

Interpreting your Quality Measure (QM) Reports in the CASPER system

This worksheet provides guidance on how to interpret your hospice's Quality Measure (QM) Reports in the Certification And Survey Provider Enhanced Reports (CASPER) system. This worksheet was developed in accompaniment with the August 2018 "From Data to Measure" educational training; it is recommended that you review this training before using this worksheet.

Quality Measure (QM) Reports: Quality Measure (QM) Reports are available for hospice providers to view their Hospice Item Set (HIS) QM scores and understand their hospice's ongoing quality performance. At time of writing, the QM Reports include information on eight of the nine HIS QMs; addition of the Hospice Visits when Death is Imminent Measure is anticipated in FY2019. QM Reports are a type of CASPER report and are accessed in the Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. As QM Reports are on demand, they can be generated at any time, as well as to reflect any timeframe of the user's choice (e.g., past 1 month, past 6 months, etc.). This worksheet provides guidance on interpreting the two types of QM Reports: the **Hospice-level QM Report** and the **Patient stay-level QM Report**.

Interpreting your Hospice-level QM Report: The Hospice-level QM Report provides information on your hospice's overall performance for each of the HIS QMs. It provides your hospice's QM scores for the timeframe specified when generating the report, as well as a basic breakdown of the QM score calculation (note: *the QM specifications by which QM scores are calculated can be found in the QM User's Manual*). It also provides relative information, such as national average and national percentile, for each of the QMs.

The Hospice-level QM Report example below is labelled to provide further explanation of each column and the type of information it contains:

REPORT TIMEFRAME: 01/01/18 – 06/30/18

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	Comparison Group National Average	Comparison Group National Percentile
NQF #1641	H001 01	10	20	50.0%	75.2%	23
NQF #1647	H002 01	5	20	25.0%	50.2%	5
Etc.						

Annotations for the table:

- Numerator:** Number of stays in the denominator that met numerator criteria, per the QM specifications
- Denominator:** Number of stays during timeframe selected that met denominator criteria, accounting for exclusions, per the QM specifications
- Hospice Observed Percent:** This is your hospice's QM score for this measure
- Comparison Group National Average:** Average score of all hospice agencies in the US
- Comparison Group National Percentile:** Your national rank (i.e., this hospice scored higher than 5% of hospice providers)
- REPORT TIMEFRAME:** Timeframe specified for this QM Report

Interpreting your Patient stay-level QM Report: Whereas the Hospice-level QM report provides overall averages for your hospice for each QM, the Patient stay-level QM Report provides information for each patient stay, including whether each patient stay was eligible for QM calculation and, if so, whether your hospice received credit on that QM for that patient's care. In addition, this report can also alert hospice providers of whether their hospice has any potential missing data.

The flowchart on the next page provides guidance on how to interpret your Patient stay-level QM Report to answer the following questions:

- 1) **Potential missing data:** Does the patient have an HIS-Admission record and, if discharged, an HIS-Discharge record submitted and accepted to QIES ASAP?
- 2) **Measure calculation:** Is the patient included in the measure denominator?
- 3) **Measure performance:** Did my hospice receive credit on this measure for this patient?

Interpreting your Patient stay-level QM Report (continued): To answer these three questions, the flowchart provides guiding questions on which column in the report to look to, and how to interpret the information provided in the column. An example of the Patient stay-level QM Report is also provided below for reference, as well as an opportunity to practice applying the flowchart.

REPORT TIMEFRAME: 01/01/14 – 06/30/15

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
Doe, Jane	234567	10/01/2014	10/15/2014	X	b	X	e	b	b	X	d	3
Doe, Leslie	345678	01/06/2015 c	02/01/2015	e	e	e	e	e	e	e	d	0
Doe, Ruth	456789	11/17/2014	N/A	e	e	e	e	e	e	e	d	0

