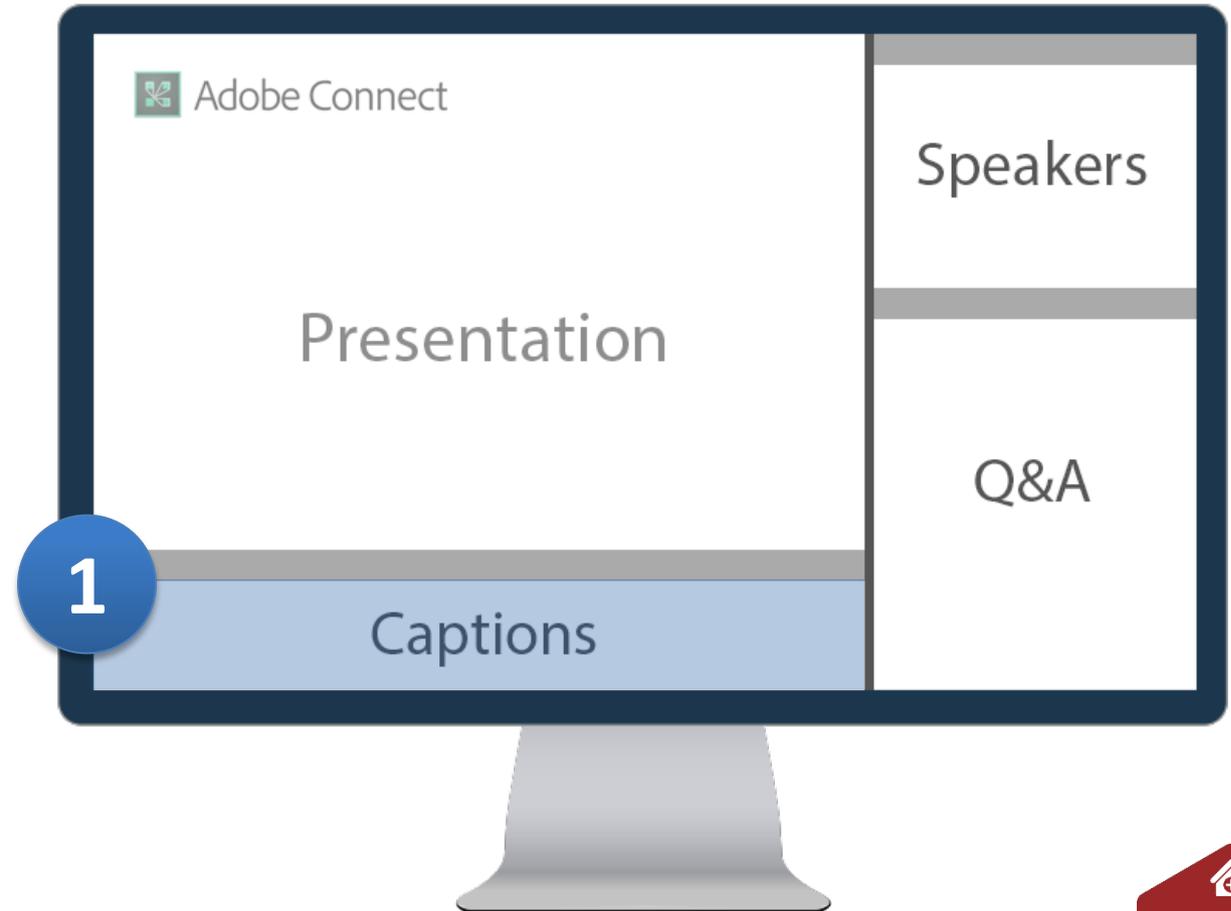
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# Today's Agenda



Hospice Quality Reporting Program (HQRP)

Hospice Quality Measures (QM's)

Certification and Survey Provider Enhanced Reports (CASPER) Review and Correct Reports

Review and Correct Report Case Studies

Wrap Up and Questions

# Today's Presenters



**Cindy Massuda, J.D.**  
Senior Technical Advisor  
Centers for Medicare & Medicaid Services



**Charles Padgett, R.N.**  
Nurse Consultant  
Centers for Medicare & Medicaid Services (CMS)

# Today's Presenters



**Brenda Karkos, R.N.**  
Associate Nurse Researcher  
Abt Associates

# Acronyms

- ASAP - Assessment Submission and Processing
- ASPEN - Automated Survey Processing Environment
- CAHPS® - Consumer Assessment of Healthcare Providers and Systems
- CASPER - Certification and Survey Provider Enhanced Reports
- CCN - CMS Certification Number
- CMS - Centers for Medicare & Medicaid Services

CAHPS®  
CCN CASPER  
CASPER  
ASPEN  
ASAP  
CMS

# Acronyms (cont. 1)

- CY - Calendar Year
- HIS - Hospice Item Set
- HQRP - Hospice Quality Reporting Program
- MAC - Medicare Administrative Contractor
- NHSN - National Healthcare Safety Network
- NQF - National Quality Forum

NHSN  
MAC  
NQF  
HIS  
CY  
HQRP

# Acronyms (cont. 2)

- QIES - Quality Improvement and Evaluation System
- QIES ASAP - Quality Improvement and Evaluation System Assessment Submission and Processing
- QM - Quality Measure
- QTSO - QIES Technical Support Office

QIES M  
QTSO Q  
QIES ASAP

# Objectives

- Discuss the purpose and framework of the Hospice Quality Reporting Program (HQRP).
- Describe public reporting in the context of the HQRP.
- Locate the Hospice Compare website to view measure results.
- Identify the Hospice QM's and types by data source.
- Describe how to access the Review and Correct Reports in Certification and Survey Provider Enhanced Reports (CASPER).

