

Quality Reporting Program Provider Training

HQRP: Achieving a Full APU – A Bare Bones Overview



Please wait, the webinar will begin shortly.



HOSPICE

QUALITY REPORTING
PROGRAM

January 23, 2019

Quality Reporting Program Provider Training

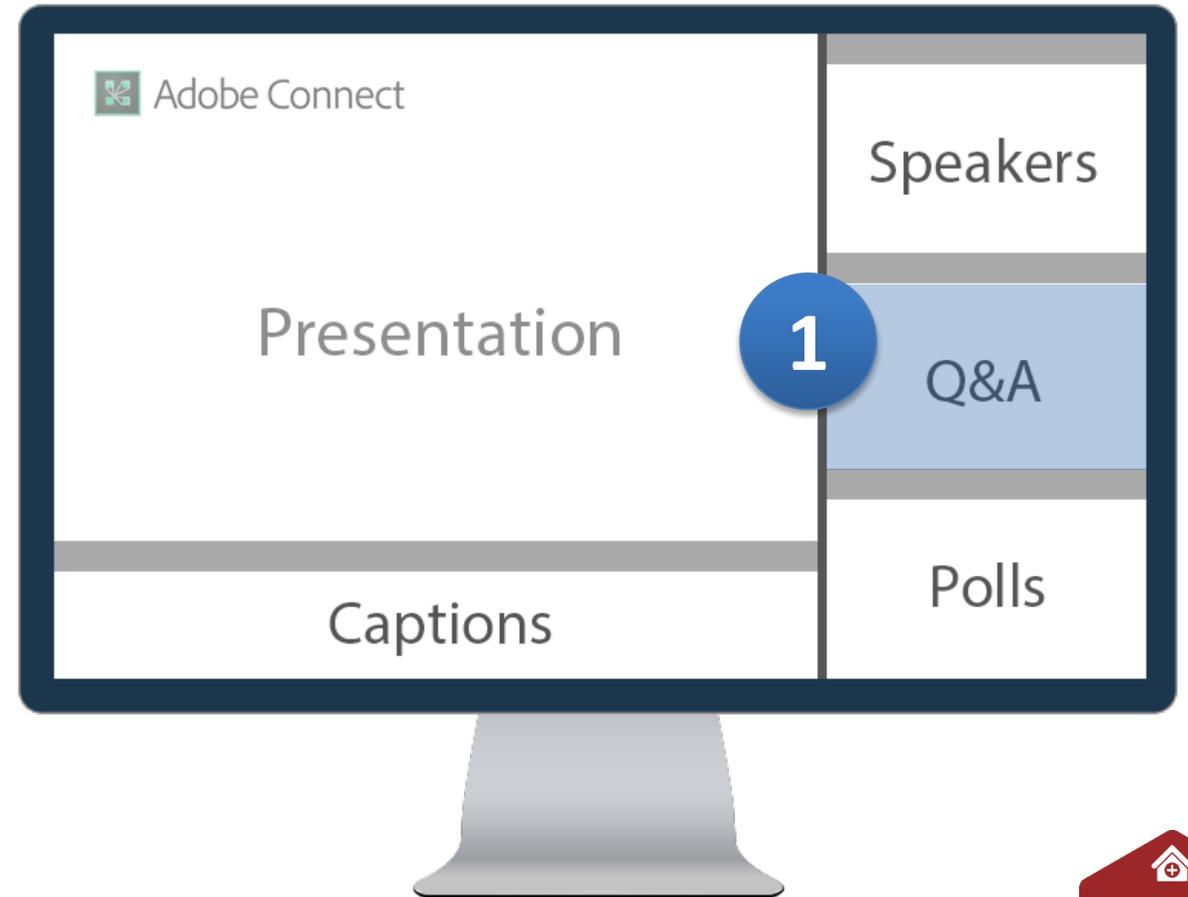
HQRP: Achieving a Full APU – A Bare Bones Overview

Cindy Massuda, Brenda Karkos, and
Debra Dean-Whittaker
January 23, 2019



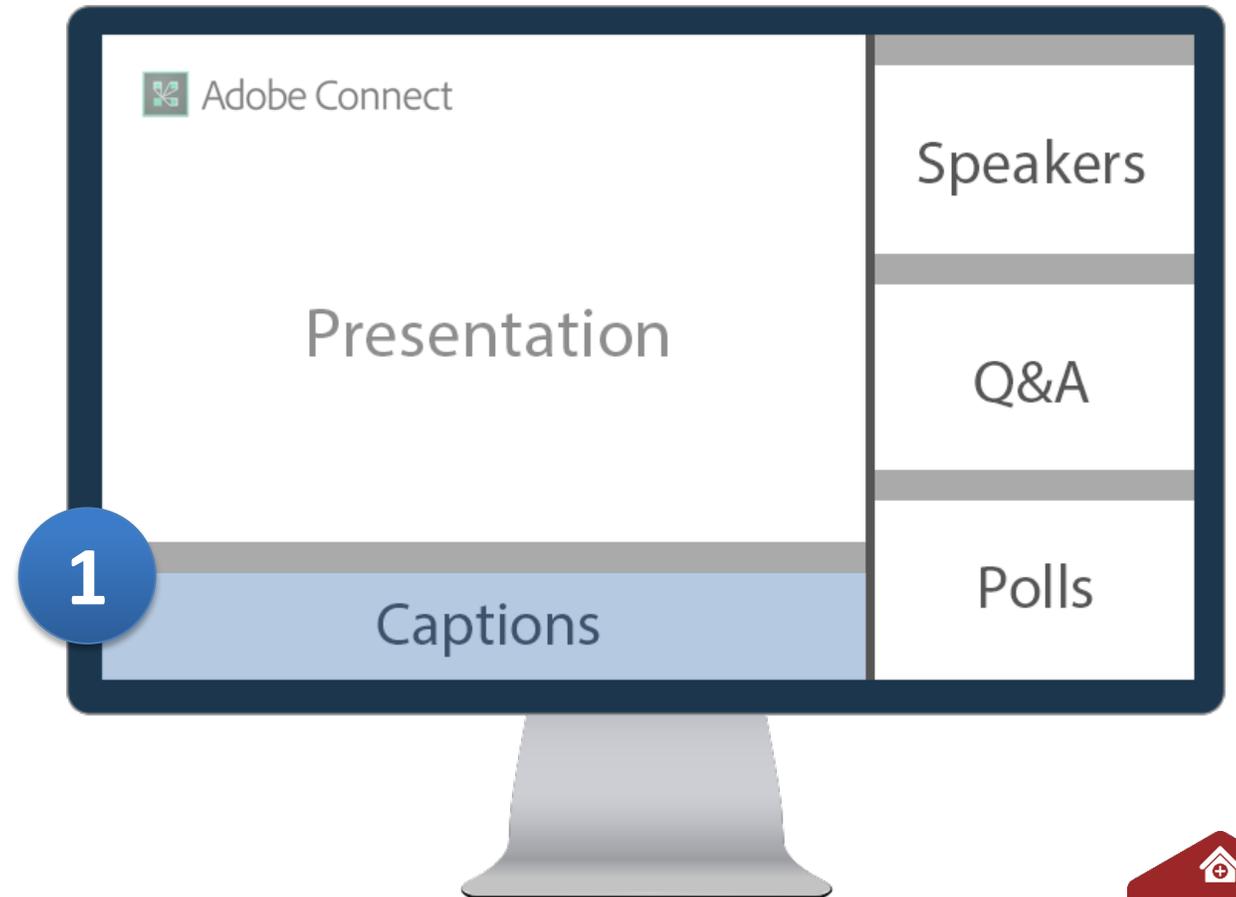
Help During the Presentation

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 - You may also ask any content related questions you may have during this presentation via the Q&A panel.



Closed Captioning is Available

1. Closed captioning is available during this webinar. Captions will appear in the panel directly beneath the presentation.
 - If you need any technical assistance with closed captions please let us know using the Q&A panel.



Acronyms

- APU - Annual Payment Update
- ASAP - Assessment Submission and Processing
- 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
- CY - Calendar Year



Acronyms (cont. 1)

- FVR - Final Validation Report
- FY - Fiscal Year
- HIS - Hospice Item Set
- HQRP - Hospice Quality Reporting Program
- MAC - Medicare Administrative Contractor
- NQF - National Quality Forum
- PHI - Protected Health Information
- PII - Patient Identified Information
- QIES - Quality Improvement and Evaluation System



Acronyms (cont. 2)

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



Today's Agenda



- Hospice Quality Reporting Program (HQRP).
- The HQRP Life Cycle and Compliance that includes the “Calendar Year Process”:
 - Reporting Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Data.
 - Using Reports to Track Your Hospice’s Data – Certification and Survey Provider Enhanced Reports (CASPER Reports).
 - Knowing the Reconsideration Process.

