Hospice Quality Reporting Program Provider Training

Hospice Quality Reporting Program (HQR) Data Submission and Requirements

Presenters:
Brenda Karkos, M.S.N./M.B.A., R.N., CHPN, Nurse Researcher/Associate, Abt Associates
Julie Ellingson, R.N., Senior Program Manager, Telligen
Acronyms in This Presentation

- Annual Payment Update (APU)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Hospice Item Set (HIS)
- Hospice Quality Reporting Program (HQRP)
- Provider Threshold Report (PTR)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
Housekeeping

• This webinar is being recorded.
• Please click on the settings button near the top of your screen to enable closed captioning.
• If you have a question at any point throughout today’s presentation, please enter it in the chat panel.
Polling Question

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

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

1. Visit https://goo.gl/forms/E8hCiCk1XXdXZNMw2.

2. Enter your full name, organization, and email address.
3. Using the dropdown menu, choose the section to which your question refers.

4. Type your questions and click “SUBMIT” to send your question to the presenter.
5. You may ask another question by clicking “Submit another response” after the page refreshes.
Objectives

• Upon completion of the training, participants will be able to:
  – Summarize the Hospice Quality Reporting Program (HQRP) submission requirements.
  – Explain the hospice information that will be publicly reported in 2017.
  – Describe the three new hospice reports and the information they contain.
  – Explain how to locate the three new reports.
Objectives

• You will also be able to:
  – Demonstrate how to investigate patient and agency-level information included in the three new hospice reports using other Certification and Survey Provider Enhanced Reports (CASPER).
  – Discuss additional CASPER reports available to hospice providers.
  – Locate resources available to support providers with using the new reports, including who to contact with questions/concerns.
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.
• Currently, there are two requirements for the HQRP:
  – Hospice Item Set (HIS).
• All Medicare-certified hospice providers must comply with these two reporting requirements.
HQR P Compliance and the Annual Payment Update (APU)

• It is the act of submitting data that determines compliance with HQR P requirements.

• Hospice providers that fail to comply with the HQR P requirements will have their market basket update (also known as the Annual Payment Update, or APU) reduced by 2 percentage points.
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.
# Two Data Sets: HIS-Admission and HIS-Discharge

<table>
<thead>
<tr>
<th>HIS-Admission</th>
<th>HIS-Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A: Administrative Information</td>
<td>Section A: Administrative Information</td>
</tr>
<tr>
<td>Section F: Preferences</td>
<td>Section O: Service Utilization</td>
</tr>
<tr>
<td>Section I: Active Diagnoses</td>
<td>Section Z: Record Administration</td>
</tr>
<tr>
<td>Section J: Health Conditions</td>
<td></td>
</tr>
<tr>
<td>Section N: Medications</td>
<td></td>
</tr>
<tr>
<td>Section Z: Record Administration</td>
<td></td>
</tr>
</tbody>
</table>
Polling Question

How many days does a hospice have after a patient is admitted to submit the Admission-HIS data?

A. 14 days
B. 10 days
C. 30 days
D. 90 days
Polling Question

How many days does a hospice have after an patient is admitted to submit the Admission-HIS data?

A. 14 days
B. 10 days
C. 30 days
D. 90 days
## HIS Submission Requirements

<table>
<thead>
<tr>
<th>Reporting Year</th>
<th>Includes HIS Records From</th>
<th>Submission Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2018</td>
<td>1/1/16–12/31/16</td>
<td>70%</td>
</tr>
<tr>
<td>FY 2019</td>
<td>1/1/17–12/31/17</td>
<td>80%</td>
</tr>
<tr>
<td>FY 2020 and beyond</td>
<td>1/1/18–12/31/18 and beyond</td>
<td>90%</td>
</tr>
</tbody>
</table>
The CAHPS Hospice Survey measures the experiences that patients and their caregivers have with hospice care.

National implementation of the CAHPS Hospice Survey began January 1, 2015.