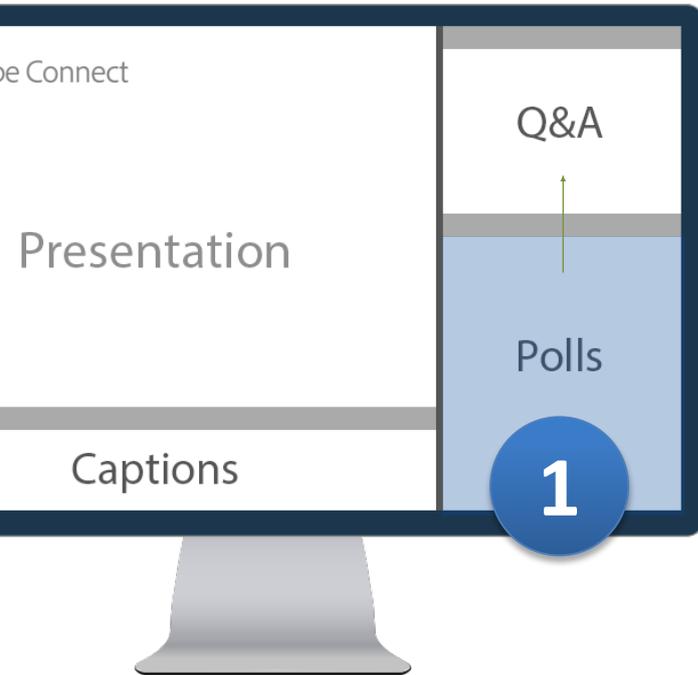


# Objectives (cont.)

- Restate the structure and content of the Review and Correct Reports.
- Discuss how to interpret the Review and Correct Report results.
- Utilize the Review and Correct Report to perform quality improvement analysis using a case studies.
- Locate resources on the HQRP website.



# Knowledge Check Questions



- During this presentation, you will be asked to respond to questions that test your knowledge of the material presented.
- The Q&A panel will slide up, revealing a Polls panel beneath it. This is where you will respond.
- When prompted with a question, review the options offered and select your answer.
- Once you select your answer, it will automatically be submitted for you. **Let's give it a try.**

Q<sub>1</sub>

In which year was the hospice Medicare benefit first implemented?

- A. 1972.
- B. 1983.
- C. 2001.
- D. 2008.



Q<sub>1</sub>

In which year was the hospice Medicare benefit first implemented? (cont.)

A. 1972.



**B. 1983.**

C. 2001.

D. 2008.

# The HQRP

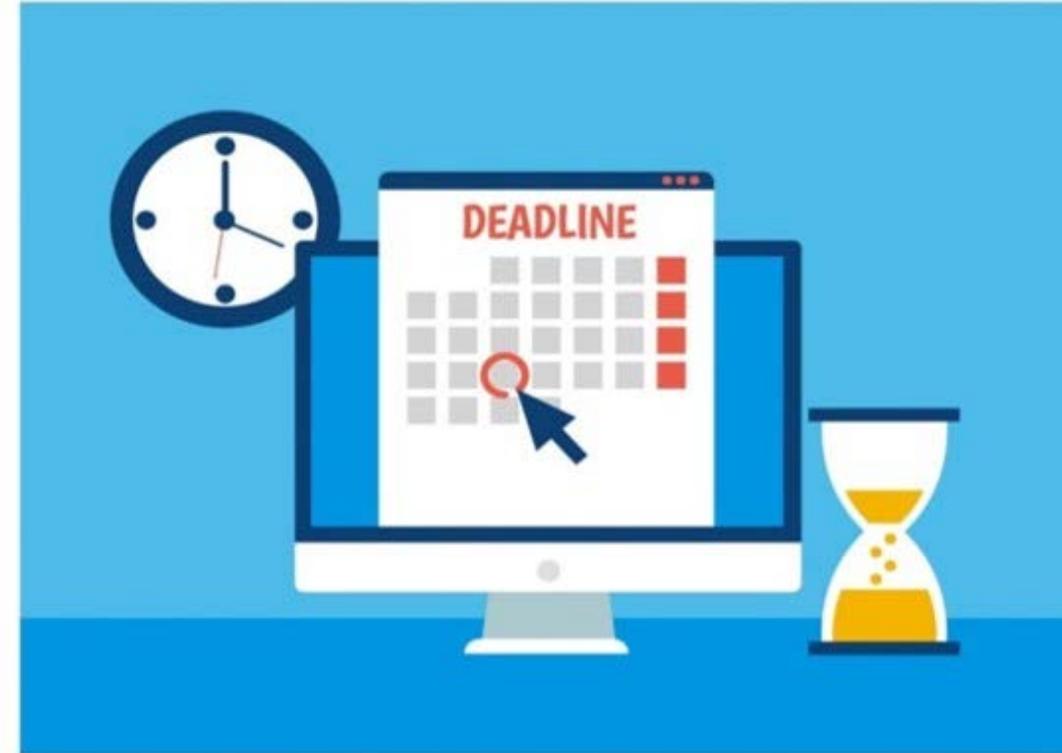
# What is the HQRP?

- The HQRP promotes the delivery of person-centered, high-quality, and safe care by hospices.
- CMS has adopted measures that were recommended by multi-stakeholder organizations and developed with the input of providers, payers, and other stakeholders.



# HQRP Requirements

- Currently, there are two requirements for HQRP:
  - Hospice Item Set (HIS) data collection and submission.
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey submission.
- All Medicare-certified hospice providers must comply with these two reporting requirements for all patients regardless of payer.



# The HQRP



# HIS Data Submission

- The data collection year runs from January to December.
- HIS data needs to be submitted **and** accepted timely and must meet the threshold requirements.