Objectives

- Recall basic information about the HQRP.
- Describe the timeframe and the necessary steps towards HQRP compliance.
- Describe the relationship between quality reporting and the Annual Payment Update (APU).
- List the steps for reporting using your HIS and CAHPS® data.



Objectives (cont.)

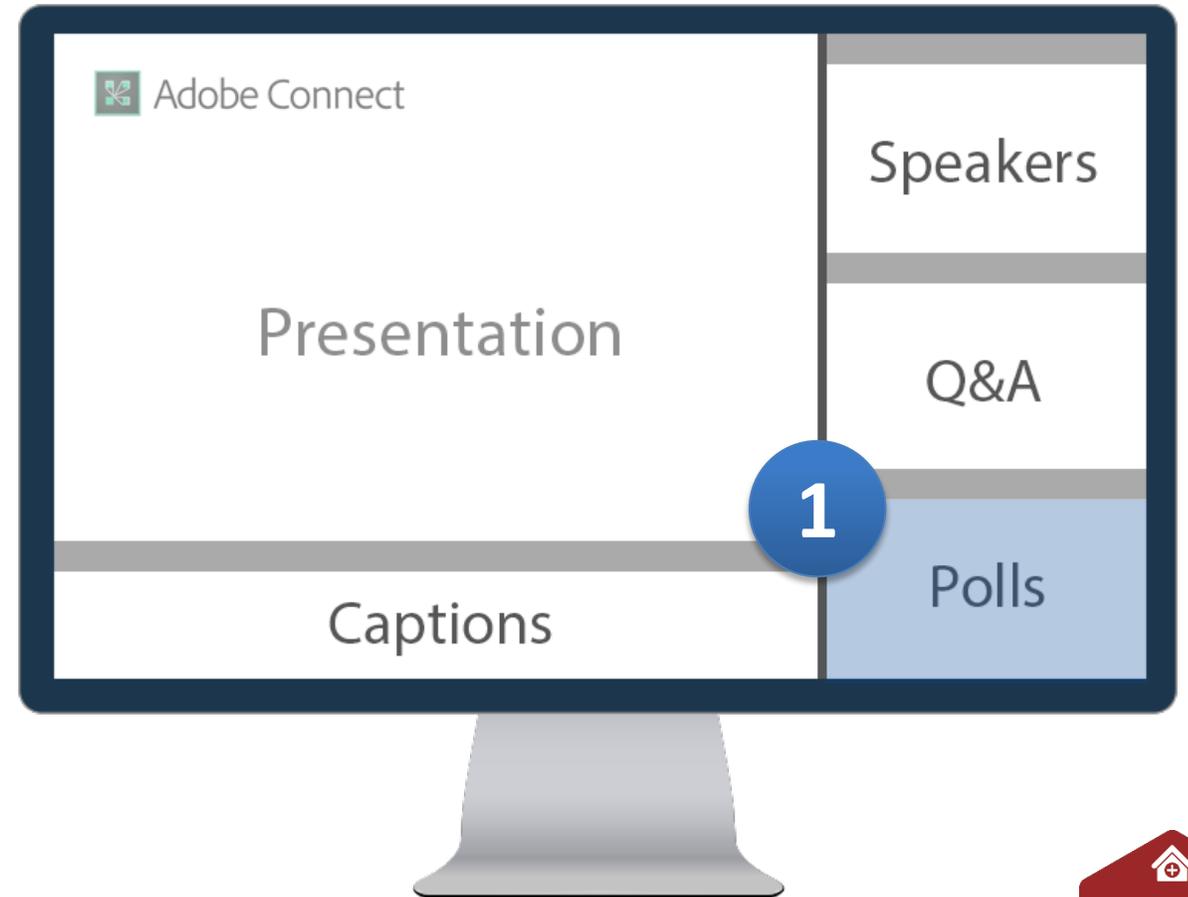
- Name at least two Certification and Survey Provider Enhanced Reports (CASPER) to check HIS and CAHPS[®] compliance.
- Recognize how to use reports to check HIS and CAHPS[®] compliance.
- Define the HQRP reconsideration process, including the timeframe and the steps for submitting a request.
- Locate resources on the HQRP website.



Icebreaker

Interactive Polling

1. During this presentation we will occasionally poll the audience. When polls are activated they will appear in the panel to the lower right.
 - To participate, simply select your desired response.
 - You will have some time to respond to each question.



Q₁

How many people (including you) are joining this webinar together in the same room?

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

Q₂

Where in the United States is the very first Hospice that opened in 1974?

- A. Boston, MA
- B. Branford, CT
- C. San Francisco, CA
- D. Washington, DC

Q₂

Where in the United States is the very first Hospice that opened in 1974? (cont.)

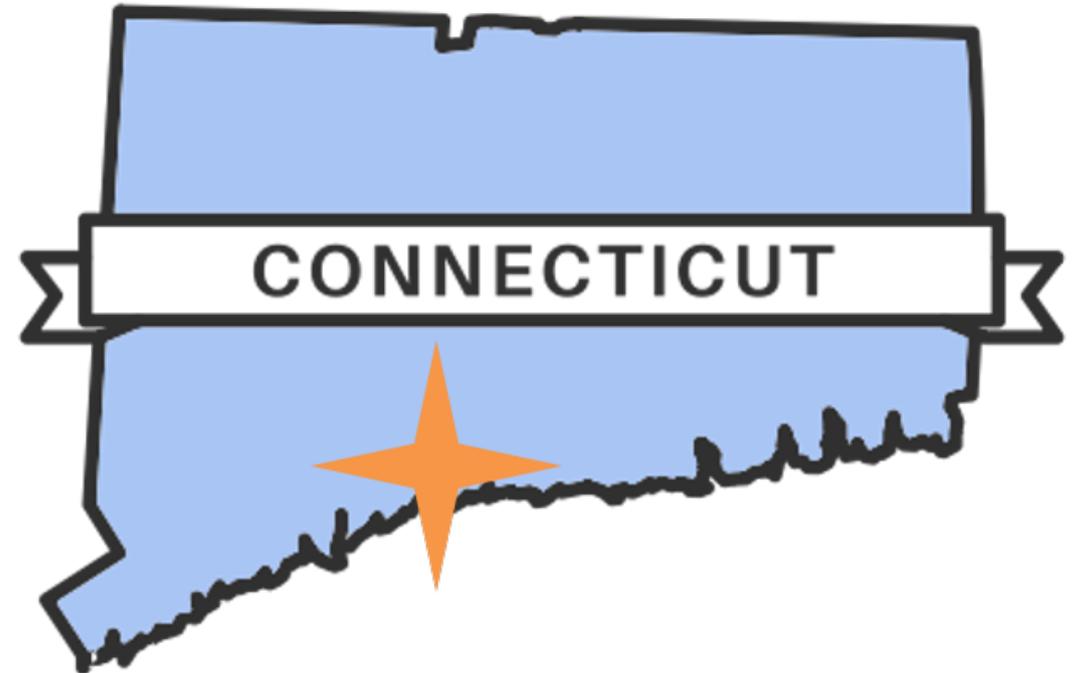
A. Boston, MA



B. Branford, CT

C. San Francisco, CA

D. Washington, DC



Today's Presenters



Cindy Massuda, JD
Senior Technical Advisor
Centers for Medicare & Medicaid Services



Brenda Karkos, MSN, MBA, RN
Associate Nurse Researcher
Abt Associates

Today's Presenters (cont.)



Debra Dean-Whittaker, PhD

Contracting Officer's Representative for the CAHPS®
Hospice Survey

Centers for Medicare & Medicaid Services

What is 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:
 - HIS data collection and submission.
 - CAHPS[®] Hospice Survey submission.
- All Medicare-certified hospice providers must comply with these two reporting requirements.



The HQRP



Hospice Submission Requirements

HIS Submission Requirements

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

HIS Data Submission

- The data collection year runs from January to December.
- HIS data needs to be submitted **and** accepted within the acceptable threshold.