The goals of the survey are to:
- Produce comparable data on patients’ and caregivers’ perspectives of care.
- Create incentives for hospices to improve the quality of care through the public reporting of survey results.
- Hold hospice providers accountable by informing the public about their quality of care.
Hospice CAHPS Exemption

- In general, all Medicare-certified hospices must participate in the CAHPS Hospice Survey in order to receive their full APU.
- Hospices that are too small or too new are exempted from participation.
- See [http://www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org) for more information.
- For technical assistance, contact the CAHPS Hospice Survey Project Team at [hospicecahpsurvey@HCQIS.org](mailto:hospicecahpsurvey@HCQIS.org) or (844) 472-4621.
For More Information

- Hospices may submit questions related to the extensions or exemptions requirements to the following email address: HospiceQRPReconsiderations@cms.hhs.gov.

Hospice Submission User’s Guide

- The Hospice Submission User’s Guide is available for download at the following location:
  - https://www.qtso.com/hospicetrain.html

- Hospice Quality Reporting Program Provider Training, May 2016:
Requirements to Make Hospice Quality Data Publicly Available

• The Affordable Care Act requires that:
  – The Secretary is to report Quality Measures (QMs) that relate to hospice care provided by hospice programs on a CMS website.

• The Hospice Compare website will include:
  – HIS-based measure results.
  – Results of the CAHPS Hospice Survey.

• CMS anticipates that public reporting will begin in late summer 2017.
Public Reporting of Hospice Quality Data

• A CMS Hospice Compare website, which will provide valuable information regarding the quality delivered by Medicare-certified hospice agencies throughout the Nation, is currently in the planning stages.

• Consumers will be able to search for:
  – All Medicare-approved hospice providers serving their city or ZIP Code.
  – Provider quality information:
    • HIS-based quality measure results.
    • CAHPS Hospice Survey results.
Public Reporting of Hospice Quality Data

• Individual scores for each of the seven QMs will be publicly available.

• Hospices with a QM denominator size of fewer than 20 patient stays (based on 12 rolling months of data) will not have the QM score publicly displayed, since a score on the basis of small denominator size may not be reliable.

• CMS will continue to monitor QM performance and reportability and will adjust public reporting methodology in the future, if needed.
Seven NQF-Endorsed Quality Measures Collected via the HIS

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

[Image of Medicare.gov website showing search options]

- Find doctors & other health professionals
- Find nursing homes
- Find hospitals
- Find home health services
- Find dialysis facilities
- Find health & drug plans
- Find suppliers of medical equipment & supplies

[Button]: Quality, planning, & compare tools

[Footer]: Medicare.gov - A federal government website managed by the Centers for Medicare & Medicaid Services

Hospice Data Submission and Reporting
Hospice Quality Reporting

- Like other CMS Compare websites the Hospice Compare website will, in time, feature a quality rating system.
Currently Available on Data.Medicare.gov

• A list of all Medicare-certified hospice agencies.
  – The list includes addresses, phone numbers, and dates of original CMS certification, as well as additional demographic data for each agency.
Compare Websites

• Compare Websites are:
  – Available via the “Quality, planning, & compare tools” button on https://www.Medicare.gov/.
Live Demonstration

Julie Ellingson
Telligen
Hospice Timeliness Compliance Threshold Report

- User-requested, on-demand report in CASPER “Hospice Provider” report category.
- Provides the % of HIS records submitted within the 30-day submission deadline, per fiscal year.
- Includes total # submitted, total # submitted on time, and % submitted on time.
- Identifies, for the selected fiscal year, the required percentage that must be submitted on time to avoid the 2-percentage-point reduction in APU.
- 70 percent for FY 2018, 80 percent for FY 2019, 90 percent for FY 2020 and beyond.
Hospice Provider Report Category

CASPER Reports

Report Categories

Hospice Provider

Hospice quality Reporting Program

Hospice Provider

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

Hospice Provider

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

Pages [1]