HIS Records From	Submission Threshold	Payment Year Impact
CY 2018	90%	FY 2020
CY 2019	90%	FY 2021
CY 2020	90%	FY 2022

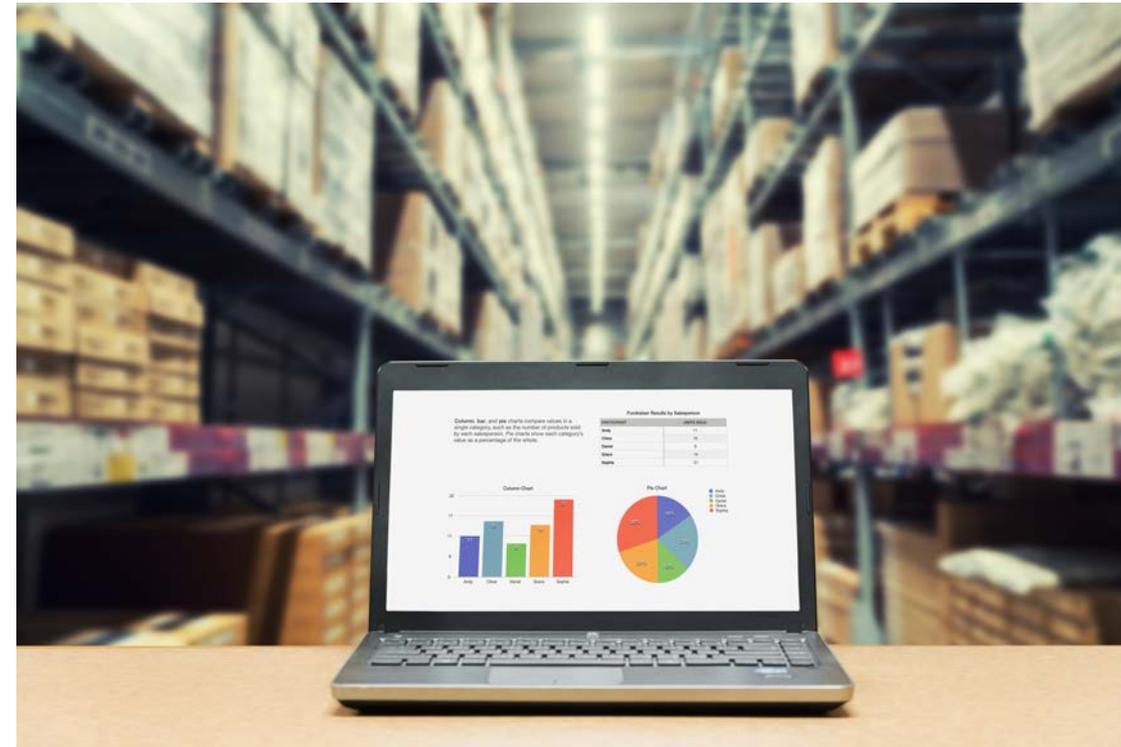
# HIS Quality Measures

1. Treatment Preferences (National Quality Forum #1641).
2. Beliefs/Values (NQF #1647).
3. Pain Screening (NQF #1634).
4. Pain Assessment (NQF #1637).
5. Dyspnea Screening (NQF #1639).
6. Dyspnea Treatment (NQF #1638).
7. Bowel Regimen (NQF #1617).
8. Hospice Comprehensive Assessment (NQF #3235).
9. Hospice Visits when Death is Imminent.



# CAHPS® Data Submission

- As with the HIS, the data collection year runs from January 1 to December 31.
- Each hospice must contract with an approved survey vendor and this vendor must successfully submit data to the CAHPS Data Warehouse on behalf of the Hospice.



# Background on Public Reporting

- The HQRP was established under section 1814(i)(5) of the Social Security Act. The Act requires the Secretary to publicly report, on a CMS website, quality measures that relate to the care provided by hospice programs across the country.
- On August 16, 2017, CMS launched the [Hospice Compare](#) website to help consumers compare hospice providers' performance and assist consumers in making care choices that are right for them.



# Hospice Compare Website

Hospice Compare - Find a Hospice X +

https://www.medicare.gov/hospicecompare/

Medicare.gov Hospice Compare

Home About MyMedicare.gov Login Español

## Find a hospice agency

Find hospices that serve your area and compare them based on the quality of care they provide. Hospice agencies most often provide services where you live, whether it's at home, an assisted living facility, or a nursing home.

Share Print

**There are 2 ways to search**

Hospice agency name **and/or** Location

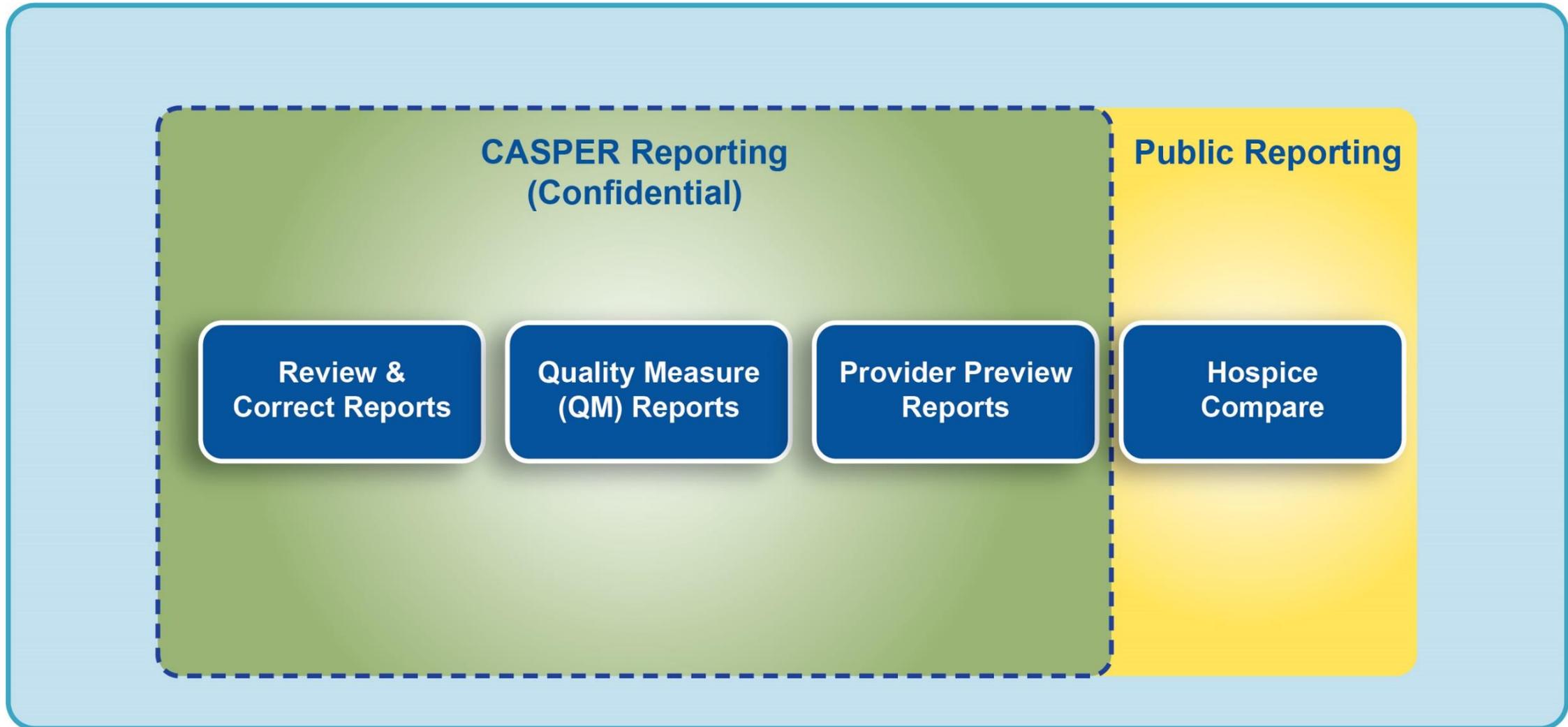
Full or Partial Hospice Agency Name **and/or** ZIP code or City, State or State **Search**