HIS Records From	Submission Threshold	Reporting Year
CY 2018 and beyond	90%	FY 2020 and beyond
CY 2019	90%	FY 2021
CY 2020	90%	FY 2022

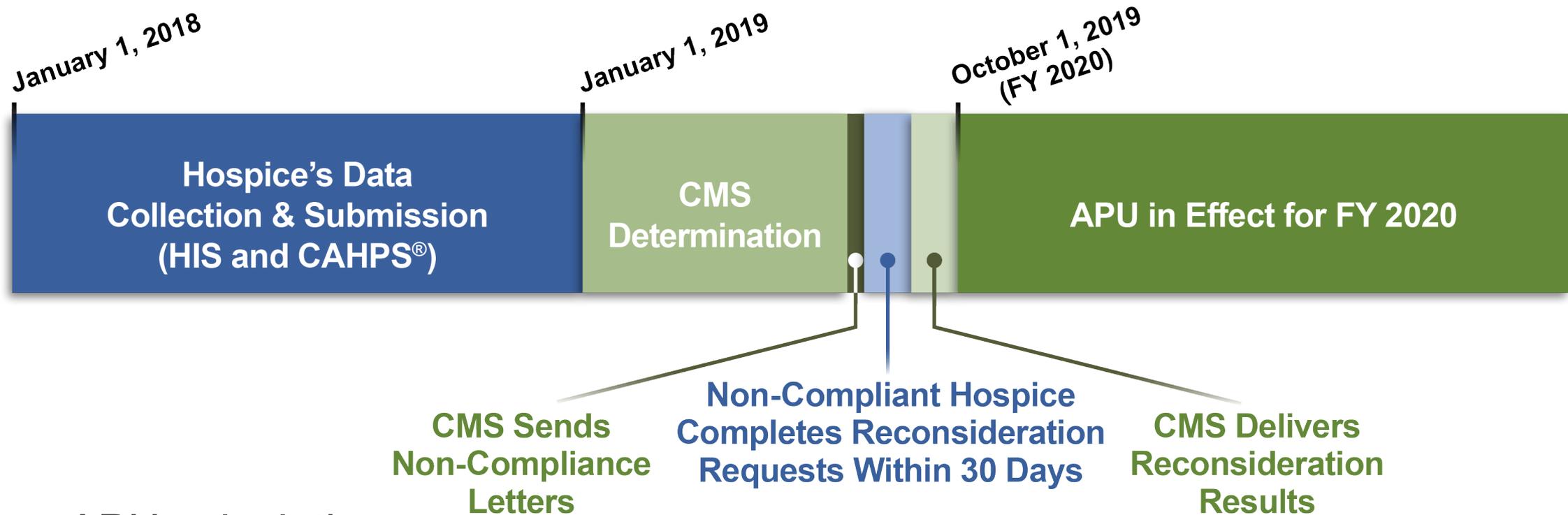
CAHPS® Hospice Survey Submission Requirements

- All Medicare-certified hospices must participate monthly (all 12 months) in order to receive their full APU.
- Must contract with an approved survey vendor.
- Vendor must successfully submit data to the CAHPS® Data Warehouse.
- Data collection year January 1 through December 31.



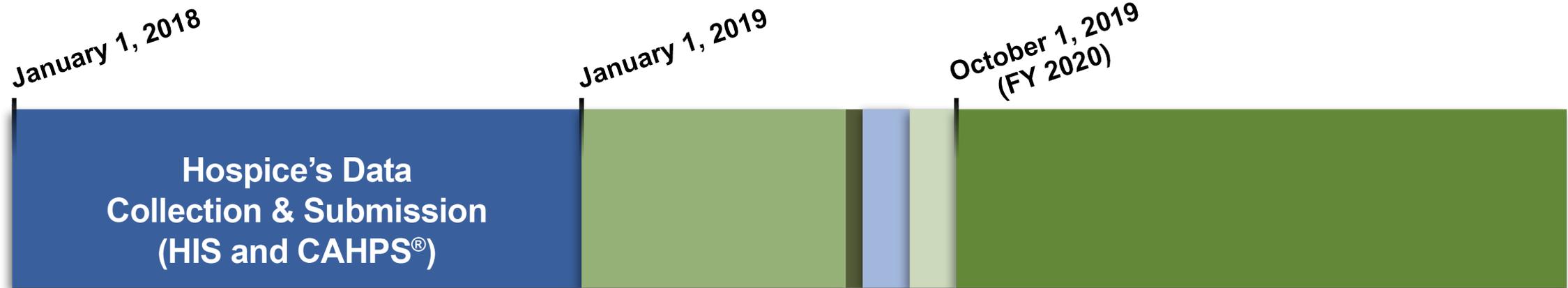
The HQRP Life Cycle - Determining Compliance

The HQRP Life Cycle



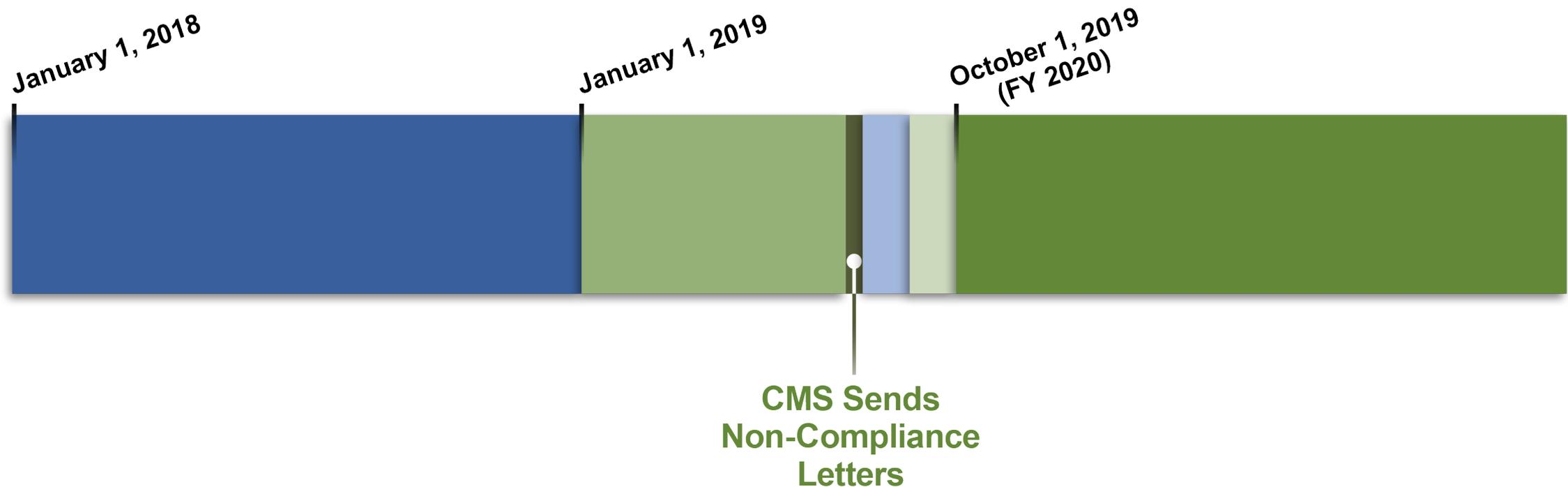
- APU calculations:
 - Year 1: Data collection and submission.
 - Year 2: Compliance determinations.
 - Fiscal Year (FY): APU in effect.

The HQRP Life Cycle: Data Submission



- The calculation of the APU includes:
 - HIS data.
 - CAHPS® data.

The HQRP Life Cycle: Non-compliance Letters



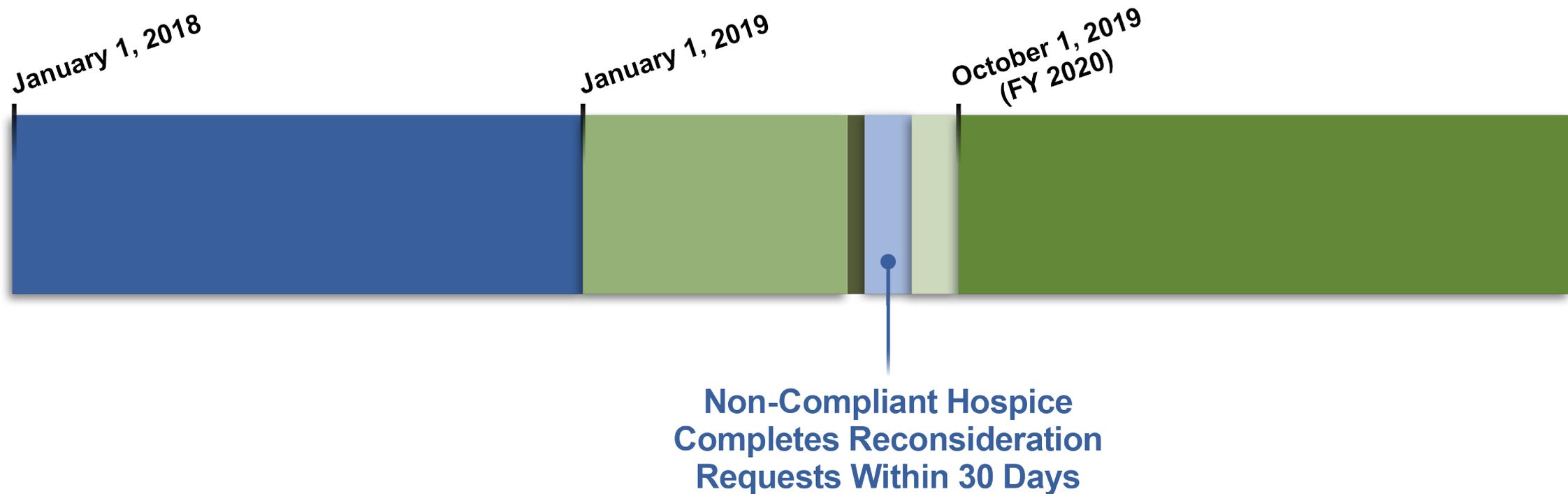
- Non-compliance letters are sent to those who did not meet the HQRP requirements in July.