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

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.
Hospice Timeliness Compliance Threshold Report Submit Page

Report: Hospice Timeliness Compliance Threshold Report

Fiscal Year (FY): 2019

Template Folder: My Favorite Reports
Template Name: Hospice Timeliness Compliance Threshold Report

Submit | Save & Submit | Back | Save

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.
CASPER Report
FY2018 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, 70% of all required HIS records must be submitted within the 30 day submission deadline to avoid the 2 percentage point reduction in the FY 2018 APU. Score calculations do not include extensions or exemptions.
HIS Records With Error Number XXXXX Report

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

**(IA) HIS Records with Error Number -3034a, -3034b**

from 01/01/2016 thru 12/31/2016

**CCN:** 123450  
**Provider Name:** GREAT HOSPICE  
**Provider City:** ANYWHERE  

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Last Name</th>
<th>First Name</th>
<th>HIS ID</th>
<th>HIS Item(s)</th>
<th>Submitted Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/2016</td>
<td>GRACE</td>
<td>GRACE</td>
<td>4705639</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/26/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>CONTRARY</td>
<td>MARY</td>
<td>4705654</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/25/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>PATIENT</td>
<td>LONELY</td>
<td>4705655</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/20/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>SEVEN</td>
<td>PATIENT</td>
<td>4705650</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/27/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>SIX</td>
<td>PATIENT</td>
<td>4705653</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/22/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>CONTRARY</td>
<td>MARY</td>
<td>4705657</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/25/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>FIVE</td>
<td>PATIENT</td>
<td>4705650</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/08/2016</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>FOUR</td>
<td>PATIENT</td>
<td>4705661</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 04/29/2016, 03/07/2016</td>
</tr>
<tr>
<td>05/05/2016</td>
<td>BIRD</td>
<td>TWEETIE</td>
<td>4705675</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 05/05/2016, 03/07/2016</td>
</tr>
<tr>
<td>05/05/2016</td>
<td>DOG</td>
<td>KITTY</td>
<td>4705678</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 05/05/2016, 03/03/2016</td>
</tr>
<tr>
<td>05/05/2016</td>
<td>DOLL</td>
<td>BARBIE</td>
<td>4705676</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 05/05/2016, 03/23/2016</td>
</tr>
<tr>
<td>05/05/2016</td>
<td>MUFFETT</td>
<td>MISSY</td>
<td>4705680</td>
<td>A0250, Submission Date, A0220</td>
<td>01, 05/05/2016, 03/07/2016</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public.
Hospice-Level Quality Measure Report

- User-requested, on-demand report in CASPER “Hospice Quality Reporting Program” report category.
- Provides the hospice-level quality measure values for the HIS-based measures for the requested report period.
- Includes, per measure, the Numerator, Denominator, Hospice Observed Percent, Comparison Group National Average, and Comparison Group National Percentile.
Hospice Quality Reporting Program
Report Category

- Hospice Patient Stay-Level Quality Measure Report
- Hospice-Level Quality Measure Report
Hospice-Level Quality Measure Report Submit Page

<table>
<thead>
<tr>
<th>Report: Hospice-Level Quality Measure Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>End Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Comparison Group Period:</td>
</tr>
<tr>
<td>Data was calculated on:</td>
</tr>
</tbody>
</table>

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.
Hospice-Level Quality Measure Report

Table Legend
N/A: Not Available
Dash (-): A dash represents a value that could not be computed