Example: 45802 or Lima, OH or Ohio

Learn more



# Public Reporting Overview Graphic



# CASPER Reports

# CASPER Reports

- CASPER has many valuable reports with specific functions.
  - Select the CASPER Reporting link on the CMS Quality Improvement and Evaluation System (QIES)\* for Providers webpage.
  - Locate hospice-specific reports in these categories in CASPER:
    - Hospice Provider.
    - Hospice Quality Reporting Program.
- The CASPER Reporting User's Guide For Hospice Providers is available at <https://qtso.cms.gov/reference-and-manuals.casper-hospice-reporting-users-guide>.

\*All current QIES functions will be migrated to the new iQIES platform.

# QIES Login Screen

**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?](#)  
[Click here to reset your User ID/Password.](#)

# Hospice Provider Reports

Skip navigation links [Skip to Content](#)

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

**Report Categories**

- Hospice Provider**  
Hospice Quality Reporting Program

**Hospice Provider**

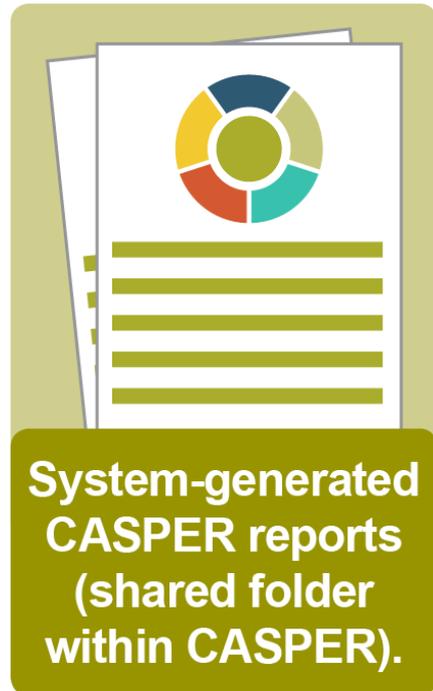
- [HIS Record Error Detail by Provider](#) • Error Detail by Provider
- [HIS Record Errors by Field by Provider](#) • Errors by Field by Provider
- [HIS Records with Error Number XXXXX](#) • Records with Error Number XXXXX
- [Hospice Admissions](#) • Admissions
- [Hospice Discharges](#) • Discharges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

Pages [1]

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

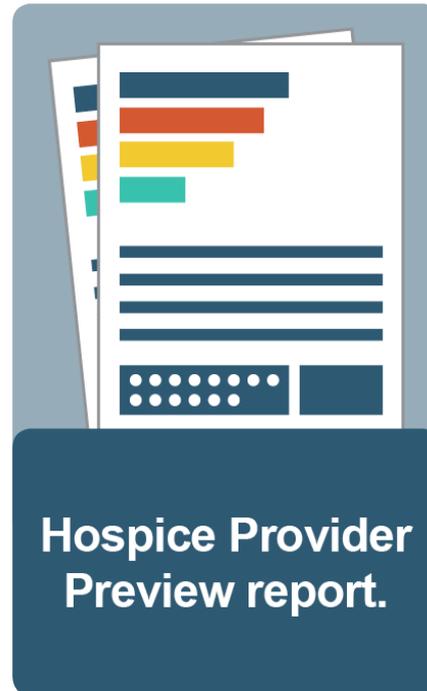


# Provider Preview Reports



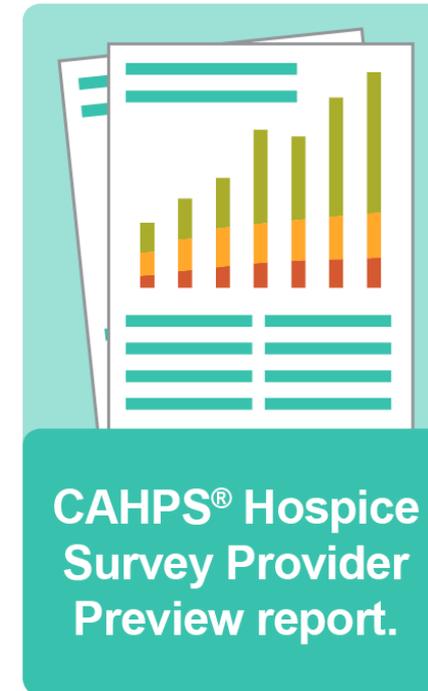
**System-generated CASPER reports (shared folder within CASPER).**