HQRP Non-compliance Letters

- Non-compliant providers receive notification from CMS via an HQRP non-compliance letter.
- CMS sends the non-compliance letters both by your Medicare Administrative Contractor (MAC) via U.S. Postal Service (USPS) and via the CASPER system.



The HQRP Life Cycle: Reconsideration Requests



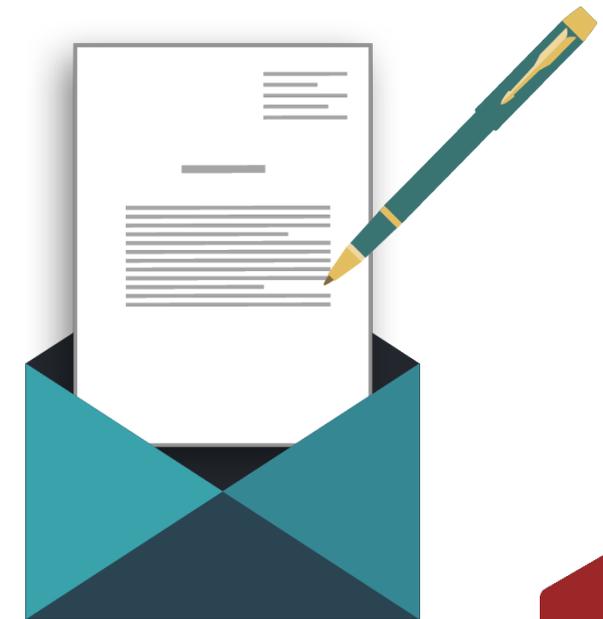
- Providers receiving non-compliance letters may submit reconsideration requests to CMS.

Reconsideration Requests

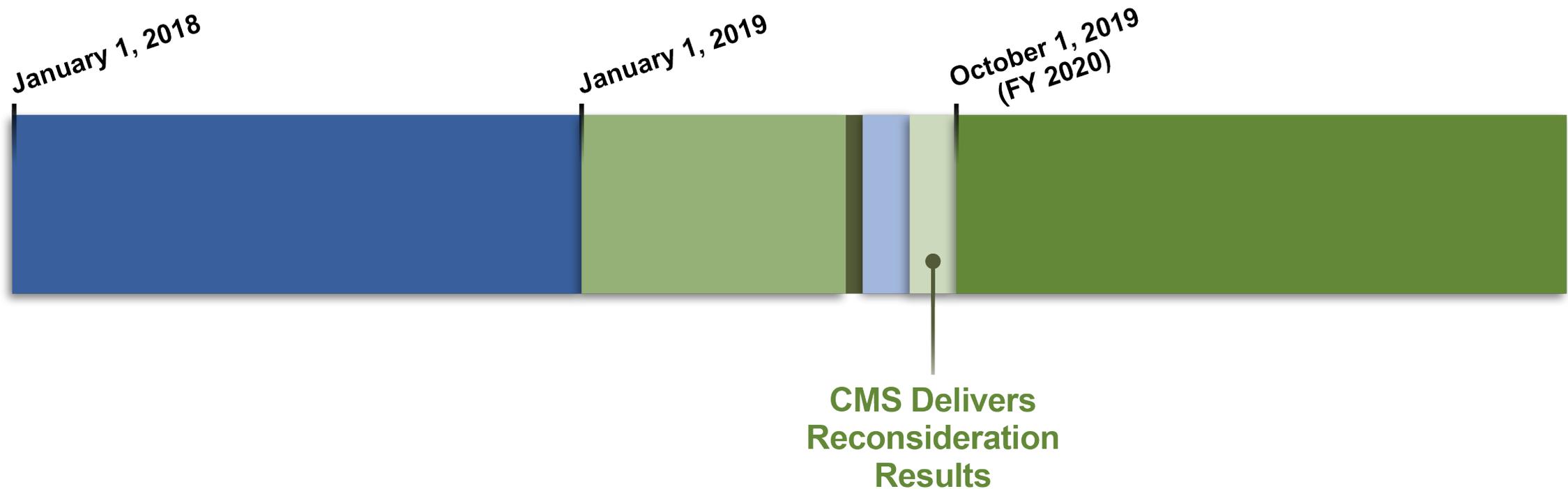
- The reconsideration request period will fall between July and August.
- The day that CMS sends the letter begins the 30-day reconsideration request period.

Reconsideration Request Period

JULY–AUGUST

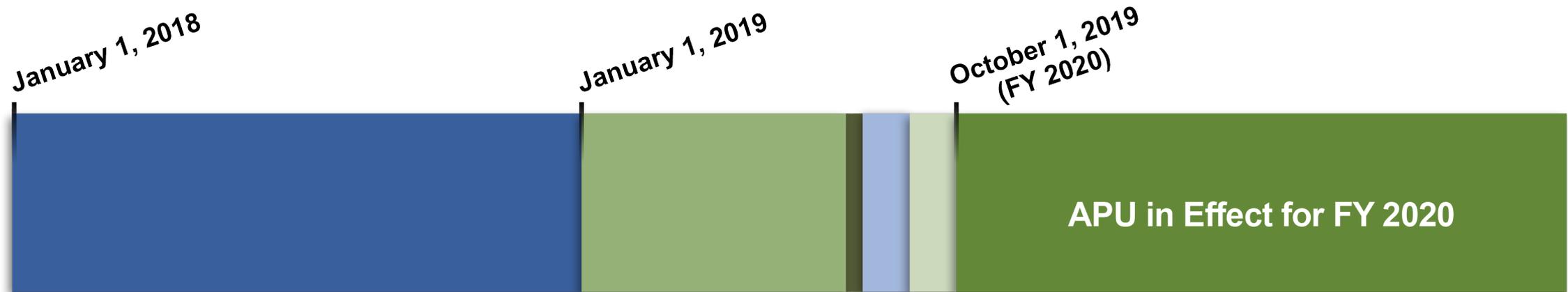


The HQRP Life Cycle: Reconsideration Results



- Hospice agencies applying for reconsideration will be notified of the results of the request between August and September.

The HQRP Life Cycle: APU Implementation



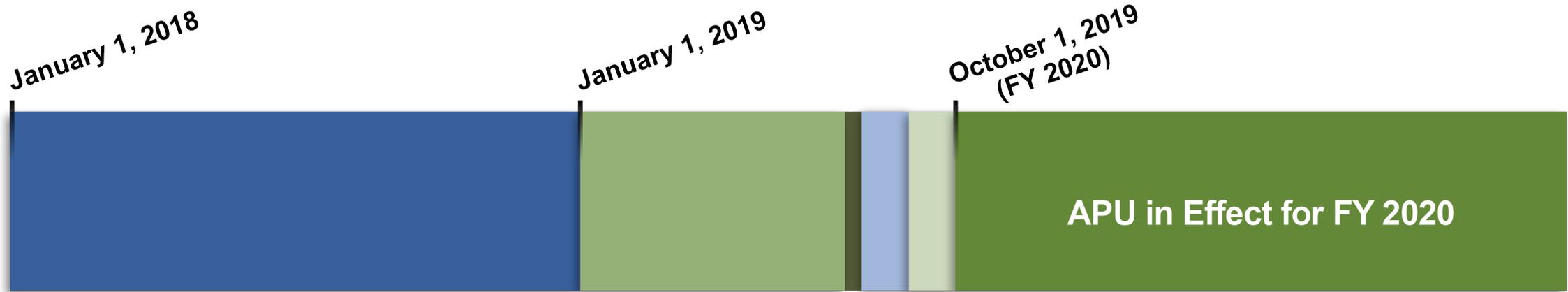
- APUs go into effect on October 1 of each year.

The HQRP Life Cycle: APU Implementation (cont.)