<table>
<thead>
<tr>
<th>Measure Name (NQF ID)</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Hospice Observed Percent</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Preferences (NQF #1641)</td>
<td>H001.01</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
<td>96.5%</td>
<td>100</td>
</tr>
<tr>
<td>Beliefs/Values (NQF #1647)</td>
<td>H002.01</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
<td>93.4%</td>
<td>100</td>
</tr>
<tr>
<td>Pain Screening (NQF #1634)</td>
<td>H003.01</td>
<td>16</td>
<td>17</td>
<td>94.1%</td>
<td>94.0%</td>
<td>25</td>
</tr>
<tr>
<td>Pain Assessment (NQF #1637)</td>
<td>H004.01</td>
<td>4</td>
<td>15</td>
<td>26.7%</td>
<td>76.5%</td>
<td>6</td>
</tr>
<tr>
<td>Dyspnea Screening (NQF #1639)</td>
<td>H005.01</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
<td>97.6%</td>
<td>100</td>
</tr>
<tr>
<td>Dyspnea Treatment (NQF #1638)</td>
<td>H006.01</td>
<td>11</td>
<td>11</td>
<td>100.0%</td>
<td>94.7%</td>
<td>100</td>
</tr>
<tr>
<td>Bowel Regimen (NQF #1617)</td>
<td>H007.01</td>
<td>16</td>
<td>16</td>
<td>100.0%</td>
<td>94.1%</td>
<td>100</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.
Hospice Patient Stay-Level Quality Measure Report

- User-requested, on-demand report in CASPER’s “Hospice Quality Reporting Program” report category.
- Identifies each patient whose qualifying HIS record was included in the QM calculations for the selected report period.
- Includes, per patient per measure, whether the patient stay triggered the measure, did not trigger the measure, was excluded from the Denominator, or outcome was not available because the patient was either still active or the discharge record was missing.

<table>
<thead>
<tr>
<th>Template Folder:</th>
<th>My Favorite Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template Name:</td>
<td>Hospice Patient Stay-Level Quality Measure Report</td>
</tr>
</tbody>
</table>

Begin Date (mm/dd/yyyy): 01/01/2016
End Date (mm/dd/yyyy): 12/31/2016
Data was calculated on: 12/15/2016

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.
## Hospice Patient Stay-Level Quality Measure Report

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

**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
- **N/A** = not available because the patient stay is either active or the discharge record is missing

### CASPER Report

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Treatment Preference</th>
<th>Beliefs/Values</th>
<th>Pain Screening</th>
<th>Pain Assessment</th>
<th>Dyspnea Screening</th>
<th>Dyspnea Treatment</th>
<th>Bowel Regimen</th>
<th>Quality Measure Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRD, TWEETIE</td>
<td>11111111</td>
<td>03/07/2016</td>
<td>04/04/2016</td>
<td>X X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>BOOP, BETTY</td>
<td>22222222</td>
<td>04/06/2016</td>
<td>N/A</td>
<td>e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOPPITY, BOPPITY</td>
<td>33333333</td>
<td>02/12/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BUNCH, BRADY</td>
<td>44444444</td>
<td>02/12/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAR, RACE</td>
<td>55555555</td>
<td>01/12/2016</td>
<td>01/22/2016</td>
<td>X X X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>CAT, TOM</td>
<td>66666666</td>
<td>04/15/2016</td>
<td>01/25/2016</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CONTRARY, MARY</td>
<td>77777777</td>
<td>03/25/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CORDUROY, RED</td>
<td>88888888</td>
<td>12/21/2015</td>
<td>01/02/2016</td>
<td>X X X X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>COWBOY, IMA</td>
<td>99999999</td>
<td>02/23/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COYOTE, WHYLIE</td>
<td>12121212</td>
<td>04/01/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DALMATION, SPOT</td>
<td>23232323</td>
<td>02/24/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DOG, KITTY</td>
<td>34343434</td>
<td>03/03/2016</td>
<td>N/A</td>
<td>e e e e e e e e e</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.
Other Helpful CASPER Reports – Hospice Provider Report Category

• HIS Record Errors by Field by Provider Report
• Hospice Roster Report
HIS Record Errors by Field by Provider Report

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

**CCN:** 123456  
**Provider Name:** GREAT HOSPICE  
**Provider City:** ANYWHERE  
**Message Type:** Fatal and Warning  
**Total HIS Records Submitted:** 82