**Covers HIS data from specific time points.**



**Hospice Provider Preview report.**

**Issued at specific times, for 30-day preview periods.**



**CAHPS® Hospice Survey Provider Preview report.**

**Allows providers to preview final QM results before public display on Hospice Compare.**

# HQRP QM Reports

Skip navigation links [Skip to Content](#)

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**Report Categories**

Hospice Provider

**Hospice Quality Reporting Program**

**Hospice Quality Reporting Program**

- [Hospice Patient Stay-Level Quality Measure Report](#) • [Hospice Patient Stay-Level Quality Measure Report](#)
- [Hospice Review and Correct Report](#) • [Hospice Review and Correct Report](#)
- [Hospice-Level Quality Measure Report](#) • [Hospice-Level Quality Measure Report](#)

Pages [1](#)

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



# HQRP QM Reports (cont. 1)

**User-generated CASPER reports.**

**Available on demand and run for any reporting period of provider's choice and can include a full year of data if requested.**

**Include HIS QM result data at the patient stay and hospice level.**

**Provide confidential feedback to agencies on their performance.**

**Display national average scores to allow for benchmarking and comparisons.**

# HQRP QM Reports (cont. 2)

- **Hospice-Level Quality Measure Report.**
  - The report shows the:
    - CMS Measure ID
    - Numerator
    - Denominator,
    - Hospice Observed Percent
    - Comparison Group National Average for the same time period, and
    - Comparison Group National Percentile for each measure.

# HQRP QM Reports (cont. 3)

- **Hospice Patient Stay-Level Quality Measure Report.**
  - Identifies each patient whose qualifying HIS record was included in the QM calculations for the selected report period.
  - Includes per patient per measure information such as whether:
    - The patient stay triggered the measure,
    - Did not trigger the measure, or
    - Was excluded from the denominator.

Q<sub>2</sub>

Which reports below are included in the HQRP folder in the CASPER system?

- A. Hospice Review and Correct Report.
- B. Hospice Patient Stay-Level Quality Measure Report.
- C. Hospice-Level Quality Measure Report.
- D. All of the above.



Q<sub>2</sub>

Which reports below are included in the HQRP folder in the CASPER system? (cont.)

- A. Hospice Review and Correct Report.
- B. Hospice Patient Stay-Level Quality Measure Report.
- C. Hospice Final Validation Report
- D. **All of the above.**



# Review and Correct Reports

# Review and Correct Report

NEW

- New report for Hospices April 1, 2019.
- Contains hospice level QM data for a full 12 months (4 quarters).
- Contains associated patient stay level data.
- Includes all HIS based measures.
- Providers have access to QM data prior to data correction deadline for public reporting.

# Review and Correct Report (cont. 1)

NEW

- Provides hospice agencies an opportunity to ensure the accuracy of their data.
- Allows providers to track quarterly data cumulatively.
- Includes data from the most current quarter “open” for data correction.
- Includes data from previous three quarters “closed” for data correction (frozen data).

# Overview of Reports for Hospice Public Reporting

Report Title	Always includes a full year of data	Includes patient stay-level data	Includes hospice-level data	Affected by data correction deadlines	Underlying data can be changed	Run on-demand
CASPER QM Reports	No*	Yes	Yes	No	Yes	Yes
Review and Correct Reports	Yes	Yes	Yes	Yes	**	Yes
HIS Provider Preview Reports	Yes	No	Yes	Yes	No	No

\* The report may include a full year of data if requested by the provider.

\*\* If the data correction period is “open,” provider corrections to HIS records will appear in a future release of the Review and Correct Reports. If the data correction period is “closed,” provider corrections to HIS records will NOT appear in a future release.

# Data Displayed on the Review and Correct Reports

- Review and Correct Reports data:
  - Shows providers which records are still “open” for data correction prior to public reporting on Hospice Compare.
  - Shows which records are “closed” for data correction (i.e., are “frozen” and can no longer be corrected for purposes of public reporting).
  - Each quarter of data is available on this report one day following the end of the applicable calendar year (CY) quarter. Available on demand based on the user-selected end date.

# Review and Correct Reports Display Example

## Provider Preview Report

 Q4 2019



Q4 data is modifiable through May 15, 2020.

 Q3 2019



Q3 data is modifiable through February 15, 2020.

 Q2 2019



Q2 data is no longer modifiable.

 Q1 2019



Q1 data is no longer modifiable.

The first day you can review Q4 2019 is January 1, 2020. Once you select Q4, the report will include Q1-Q4 data for 2019.

Q<sub>3</sub>

The Review and Correct Report contains hospice-level QM data and the associated patient-level data for all HIS-based measures.

- A. True.
- B. False.

Q<sub>3</sub>

The Review and Correct Report contains hospice-level QM data and the associated patient-level data for all HIS-based measures. (cont.)



**A. True.**

B. False.

# Which of the following statements are true regarding subsequent Review and Correct Reports?

- A. Cumulative data for the Review and Correct Reports are displayed for a full 12 months (4 quarters), based on a user-selected end date.
- B. When a new reporting year begins, the new quarter of data is added and the oldest quarter of data is subsequently dropped.
- C. Reports are retained for 10 years.
- D. None of the above.

# Which of the following statements are true regarding subsequent Review and Correct Reports? (cont.)

-  **A. Cumulative data for the Review and Correct Reports are displayed for a full 12 months (4 quarters), based on a user-selected end date.**
- B. When a new reporting year begins, the new quarter of data is added and the oldest quarter of data is subsequently dropped.
- C. Reports are retained for 10 years.
- D. None of the above.

# Review and Correct Report: Header Snapshot



## Hospice Review and Correct Report

---

**Provider ID:** 123456  
**CCN:** 654321  
**Hospice Name:** MY HOSPICE  
**City/State:** WALTHAM, MA

---



# Review and Correct Report: Important Considerations

- Carefully review the data about your agency, including Agency/Provider Name, CCN, and date of certification.
- Incorrect agency information is a major source of Public Reporting Help Desk questions concerning the CASPER reports.
- It is extremely important to make certain the Medicare Certification Date for your agency/provider is correct within the ASPEN system.
- CMS does not have the ability to monitor the validity of the Medicare Certification Dates within ASPEN, nor the authority to issue a correction within the system.