- October 1: APU implementation.
- It is the act of submitting data (HIS & CAHPS®) **and** the acceptance of that data that determines compliance.
- Failure to comply with the HQRP requirements will result in:
 - A 2-percentage point reduction in the APU.
 - Impact your results on Hospice Compare.



The HQRP Life Cycle: APU



- Receipt of the full APU is possible for hospice agencies that meet the HQRP requirements.

Reporting HIS and CAHPS[®] Data

Reporting HIS and CAHPS® Data

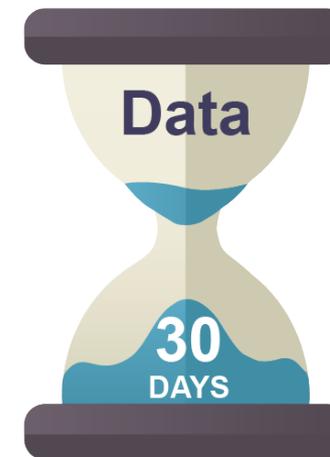
- To Meet HQRP Requirements
- The Hospice must:
 - Meet the requirements for both HIS and CAHPS®.
 - Data must be submitted **and** accepted on time.



HIS Data: When to Submit Data?

- Hospice Admission-HIS and Discharge-HIS data must be submitted for all patients within 30 days of the event or target date.
- The act of **submission does not equal acceptance.**
- It is recommended that hospices submit data within 7-14 days to be sure of acceptance by the 30-day deadline.

Submit data within 30 days of the event or target date.



It is recommended, that hospices submit data within **14 days** to ensure acceptance by the 30 day deadline.

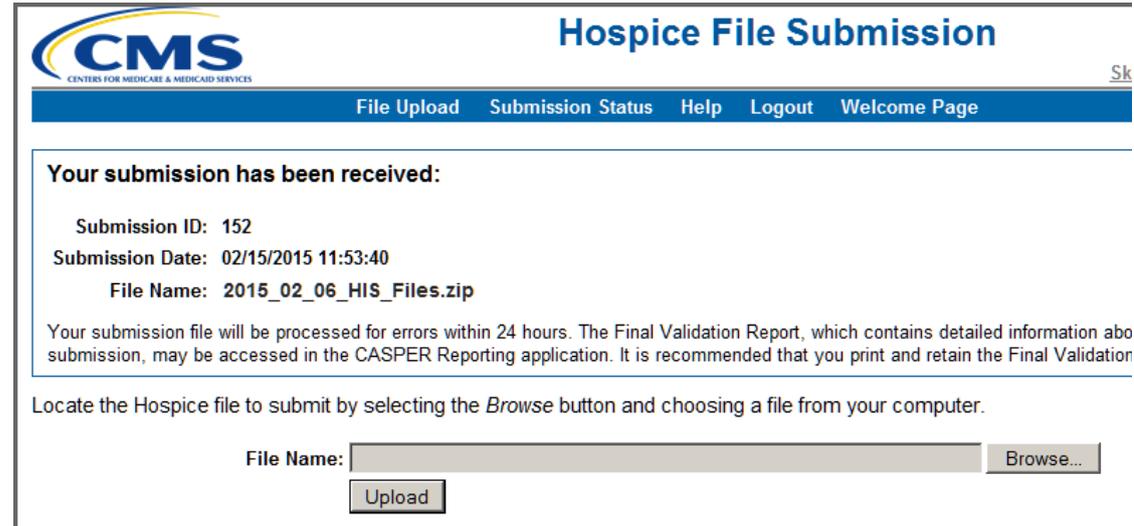
HIS Data: Where Do You Submit Data?

- HIS records are submitted into the CMS Quality Improvement and Evaluation System - Assessment Submission and Processing (QIES ASAP) system.
- The **Hospice Submission User's Guide** is an important resource.
- Ensure that your submissions are in the correct format, contain the correct information, and will be accepted by the QIES ASAP system.



HIS Data: How To Ensure That Data Submitted Are Accepted?

- The QIES ASAP system:
 - Confirms that the submission was received.
 - Includes the name of the file that you submitted.
 - Does not mean your data were accepted.
- The Final Validation Report (FVR) will verify acceptance or rejection of the HIS records.
- Print and keep a copy of this confirmation. from FVR. This is your proof of HIS Data Acceptance.



The screenshot shows the CMS (Centers for Medicare & Medicaid Services) "Hospice File Submission" page. The page header includes the CMS logo and navigation links: "File Upload", "Submission Status", "Help", "Logout", and "Welcome Page". The main content area displays a confirmation message: "Your submission has been received:". Below this, the following details are listed: "Submission ID: 152", "Submission Date: 02/15/2015 11:53:40", and "File Name: 2015_02_06_HIS_Files.zip". A note states: "Your submission file will be processed for errors within 24 hours. The Final Validation Report, which contains detailed information about your submission, may be accessed in the CASPER Reporting application. It is recommended that you print and retain the Final Validation Report." Below the note, there is a text input field for "File Name:" with a "Browse..." button to its right and an "Upload" button below the field.

The FVR is the only way to verify that submitted files were also accepted.

CAHPS® Data: When to Submit Data?

- CAHPS® Hospice Survey data is submitted to the CAHPS® Hospice Data Warehouse.
- Data submission deadlines occur quarterly on the second Wednesday of the months of February, May, August, and November.
- Your survey **vendor** submits your data on your behalf.

CAHPS® Hospice Survey Data Warehouse occurs quarterly.



CAHPS® Data: Where Do You Submit Data?

- The act of **submitting data** \neq **successful submission of data**.
- Compliance = **successful** submission of survey data to the CAHPS® Hospice Data Warehouse.
- Apply for access to the Data Warehouse so you can get reports about your data submission.
- Keep in touch with your vendor.



CAHPS® Data: How to Ensure That Data Submitted Are Accepted?

- Contract with a CMS-approved survey vendor.
- Authorize your vendor so they can submit your data.
- Communicate with your vendor.
- Monitor data submission. Make sure your data is successfully submitted *before* the deadline.
- Make sure you know how to get reports from the Data Warehouse.
- Contact us if you want to change vendors.
- Remember – if you buy a hospice, you are buying its CAHPS® status.



CAHPS[®] Hospice Survey: Exemptions

Two exemptions from CAHPS[®] Survey.

- Both are unique to CAHPS[®] – not for HIS.
 - CAHPS[®] Size Exemption.
 - CAHPS[®] Newness Exemption.



CAHPS® Hospice Survey: Size Exemption

CAHPS® Size Exemption

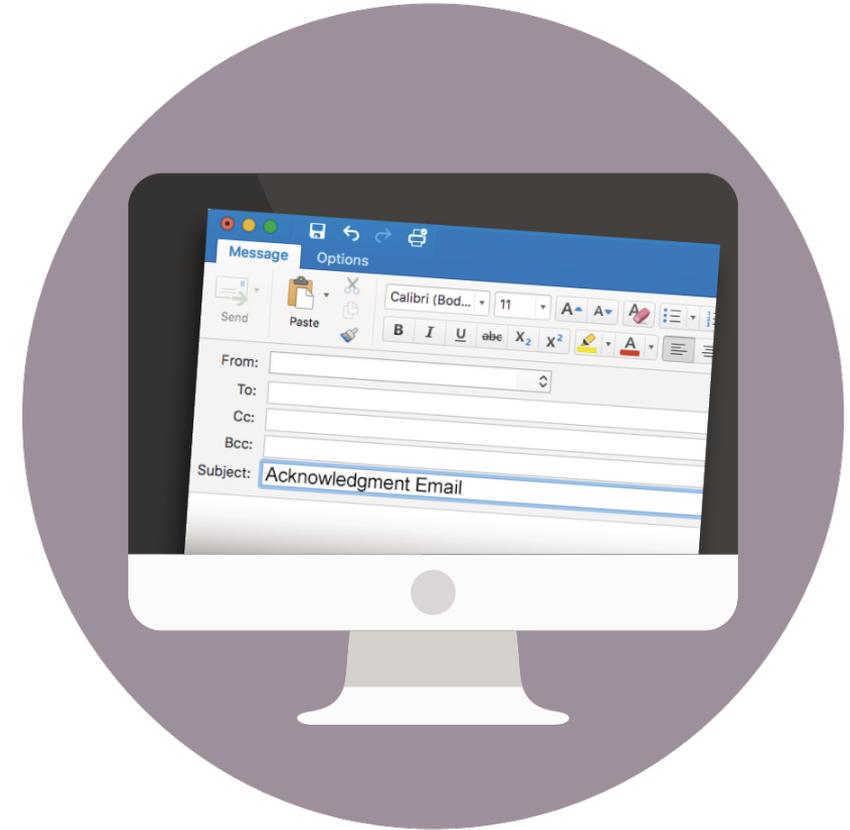
- If your hospice served **fewer than 50 survey-eligible patient/caregiver pairs** in the reference year, you are eligible to apply for a size exemption.
- To apply for the size exemption:
 - Go to the survey web site (www.hospicecahpssurvey.org).
 - Look for “Participation Exemption for Size.”
 - Fill out and submit the form online.