<table>
<thead>
<tr>
<th>Error Num</th>
<th>Error Message</th>
<th>HIS Item(s)</th>
<th>Number of HIS Records</th>
<th>Percent of HIS Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3034a</td>
<td>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.</td>
<td>A0250, Submission Date, A0220</td>
<td>17</td>
<td>20.73</td>
</tr>
<tr>
<td>-915</td>
<td>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.</td>
<td>Death Date</td>
<td>9</td>
<td>10.98</td>
</tr>
<tr>
<td>-3032a</td>
<td>Inconsistent Dates: The dates listed are inconsistent.</td>
<td>A0245, A0270, Z0500B, Submission Date</td>
<td>7</td>
<td>8.54</td>
</tr>
<tr>
<td>-3034b</td>
<td>Record Submitted Late: If A0250 is equal to 09 (Discharge), then Submission Date minus A0270 (Discharge Date) should be less than or equal to 30 days.</td>
<td>A0250, Submission Date, A0270</td>
<td>5</td>
<td>6.10</td>
</tr>
<tr>
<td>-903</td>
<td>Required Item Missing or Invalid: Based on the Hospice item set data specifications in effect on the target date of this record, this item is required.</td>
<td>A0500B</td>
<td>4</td>
<td>4.88</td>
</tr>
<tr>
<td>-915</td>
<td>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.</td>
<td>Facility ID (FAC_ID)</td>
<td>4</td>
<td>4.88</td>
</tr>
<tr>
<td>-900</td>
<td>Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received</td>
<td>Current Record, Prior Record: HOSPIC_ADMT_ID</td>
<td>3</td>
<td>3.65</td>
</tr>
</tbody>
</table>

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

- Lists all patients on record for your hospice for whom the most recent accepted HIS record is not a discharge record (all active patients).
- Helps you verify that all of your current patients have had their appropriate HIS Admission record accepted, and that all discharged patients no longer display to verify that their discharge record has been submitted.
# Hospice Roster Report