# Review and Correct Report: Correcting Facility Information

- Ensure accuracy of agency information.
  - If you need to make corrections:
    - Contact your Medicare Administrative Contractor (MAC) to update your agency information.
    - MAC contact information is available at the following link:  
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>.

# Review and Correct Report: Header Snapshot (cont. 1)



## Hospice Review and Correct Report

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<b>Provider ID:</b>	123456	<b>Requested Quarter End Date:</b>	Q4 2019
<b>CCN:</b>	654321	<b>Report Release Date:</b>	01/01/2020
<b>Hospice Name:</b>	MY HOSPICE	<b>Report Run Date:</b>	01/10/2020
<b>City/State:</b>	WALTHAM, MA	<b>Data Calculation Date:</b>	01/07/2020
		<b>Report Version Number:</b>	1.0

---

- **Requested Quarter End Date:** Displays the requested quarter end date.
- **Report Release Date:** Displays when the requested report was initially released. This date is fixed. This date is updated quarterly each time a new quarter of data is available.
- **Report Run Date:** Displays when the report was requested by the provider.
- **Data Calculation Date:** Displays when the data displayed on the report was last calculated.



# Review and Correct Report: Requested Quarter End Date

## Data Display by Quarter End Date:

**Q1  
2019**

- Q1 2019
- Q4 2018
- Q3 2018
- Q2 2018

**Q2  
2019**

- Q2 2019
- Q1 2019
- Q4 2018
- Q3 2018

**Q3  
2019**

- Q3 2019
- Q2 2019
- Q1 2019
- Q4 2018

**Q4  
2019**

- Q4 2019
- Q3 2019
- Q2 2019
- Q1 2019

# Review and Correct Report: Report Filters

Providers can select certain filters when running this report.



**Quality Measures:** Treatment Preferences, Beliefs/Values, Pain Screening, Pain Assessment, Dyspnea Screening, Dyspnea Treatment, Bowel Regimen, Hospice Comprehensive Assessment, Hospice Visits when Death is Imminent, Measure 1, Hospice Visits when Death is Imminent, Measure 2

**Reporting Quarter:** QX 20XX

**Patients Without a Discharge Assessment:** Yes, No, All

**Admission Record Data Correction Period as of Report Run Date:** Open, Closed, All

**Discharge Record Data Correction Period as of Report Run Date:** Open, Closed, All

**Measure Status:** Triggered, Not Triggered, Excluded from Quality Measure Denominator, Measure not Implemented Based on Patient's admission and/or discharge date(s)

**Hospice Item Set (HIS) Quality Measure:** Pain Screening (NQF #1634)

Measure for which provider  
is reviewing data

# Review and Correct Report: Example

## Hospice Item Set (HIS) Quality Measure: Pain Screening (NQF #1634)

### Table Legend

Dash (-): Data not available

X: Triggered

b: Not Triggered

e: Excluded from the QM denominator

c: Admission date extracted from the discharge record because admission record is missing

d: Measure not implemented based on patient's admission and/or discharge date(s)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q4 2019	H003.01	10/01/2019	12/31/2019	2	5	40.0%
Q3 2019	H003.01	07/01/2019	09/30/2019	4	7	57.1%
Q2 2019	H003.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H003.01	01/01/2019	03/31/2019	6	9	66.7%
Cumulative	-	01/01/2019	12/31/2019	16	31	51.6%

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

# Review and Correct Report: Hospice – Level Data Section

- Includes the QM numerator, denominator, and score for patients who have been discharged within the selected four quarter reporting period.
- Includes patients with an admission and discharge at the end of the selected four quarter reporting period.



# Review and Correct Report: Hospice – Level Data Section (cont. 1)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q4 2019	H003.01	10/01/2019	12/31/2019	2	5	40.0%
Q3 2019	H003.01	07/01/2019	09/30/2019	4	7	57.1%
Q2 2019	H003.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H003.01	01/01/2019	03/31/2019	6	9	66.7%
Cumulative	-	01/01/2019	12/31/2019	16	31	51.6%

## Reporting Quarter:

- Indicates the quarter and CY in which the target date of the discharge record falls.
- Most current quarter is on the top of the table. Cumulative is on the bottom of the table.

## Reporting Period for Cumulative Row by Quarter End Date:

**Q1 2019:** Q2 2018 – Q1 2019 **Q2 2019:** Q3 2018 – Q2 2019

**Q3 2019:** Q4 2018 – Q3 2019 **Q4 2019:** Q1 2019 – Q4 2019

# Review and Correct Report: Hospice – Level Data Section (cont. 2)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q4 2019	H003.01	10/01/2019	12/31/2019	2	5	40.0%
Q3 2019	H003.01	07/01/2019	09/30/2019	4	7	57.1%
Q2 2019	H003.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H003.01	01/01/2019	03/31/2019	6	9	66.7%
Cumulative	-	01/01/2019	12/31/2019	16	31	51.6%

- **CMS ID:** Indicates the applicable CMS ID for the quality measure in the specific reporting quarter.
- **Start Date:** Start date of the reporting quarter.
- **End Date:** End date of the reporting quarter.

# Review and Correct Report: Hospice – Level Data Section (cont. 3)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q4 2019	H003.01	10/01/2019	12/31/2019	2	5	40.0%
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Q2 2019	H003.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H003.01	01/01/2019	03/31/2019	6	9	66.7%
Cumulative	-	01/01/2019	12/31/2019	16	31	51.6%

- **Number of Discharged Hospice Stays that Triggered the Quality Measure:**  
Numerator of the quality measure.
- **Number of Discharged Hospice Stays Included in the Denominator:**  
Denominator of the quality measure.