CAHPS® Hospice Survey: Size Exemption (cont. 1)

- To fill out the form, you count patients in the reference year.
- Reference year = previous year.
 - Current data collection year: 2019.
 - Reference year: 2018.
- **Exemption good for one year only.**
- **Need to resubmit request annually.**
- Deadline for requesting size exemption: December 31, 2019 (2019 data collection year).

CAHPS® Hospice Survey: Size Exemption (cont. 2)

- After you submit the form:
 - You will get an acknowledgement email.
 - Does **not** mean you are approved.
- We check your counts before the APU season and then decide.
- Save the acknowledgement email for future reference!



CAHPS® Hospice Survey: Newness Exemption

Second CAHPS®-only exemption: Newness

- If you receive a new CCN on or after the start of the data collection year then:
 - You are automatically exempted for one year.
 - CMS grants the exemption.
- We recommend that you save your letter with your new CCN and save the envelope.



Q₃

Where do you submit HIS data for the HQRP?

- A. The Hospice Survey Data Warehouse.
- B. The RAND Corporation.
- C. The Quality Manager at your hospice.
- D. The QIES-ASAP system.



Q₃

Where do you submit HIS data for the HQRP? (cont.)

- A. The Hospice Survey Data Warehouse.
- B. The RAND Corporation.
- C. The Quality Manager at your hospice.
-  D. **The QIES-ASAP system.**

Q4

Who submits CAHPS® data for the HQRP?

- A. The Hospice Survey Data Warehouse.
- B. The RAND Corporation.
- C. The Quality Manager at your hospice.
- D. Your survey vendor submits your data on your behalf.

Q₄

Who submits CAHPS[®] data for the HQRP? (cont.)

- A. The Hospice Survey Data Warehouse.
- B. The RAND Corporation.
- C. The Quality Manager at your hospice.
-  **D. Your survey vendor submits your data on your behalf.**

CASPER Reports

CASPER Reports

- Many valuable reports in CASPER.
 - Select the CASPER Reporting link on the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers webpage.
 - Locate hospice-specific reports in the Hospice Provider and Hospice Quality Reporting Program report categories in CASPER.
- The CASPER Reporting User's Guide For Hospice Providers is available at <https://www.qtso.com/providers/hospice-providers/reference-manuals>.
 - Chapter 3 of the guide outlines all reports available via the Hospice Provider report category.

Hospice Provider Reports

Skip navigation links Skip to Content

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

Report Categories

- Hospice Provider**
Hospice Quality Reporting Program

Hospice Provider

- [HIS Record Error Detail by Provider](#) • Error Detail by Provider
- [HIS Record Errors by Field by Provider](#) • Errors by Field by Provider
- [HIS Records with Error Number XXXXX](#) • Records with Error Number XXXXX
- [Hospice Admissions](#) • Admissions
- [Hospice Discharges](#) • Discharges
- [Hospice Error Number Summary by Provider by Vendor](#) • Error Number Summary by Provider by Vendor
- [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)



Error Reports

There are four types of error reports:

1. HIS Record Errors by Field by Provider.
2. HIS Records with Error Number XXXXX.
3. HIS Record Error Detail by Provider.
4. Hospice Error Number Summary by Provider by Vendor.

Error Reports (cont. 1)

- **HIS Record Errors by Field by Provider.**
 - Shows, by error number, the number of HIS records where the error was encountered and the percent of HIS records with the error during the specified timeframe.
- **HIS Records with Error Number XXXXX.**
 - User-requested, on-demand report in CASPER “Hospice Provider” report category.
 - Assists you in researching cause of late submissions by running for errors -3034a and -3034b.

HIS Record Errors by Field by Provider Report

Run Date: 05/02/2018 Page 1 of 11

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

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

Message Type: Fatal and Warning

Total HIS Records Submitted: 82

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

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



Error Reports (cont. 2)

- **HIS Record Error Detail by Provider.**
 - Details by HIS ID the errors encountered in Hospice Item Set (HIS) records submitted during a specified period.
- **Hospice Error Number Summary by Provider by Vendor.**
 - Summarizes the errors encountered in HIS records submitted by or on behalf of the provider during a specified period.

HIS Record Error Detail by Provider Report (cont.)

[Skip navigation links](#)

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HIS Record Error Detail by Provider

Date Criteria:

from (mm/dd/yyyy):

thru (mm/dd/yyyy):

Template Folder:

Template Name:



Hospice Admissions Report

Run Date: 01/21/2014

Page 1 of 1

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

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

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

Total Number of Admissions: 2

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



Hospice Discharges Report

Run Date: 05/02/2018

Page 1 of 1

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

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

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

Total Number of Discharges = 5



The Hospice FVR

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

The Hospice FVR (cont.)



CMS Submission Report Hospice Final Validation Report

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

Submission Date/Time: 09/06/2017 09:29:11
Submission ID: 2043427

Submitter User ID: HOSPC0099999
Submission File Name: 123456-2017-09-06_09-24-30.zip
Submission File Status: Completed
Processing Completion Date/Time: 09/06/2017 09:34:01

FAC_ID: 123456
Provider Name: GREAT HOSPICE
Provider CCN: 123456
State Code: CA

Records Processed: 2
Records Accepted: 2
Records Rejected: 0
Duplicate Records: 0
Records Submitted Without Provider Authority: 0
Total # of Messages: 1

Record: 1 Accepted

Name (A0500C, A): BOOP, BETTY
SSN (A0600A): 999-99-9999
Medicare Num:(A0600B): 999999999A

Birth Date (A0900): 03/13/1937
Gender (A0800): F
Patient ID: 22222222

Target Date: 08/19/2016
HIS_ID: 9999999
XML File Name:

Type of Record (A0050): NEW RECORD
Reason for Record (A0250): 09
-34254-Death-2016-08-19.xml

HIS Item(s): Death Date
Data Submitted: Old: New: 08/18/2016
Message Number: -915 WARNING
Patient Information Mismatch: Submitted value(s) for the item(s) listed do



The Hospice Submitter Final Validation Report

- **The Hospice Submitter Final Validation Report:**
 - Provides detailed information about the status of submission files.
 - Indicates whether the records were accepted or rejected.
 - Details the warning messages and fatal errors encountered.
 - Can only be requested by the user who submitted the original file.
- Request the Submitter Final Validation Report when:
 - The QIES ASAP system-generated FVR is not available in the VR folder after 24 hours.
 - The total record count on the List of Submissions page in the Hospice File Submission system displays 0.

The Hospice Item Set Print Report

- **The Hospice Item Set Print report:**
 - Can be requested only for HIS records accepted into ASAP.
 - Lists the item number and item responses submitted for a select HIS record.
 - Allows for easy viewing of the values submitted for the HIS item in the record.
 - May be used to inquire as to why a patient did or did not trigger a hospice quality measure.

		CASPER Report Hospice Item Set Print	Run Date: Page 1 of
State:	CA		
Facility ID (FAC_ID):	123456		
Provider Name:	GREAT HOSPICE		
Patient Name:	BIRD, TWEETIE		
Item Set ID:	11756186		
ISC:	HD - HOSPICE: DISCHARGE		
SECTION A: Administrative Information			
A0050	Type of record		1 - Add new record
A0100A	Facility National Provider Identifier (NPI)	999999999	
A0100B	Facility CMS Certification Number (CCN)	123456	
A0220	Admission date	02/13/2018	
A0250	Reason for record	09 - Discharge	
A0270	Discharge date	04/29/2018	
A0500A	Patient first name	TWEETIE	
A0500B	Patient middle initial	^	
A0500C	Patient last name	BIRD	
A0500D	Patient name suffix	^	
A0600A	Social Security Number	999999999	
A0600B	Patient Medicare/railroad insurance number	999999999A	
A0700	Patient Medicaid number	N	
A0800	Gender	2 - Female	
A0900	Birthdate	06/02/1922	
A2115	Reason for discharge	01 - Expired	
SECTION Z: Record Administration			
Z0500B		g record completion	04/30/2018
Additional Items			
ASSESSMENT ID	Assessment internal ID	99999999	
BIRTHDATE SUBMIT CODE	Birth date submit code	S - Full date submitted	
CRCTN NUM	Correction number	0	

The Hospice Item Set Submission Statistics by Provider Report

- Summarizes submissions made during a specified period and the statistics per submission.