**Run Date:** 03/20/2017

**Page 1 of 1**

---

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

---

**CASPER Report**  
**(IA) Hospice Roster Report**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Gender</th>
<th>Admission Date</th>
<th>Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2222222222</td>
<td>BOOP, BETTY</td>
<td>999-99-9999</td>
<td>02/25/1944</td>
<td>F</td>
<td>04/06/2016</td>
<td>04/29/2016</td>
</tr>
<tr>
<td>3333333333</td>
<td>BOPPITY, BOPPITY</td>
<td>999-99-9999</td>
<td>01/22/1926</td>
<td>M</td>
<td>02/12/2016</td>
<td>02/18/2016</td>
</tr>
<tr>
<td>4444444444</td>
<td>BUNCH, BRADY</td>
<td>999-99-9999</td>
<td>04/15/1929</td>
<td>F</td>
<td>02/12/2016</td>
<td>02/18/2016</td>
</tr>
<tr>
<td>7777777777</td>
<td>CONTRARY, MARY</td>
<td>999-99-9999</td>
<td>01/15/1926</td>
<td>F</td>
<td>03/25/2016</td>
<td>04/20/2016</td>
</tr>
<tr>
<td>8888888888</td>
<td>CORDUROY, RED</td>
<td>999-99-9999</td>
<td>07/21/1942</td>
<td>M</td>
<td>02/23/2016</td>
<td>02/28/2016</td>
</tr>
<tr>
<td>1212121212</td>
<td>COYOTE, WHYLIE</td>
<td>999-99-9999</td>
<td>07/07/1922</td>
<td>M</td>
<td>04/01/2016</td>
<td>05/10/2016</td>
</tr>
<tr>
<td>2323232323</td>
<td>DALLMATION, SPOT</td>
<td>999-99-9999</td>
<td>09/03/1935</td>
<td>M</td>
<td>02/24/2016</td>
<td>02/28/2016</td>
</tr>
<tr>
<td>3434343434</td>
<td>DOG, KITTY</td>
<td>999-99-9999</td>
<td>08/20/1947</td>
<td>F</td>
<td>03/03/2016</td>
<td>05/05/2016</td>
</tr>
<tr>
<td>4545454545</td>
<td>DOLL, BARBIE</td>
<td>999-99-9999</td>
<td>02/20/1931</td>
<td>F</td>
<td>03/23/2016</td>
<td>05/05/2016</td>
</tr>
<tr>
<td>5656565656</td>
<td>DUCK, DAISY</td>
<td>999-99-9999</td>
<td>06/15/1922</td>
<td>F</td>
<td>04/01/2016</td>
<td>05/06/2016</td>
</tr>
<tr>
<td>6767676767</td>
<td>EVERY, NONE</td>
<td>999-99-9999</td>
<td>08/20/1947</td>
<td>M</td>
<td>03/03/2016</td>
<td>05/10/2016</td>
</tr>
<tr>
<td>7878787878</td>
<td>FROG, KERMIT</td>
<td>999-99-9999</td>
<td>10/15/1931</td>
<td>M</td>
<td>04/12/2016</td>
<td>05/09/2016</td>
</tr>
<tr>
<td>8989898989</td>
<td>GRAPE, PURPLE</td>
<td>999-99-9999</td>
<td>01/11/1923</td>
<td>F</td>
<td>07/10/2014</td>
<td>07/15/2014</td>
</tr>
<tr>
<td>9090909090</td>
<td>HOSWER, DOOGIE</td>
<td>999-99-9999</td>
<td>11/28/1933</td>
<td>M</td>
<td>07/14/2015</td>
<td>07/20/2015</td>
</tr>
<tr>
<td>1122334444</td>
<td>IMPATIENT, THEODORE</td>
<td>999-99-9999</td>
<td>04/12/1927</td>
<td>M</td>
<td>04/15/2016</td>
<td>05/05/2016</td>
</tr>
<tr>
<td>2233444555</td>
<td>KIDDING, JUST</td>
<td>999-99-9999</td>
<td>09/21/1942</td>
<td>F</td>
<td>02/17/2016</td>
<td>02/26/2016</td>
</tr>
<tr>
<td>3344556565</td>
<td>LUCK, LADY</td>
<td>999-99-9999</td>
<td>08/31/1939</td>
<td>F</td>
<td>04/06/2016</td>
<td>05/05/2016</td>
</tr>
<tr>
<td>4455667777</td>
<td>MAN, BASHFUL</td>
<td>999-99-9999</td>
<td>11/09/1930</td>
<td>M</td>
<td>04/08/2016</td>
<td>05/05/2016</td>
</tr>
</tbody>
</table>

---

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

• For information about the status of select submission files:
  – Hospice Final Validation Report
  – Hospice Submitter Final Validation Report
  – Hospice Item Set Submission Statistics by Provider Report

• For details regarding patients who were admitted or discharged within a specific period:
  – Hospice Admissions
  – Hospice Discharges
Additional CASPER Reports

• For error details:
  – HIS Record Error Detail by Provider
  – Hospice Error Number Summary by Provider by Vendor

• For Hospice Item Set details:
  – Hospice Item Set Print
  – Hospice Item Sets Submitted
Polling Question

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
Polling Question

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
Polling Question

Which report provides the percent of HIS records submitted 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
Polling Question

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

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

- CASPER Reporting Hospice Provider User’s Guide:
  - https://www.qtso.com/hospicetrain.html
- QIES Technical Support Office (QTSO) Help Desk:
  - help@qtso.com
  - 1-877-201-4721
Resources

• HIS Technical Information portion of the CMS HQRP website:

• Quality Help Desk:
  – HospiceQualityQuestions@cms.hhs.gov
Resources

• Getting Started With Hospice CASPER Quality Measure Reports:

• Hospice (QRP) Quick Reference Guide:
Questions and Answers