# Review and Correct Report: Hospice – Level Data Section (cont. 4)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q4 2019	H003.01	10/01/2019	12/31/2019	2	5	40.0%
Q3 2019	H003.01	07/01/2019	09/30/2019	4	7	57.1%
Q2 2019	H003.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H003.01	01/01/2019	03/31/2019	6	9	66.7%
Cumulative	-	01/01/2019	12/31/2019	16	31	51.6%

- **Hospice Percent:** Hospice observed score for the quality measure. Numerator count divided by the denominator count multiplied by 100.

# Review and Correct Report: Patient Stay-Level Data Section

- Includes record-level data.
- Provides an opportunity to quickly identify records:
  - Requiring further investigation.
  - Containing possible data inaccuracies.
  - Containing quality of care concerns.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 1)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

## Reporting Quarter (Patient Stay-Level):

- Indicates the quarter and calendar year in which the target date of the discharge record falls.
- If more than one quarter of data appears on the patient stay-level data table, then the most current quarter of data appears on top.
- A dash (-) will be displayed if the patient has not been discharged yet.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 2)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

- **Patient Name:** Last and first name of patient.
- **Patient ID:** Internal patient identification number.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 3)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

- **Admission Date:** Admission date (A0220 in the HIS V2.00) for the corresponding patient stay.
- **Discharge Date:** Discharge date (A0270 in the HIS V2.00) for the corresponding patient stay.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 4)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

- **Admission and Discharge Record Data Correction Deadline:** Indicates the data correction deadline of the patient's admission or discharge record.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 5)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

- **Admission Record Data Correction Period as of Report Run Date:**
  - **Open:** If run date is on or before admission record correction deadline.
  - **Closed:** If run date is after admission record correction deadline.

# Review and Correct Report: Patient Stay-Level Data Section (cont. 6)

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X
Q4 2019	DOE, JAIME	32425643	11/28/2019	12/04/2019	05/15/2020	Open	05/15/2020	Open	b
Q4 2019	DOE, MOLLY	23345435	11/11/2019	11/16/2019	05/15/2020	Open	05/15/2020	Open	b

- **Discharge Record Data Correction Period as of Report Run Date:**
  - **Open:** If run date is on or before discharge record correction deadline.
  - **Closed:** If run date is after discharge record correction deadline.

# Review and Correct Report: The Status Table Legend

## ***Table Legend***

Dash (-): Data not available

**X:** Triggered

**b:** Not Triggered

**e:** Excluded from the QM denominator

**c:** Admission date extracted from the discharge record because admission record is missing

**d:** Measure not implemented based on patient's admission and/or discharge date(s)

# Review and Correct Report: Data Correction Deadlines

Quarter	Deadline
<b>Q1 2019</b> 01/01/19 – 03/31/19	08/15/2019
<b>Q2 2019</b> 04/01/19 – 06/30/19	11/15/2019
<b>Q3 2019</b> 07/01/19 – 09/30/19	02/15/2020
<b>Q4 2019</b> 10/01/19 – 12/31/19	05/15/2020



# Review and Correct Report: What does dash (-) mean in the Status Column?

- Dash (-) denotes data is not available
- Dash (-) can be used for the following reasons:

	Hospice had no qualifying patient stays in the denominator	Patient has not been discharged or discharge record is missing	Patient is missing admission record
Hospice Percent	✓		
Reporting Quarter			
Discharge Date		✓	✓
Admission Record Data Correction Deadline			✓
Admission Record Data Correction Period as of Report Run Date			✓
Discharge Record Data Correction Deadline		✓	
Discharge Record Data Correction Period as of Report Run Date		✓	

# Review and Correct Report: The Status Table Legend (cont. 1)

- **Status:** Indicates the status of the corresponding patient stay.
  - **X:** Triggered
    - **Definition:** Patient stay was included in the numerator and denominator of the quality measure.
    - “X” displayed in bold font.
  - **b:** Not Triggered
    - **Definition:** Patient stay was included in the denominator of the quality measure but not included in the numerator.
  - **e:** Excluded from the QM denominator.
    - **Definition:** Patient stay was excluded from the quality measure denominator.

# Review and Correct Report: Status Table Legend (cont. 2)

- **Status:** Indicates the status of the corresponding patient stay.
  - **c:** Admission date extracted from the discharge record because admission record is missing.
  - **d:** Measure not implemented based on patient's admission and/or discharge date(s).
    - **Definition:** Shows that the measure was not implemented based on patient's admission and/or discharge date(s).
    - For example, if an admission-anchored measure was implemented Q2 2019 and a provider is reviewing their report for Q1 2019–Q4 2019, d would display for all patient stays with admission dates before the Q2 2019 measure implementation date.

# Analyzing Reports

**1**

**Access Review and Correct Report and investigate measure results.**

**2**

**Identify opportunities for data correction and/or initiating or updating quality improvement strategies.**

**3**

**If determined to be necessary, submit, modify and/or inactivate HIS records in CASPER.**

**4**

**Access Review and Correct Report the following week to verify updates or corrections.**

# Analysis Details

**1**

**Examine the hospice-level data for each HIS-based QM in the HQRP for the open reporting quarter.**

**Pay attention to the numerator, denominator and score for patients who have been discharged.**

**2**

**Examine the patient-level data. This displays a list of hospice patients for whom HIS data were submitted and identifies if the patient was included in the numerator for each QM.**

**3**

**Identify records for possible data inaccuracies or quality of care concerns.**

Q<sup>5</sup>

When a given quarter's data becomes available, the Review and Correct Report provides QM results that are updated on a \_\_\_\_\_ basis, up until the submission deadline.

- A. Weekly.
- B. Monthly.
- C. Quarterly.
- D. Annually.

Q<sup>5</sup>

When a given quarter's data becomes available, the Review and Correct Report provides QM results that are updated on a \_\_\_\_\_ basis, up until the submission deadline. (cont.)



- A. **Weekly.**
- B. Monthly.
- C. Quarterly.
- D. Annually.