Run Date: 05/02/2018 Page 1

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

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

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

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

Hospice Item Sets Submitted

- Lists the accepted HIS records and inactivation requests submitted by or on behalf of a provider during a specified period.
- Includes:
 - The patient ID and name.
 - The reason for the HIS assessment (admission or discharge).
 - The target date, submission date, and record type.



Run Date: 05/02/2018
Page 33 of 33

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

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

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

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

Hospice Roster Report

- Lists patients in the hospice on the day the report is run.
- Use this to verify that current patients have their HIS-Admission record accepted.
- Use to ensure that all discharged patients no longer display (verifies that the discharge record has been submitted).
- Can be used as a quality assurance tool.



Run Date: 02/20/2017
Page 1 of 1

CASPER Report
(IA) Hospice Roster Report

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

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

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



Hospice Timeliness Compliance Threshold Report

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

Report Categories

- Hospice Provider**
Hospice Quality Reporting Program

Hospice Provider

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

Pages [1]

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

Hospice Timeliness Compliance Threshold Report (cont. 1)

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

Report: Hospice Timeliness Compliance Threshold Report

Fiscal Year (FY):

Template Folder:

Template Name:

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



Hospice Timeliness Compliance Threshold Report (cont. 2)

- The report provides the following information:
 - Number of HIS records submitted.
 - Number of HIS records submitted on time.
 - Percentage of HIS records submitted on time.
 - Facility identifiers: CMS Certification Number (CCN) and Facility ID, name, city, and State.

Hospice Timeliness Compliance Threshold Report (cont. 3)

- Provides the percentage of HIS records submitted within the 30-day submission deadline, per fiscal year.
- Identifies the required percentage that must be submitted on time to avoid the 2-percentage-point reduction in APU (for selected Fiscal Years (FY), such as 90 percent for FY 2020 and beyond).

Hospice Timeliness Compliance Threshold Report (cont. 3)



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

CASPER Report FY2019 Hospice Timeliness Compliance Threshold Report

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

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

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



Hospice Quality Reporting Program Reports

The screenshot displays the CASPER Reports application interface. At the top, a navigation bar includes 'Logout', 'Folders', 'MyLibrar', 'Reports', 'Queue', 'Options', and 'Maint'. The 'Reports' menu item is circled in red. Below this, the 'Report Categories' sidebar on the left lists 'Hospice Provider' and 'Hospice Quality Reporting Program', with the latter circled in red. The main content area shows a folder titled 'Hospice Quality Reporting Program' containing two report items: 'Hospice Patient Stay-Level Quality Measure Report' and 'Hospice-Level Quality Measure Report', both of which are circled in red. To the right of these items is a bulleted list: '• Hospice Patient Stay-Level Quality Measure Report' and '• Hospice-Level Quality Measure Report'. At the bottom right, there is a search bar with the text 'Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)' and a 'Search' button. A footer note at the very bottom states: 'Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.'

Hospice Quality Reporting Program Reports (cont.)

- User-requested, on-demand reports in CASPER.
- **Hospice-Level Quality Measure Report.**
 - The report shows CMS Measure ID, the Numerator and Denominator, and
 - The Hospice Observed Percent, the Comparison Group National Average for the same time period, and the Comparison Group National Percentile for each measure.
- **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 or did not trigger the measure-or was excluded from the denominator.

Hospice-Level Quality Measure Report



CASPER Report Hospice-Level Quality Measure Report

Page 1 of 1

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

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

Table Legend

N/A: Not Available

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

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



Hospice Patient Stay-Level Quality Measure Report



CASPER Report Hospice Patient Stay-Level Quality Measure Report

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

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

Status Legend

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

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Quality Measure Count
BOOP, BETTY	2222222	03/03/2018	N/A	e	e	e	e	e	e	e	e	0
BOPPITY, BIPPITY	3333333	09/08/2017	09/11/2017	X	X	X	X	X	X	e	X	7
BUNCH, BRADY	4444444	08/26/2017	09/01/2017	X	X	b	e	X	e	e	b	3
CONTRARY, MARY	5555555	11/12/2017	11/16/2017	X	X	X	e	X	e	X	X	6
CORDUROY, RED	7777777	11/05/2017	11/10/2017	X	b	X	e	X	e	e	b	3



Hospice Provider Preview Reports

- These are two separate reports are located in your CASPER folder.
 - **Hospice Provider Preview report.**
 - **CAHPS® Hospice Survey Provider Preview report .**
- Hospice providers are encouraged to use these to review their HIS quality measure results and their facility-level CAHPS® survey results.
- Providers have 30 days to review their HIS and CAHPS® results.
- The Provider Preview Reports are available for a period of 60 days from the report release date.

Hospice Provider Preview Reports (cont. 1)

Hospice Provider Preview Reports Format

Report Run Date: 06/01/2017

Hospice Provider Preview Report

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

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

HIS QUALITY MEASURES

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

FOOTNOTE LEGEND

a. The number of patient stays is too small to report (less than 20 patient stays).
b. Data not available for this reporting period.



Hospice Provider Preview Reports (cont. 2)

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

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

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

CAHPS Hospice Survey Quality Measures

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

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

Q₅

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

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

Q₅

Which report provides detailed information about the status of select submission files? (cont.)

A. Hospice Item Set Submission Statistics by Provider.



B. Hospice Final Validation Report.

C. Hospice Item Sets Submitted.

D. HIS Record Error Detail by Provider.

Q₆

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

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

Q₆

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

A. Hospice Item Set Submission Statistics by Provider.

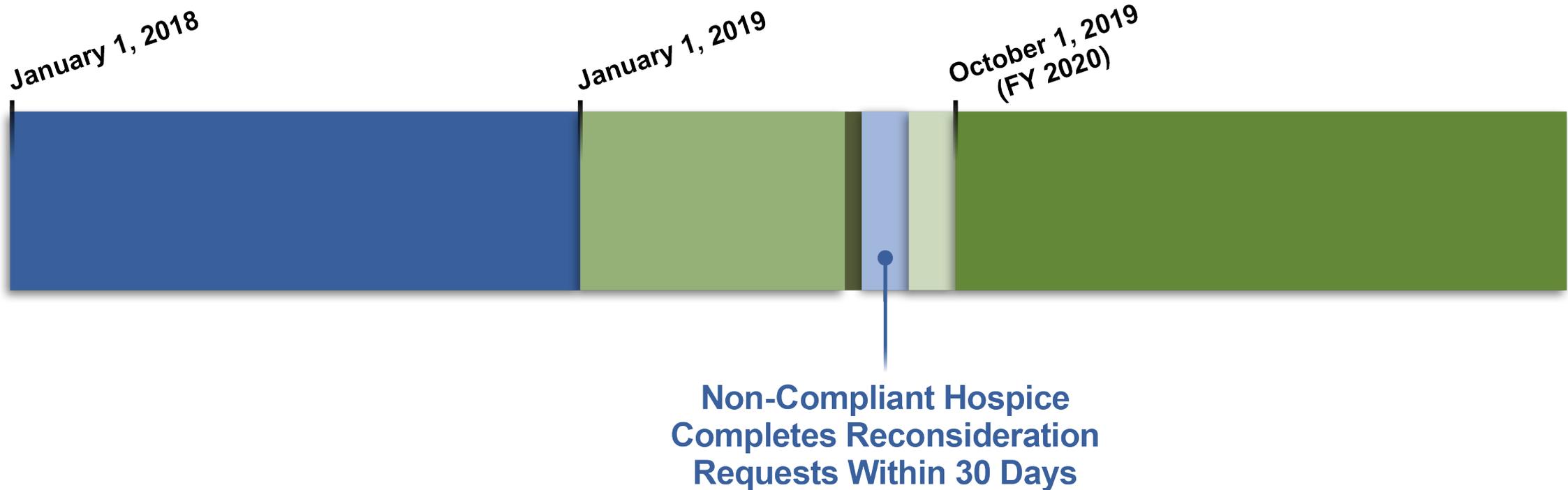
B. HIS Records With Error Number XXXXX Report.

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

D. Hospice-Level Quality Measure Report.

Reconsideration Process

What is Reconsideration?



- Reconsideration is a request for a review of the non-compliance decision prior to the 2-percentage point reduction in the hospice's APU that takes effect on October 1.

What is Reconsideration? (cont.)

- Any hospice found non-compliant with the HQRP requirements will receive a letter of notification, which will include instructions for requesting reconsideration of the decision.
- If you believe your hospice has been identified for this payment reduction in error, you have the right to request a reconsideration of the non-compliant decision.
- The HQRP Reconsideration webpage for more information is:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Reconsideration-Requests.html>

When Would a Hospice Submit a Reconsideration Request?

Hospices may file for reconsideration:



1

If they receive a letter of HQRP non-compliance **and**

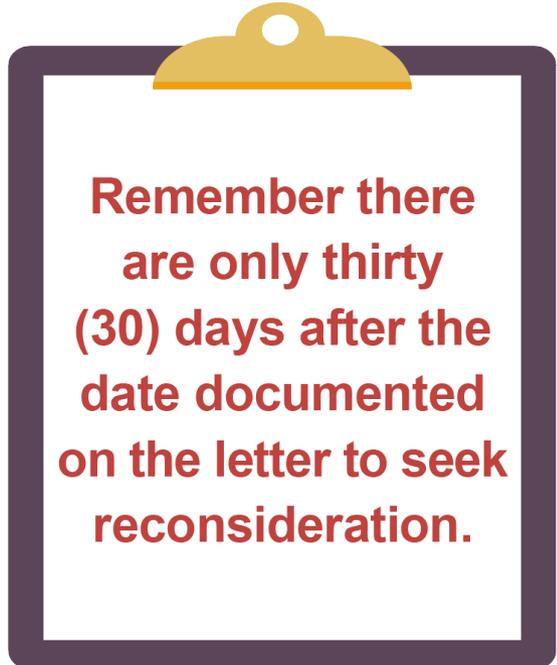
2

If they believe the finding of non-compliance is in error

- Hospices may file for reconsideration:
 1. If they receive a letter of HQRP non-compliance and,
 2. Believe the finding of non-compliance is in error.
- Requests must be submitted within 30 days after the date documented on the non-compliance notification letter.
- No requests will be accepted after the 30 day deadline.
- Failure to submit a timely HQRP reconsideration automatically subjects any non-compliant hospice to the two percent APU reduction for that fiscal year.

The Reconsideration Request Process

- CMS will notify hospices that are non-compliant with HQRP two ways:
 1. Via the MAC through the USPS.
 2. An electronic letter via the CASPER system.
- Hospices should **look for the letter** and be sure to access the CASPER system since either letter serves as notice of HQRP non-compliance.

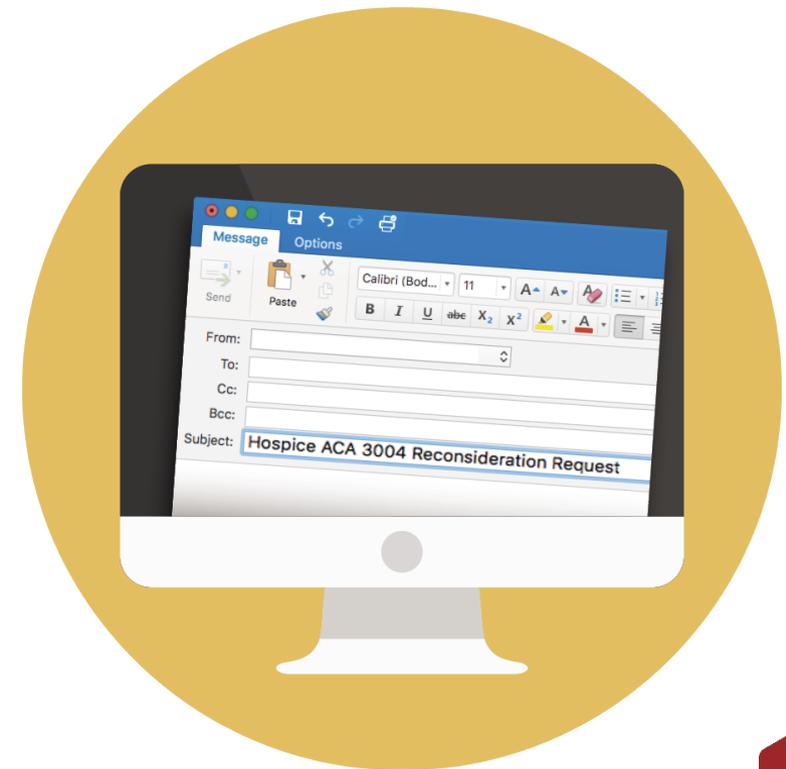


Remember there are only thirty (30) days after the date documented on the letter to seek reconsideration.

Creating a Reconsideration Request

- The **only** method for submitting reconsideration requests is via email to CMS.
- The request must be sent to the following email address:
HospiceQRPreconsiderations@cms.hhs.gov

Hospice ACA 3004 Reconsideration Request



Creating a Reconsideration Request (cont.)

- The subject line should include: “Hospice ACA 3004 Reconsideration Request” and the hospice’s CMS Certification Number (CCN).
- Include the following in the request:
 - The hospice CCN, business name, and address.
 - The CEO or designated contact information.
 - The CMS-identified reason(s) for non-compliance (from the notification letter).
 - Information supporting the hospice’s belief that non-compliance is in error, or the evidence which prevented timely submission of data.

Creating a Reconsideration Request Email

- Include supporting documentation demonstrating compliance, such as:
 - Email communications, evidence of HIS transmissions during the reporting period, or proof of a previous extension for HIS reporting.
 - For CAHPS[®] reporting, evidence that the hospice served fewer than 50 survey-eligible decedents, or evidence that there was continuous data collection and submission during the required timeframe.
- Never include patient information (i.e., protected health information (PHI), patient identified information (PII)), in the documentation being submitted to CMS for review.
- Determination will be made based solely on the documentation provided.

The Reconsideration Response

- CMS should acknowledge receipt of the reconsideration request within 5 business days through an email.
- Following its review of the request and supporting documentation, CMS will issue its decision by regular mail through the MACs and an electronic letter through the CASPER system.
- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board.



Reconsideration Process: Estimated Timeline

- **July:** Non-compliant hospices that failed to meet the hospice quality reporting requirements are notified.
- **July – August:** Reconsideration requests are due to CMS 30 days from the date on the notification of non-compliance.
- CMS provides an email acknowledgement within 5 business days upon receipt of the reconsideration request.
- **August – September:** CMS notifies hospices of the agency's decision on the reconsideration requests.
- **October 1:** Any hospice determined to be non-compliant is subject to the 2-percent reduction in their APU for that fiscal year.

Estimated Timelines



Which of the following statements is **not true** in regard to reconsiderations?

- A. A hospice has 30 days to submit a request.
- B. CMS will contact the hospice if they have further questions.
- C. Requests can be sent *only* by email.
- D. CMS will issue its decision by regular mail and through the CASPER system.

Q7

Which of the following statements is **not true** in regard to reconsiderations? (cont.)

A. A hospice has 30 days to submit a request.

 B. **CMS will contact the hospice if they have further questions.**

C. Requests can be sent *only* by email.

D. CMS will issue its decision by regular mail and through the CASPER system.

Resources

Resources

- The Hospice Quality Reporting (HQRP) web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/Hospice-Quality-Reporting/>
- HIS web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>
- CMS Hospice CAHPS® Survey web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-CAHPS®.html>
- The official Hospice CAHPS® Survey website:
 - <http://www.hospicecahpssurvey.org>



Resources (cont.)

- Provider Preview Reports:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Background-and-Announcements.html>
- Reconsiderations Request web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Reconsideration-Requests.html>



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

- *Hospice Submission User's Guide & CASPER Reporting User's Guide:*
 - Available on the **Hospice User Guides & Training** web page of the QTSO website:
<https://www.qtso.com/providers/hospice-providers/reference-manuals>
- QTSO website:
 - <https://www.qtso.com/>



Previous Trainings

- Hospice Quality Reporting Training – Training and Education Library web page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library.html>
- Requesting Hospice reports via CASPER recorded training modules on the QTSO site:
 - <https://qtso.cms.gov/providers/hospice-providers>



Help Desk Assistance

- Quality Help Desk:
 - HospiceQualityQuestions@cms.hhs.gov
 - For questions about quality reporting requirements, quality measures, and reporting deadlines.
- CAHPS[®] Hospice Survey Help Desk:
 - HospiceCAHPSurvey@hcqis.org or (844) 472-4621.
 - For information about the CAHPS[®] Hospice Survey, technical assistance, and requests for review of CAHPS[®] Hospice Survey data.

Help Desk Assistance (cont.)

- CAHPS® Hospice Survey Data Warehouse support:
 - CAHPSHospiceTechSupport@rand.org
 - For questions about data submission, data submission reports, and access to the CAHPS® Hospice Survey Data Warehouse.
- QIES Help Desk:
 - Help@qtso.com or 1 (877) 201-4721.
 - For questions about HIS submission reports and CASPER reports.
- APU/Reconsiderations Help Desk:
 - HospiceQRPreconsiderations@cms.hhs.gov
 - For requesting reconsideration for a determination of noncompliance with hospice quality reporting.





Thank You.

The webinar has now concluded.