# Review and Correct Report Case Study Examples

# Case Scenario



- You are the quality improvement director of Tropical Hospice Agency.
- Your role involves routinely accessing, analyzing and using CASPER reports to support the work of your agency's quality program.
- You now have access to a new report, the Review and Correct report. This report allows you to:
  - Validate the accuracy and identify potential errors.
  - It also provides an opportunity to identify areas for quality improvement.

# Case Study 1



- **Situation:**
  - During a routine analysis, you run a Review and Correct report on Friday, April 5, 2019. You notice a patient discharged at the end of Quarter 1 on Sunday, March 31, 2019 was not included in the report.
  - Your agency submitted the discharge record on Wednesday, April 3, 2019.
  - On Thursday, April 4, 2019, your agency confirmed the submitted record was accepted.

APRIL 2019						
S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Q<sub>6</sub>

Why was the discharged patient not included in the Review and Correct report on April 5, 2019?

- A. There was a problem with the system.(I have no clue)
- B. You need to wait a month for the patient data to show up.
- C. Report data refreshes weekly, so you need to wait until Monday April 8, 2019 to pull the report.
- D. None of the above.

Q<sub>6</sub>

Why was the discharged patient not included in the Review and Correct report on April 5, 2019? (cont.)

- A. There was a problem with the system.(I have no clue)
- B. You need to wait a month for the patient data to show up.
-  C. **Report data refreshes weekly, so you need to wait until Monday April 8, 2019 to pull the report.**
- D. None of the above.

# Case Study 2



- **Situation:**
  - On Tuesday, July 2, 2019 you access the Review and Correct Report. (Reminder: Q2 data added on July 1, 2019). Upon examination of the report you notice the Q2 hospice level measure performance rates are lower than you expected.

JULY 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Q7

What steps should you take to further understand the data in the report?

- A. Examine the patient stay-level data to understand which patients did not trigger measures and investigate the accuracy of the HIS data submissions using other reports in CASPER.
- B. You need to wait until July 31, 2019 for the patient data to show up.
- C. Call and report a problem with the reporting system.
- D. None of the above.

Q7

What steps should you take to further understand the data in the report? (cont.)



- A. **Examine the patient stay-level data to understand which patients did not trigger measures and investigate the accuracy of the HIS data submissions using other reports in CASPER.**
- B. You need to wait until July 31, 2019 for the patient data to show up.
- C. Call and report a problem with the reporting system.
- D. None of the above.

# Case Study 2 (cont.)



- **Situation (cont.):**

- On July 3, 2019, after investigating the data you discover there are errors in the HIS data submissions.
- On July 5, 2019 you submit modified HIS assessments to the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system.

JULY 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Q<sub>8</sub>

When should you check the Review and Correct Report to confirm the measure performance update?

- A. Friday, July 5.
- B. Monday, July 8.
- C. At the end of July.
- D. B & C are correct.



# When should you check the Review and Correct Report to confirm the measure performance update? (cont.)

A. Friday, July 5.

B. Monday, July 8.

C. At the end of July.



**D. B & C are correct.**



# Case Study 3



- **Situation:**
  - On Thursday, November 14, 2019 you access the Review and Correct Report. You get busy and can't look at the report until late on Friday, November 15, 2019. You discover some errors and decide to submit modified data on Monday, November 18, 2019 but you are unsuccessful.

NOVEMBER 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# Why was there a problem with submitting corrected data?

- A. There was a problem with the QIES system and you need to contact technical support.
- B. You need to wait a few days for the system to refresh.
- C. You waited too long and missed the deadline for Q2 data correction of November 15<sup>th</sup> 2019.
- D. None of the above.

Q<sub>9</sub>

## Why was there a problem with submitting corrected data? (cont.)

- A. There was a problem with the QIES system and you need to contact technical support.
- B. You need to wait a few days for the system to refresh.
-  C. **You waited too long and missed the deadline for Q2 data correction of November 15<sup>th</sup> 2019.**
- D. None of the above.

# CASPER Review and Correct Reports: Data Correction Deadlines (cont.)

Quarter	Deadline
<b>Q1 2019</b> 01/01/19 – 03/31/19	08/15/2019
<b>Q2 2019</b> 04/01/19 – 06/30/19	11/15/2019
<b>Q3 2019</b> 07/01/19 – 09/30/19	02/15/2020
<b>Q4 2019</b> 10/01/19 – 12/31/19	05/15/2020



# Summary



- The Review and Correct Report contain hospice-level QM data.
- This report is user-generated.
- Provides an opportunity for hospice agencies to review data and make modifications, if needed, before data is made public (as long as the run date is on or before the correction deadline).
- Provides feedback to hospice agencies to facilitate quality improvement efforts.
- Report covers 12 months (four quarters of data).
- Data refreshes weekly.

# HQRP Resources

# Hospice Provider Resources

- CASPER report explanations can be accessed at:  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Fact-Sheet\\_CASPER-QM-Reports.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Fact-Sheet_CASPER-QM-Reports.pdf).
- Specifics on the HIS Hospice QMs may be found on the HQRP website. The QM User's Manual describes the calculation and the numerator and denominator for each of the quality measures and can be accessed here:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>.
- Getting Started with the HQRP can be accessed here:  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Sept-2017\\_Getting-Started-with-the-HQRP.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Sept-2017_Getting-Started-with-the-HQRP.pdf).



# Hospice Provider Resources (cont. 1)

- For questions regarding error messages or other technical questions (e.g. registration for User IDs, technical training for data transmission), consider contacting the Technical Help Desk.
  - E-mail: [help@qtso.com](mailto:help@qtso.com)
  - Phone: 1-877-201-4721
  - Hours: Monday–Friday 7 a.m.–7 p.m. Central Time.
- The HIS Manual v2.01 can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html> in the Download section at the bottom of the page.
- For questions about HIS and general questions about the HQRP program, reporting requirements, quality measures, and reporting deadlines, please contact the Quality Help Desk at: [hospicequalityquestions@cms.hhs.gov](mailto:hospicequalityquestions@cms.hhs.gov)



# Thank You.

The webinar has now concluded.