

4

HOSPICE QUALITY REPORTING PROGRAM

GENERAL INFORMATION.....	3
HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT	5
HOSPICE-LEVEL QUALITY MEASURE REPORT	9

NOTE: Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.

GENERAL INFORMATION

Hospice Quality Reporting Program (QRP) reports are requested on the **CASPER Reports** page (Figure 4-1).

Figure 4-1. CASPER Reports Page – Hospice Quality Reporting Program Category



1. Select the Hospice Quality Reporting Program link from the *Report Categories* frame on the left. A list of the individual Hospice QRP reports you may request displays in the right-hand frame.

NOTE: Only those report categories to which you have access are listed in the *Report Categories* frame.

2. Select the desired underlined report name link from the right-hand frame. One or more **CASPER Reports Submit** pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.
3. Choose the desired criteria and select the **Submit** or **Next** button.

NOTE: Hospice Quality Reporting Program reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting User's Guide for assistance in viewing, printing, saving and exporting the reports you request.

NOTE: Hospice Quality Reporting Program reports are automatically purged after 60 days.

HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT

The Hospice Patient Stay-Level Quality Measure Report identifies each patient with a qualifying Hospice Item Set (HIS) record used to calculate the hospice-level quality measure values for a select period. The report displays each patient's name and indicates how/if the patient's assessment affected the hospice's quality measures.

The **CASPER Reports Submit** criteria page (Figure 4-2) for the Hospice Patient Stay-Level Quality Measure Report presents *Begin Date* and *End Date* criteria options.

Figure 4-2. Hospice Patient Stay-Level Quality Measure Report CASPER Reports Submit Page

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Patient Stay-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 12/01/2015
End Date (mm/dd/yyyy): 11/30/2016
Data was calculated on: 01/15/2017

Template Folder: My Favorite Reports Submit Back
Template Name: Hospice Patient Stay-Level Quality Measure Report Save & Submit Save

Begin Date and *End Date* values define the date range of the submitted measure items to select for the report. The default values are the beginning and ending dates of the 12-month period that ended approximately 6 weeks prior to the date on which the measure data were calculated.

NOTE: Only qualifying stays with a discharge date within the period identified by the *Begin Date* and *End Date* are included in the data calculations that display on the report.

If you choose to enter a different *End Date* value, it must be a date prior to the end of the month that is approximately 6 weeks before the most recent date on which the measure data were calculated.

NOTE: The most recent date on which the measure data were calculated is displayed in the *Data was calculated on* field.

If you choose to enter a different *Begin Date* value, it must be a date prior to or the same as the *End Date*.

NOTE: The earliest date for which measure data are available is 07/01/2014. The *Begin Date* cannot be prior to this date.


The Hospice Patient Stay-Level Quality Measure Report (Figure 4-3) presents the following:

- Facility ID
- CMS Certification Number (CCN)
- Hospice Name
- City/State
- Report Period: The Begin Date and End Date selected by the user.
- Data was calculated on: The date of the last calculation of the hospice QMs. QM data are calculated once a month; HIS records submitted after this date are not included in this report and will be included in the next monthly calculation.
- Comparison Group Period: The same date range as the Report Period. The statistics reported in the *Comparison Group National Average* and *Comparison Group National Percentile* columns are based upon QM calculations that are performed monthly for every hospice and in the nation.
- Report Run Date: The date that the report was requested.
- Report Version Number: The version of the report used to compile the displayed data.
- Status Legend:
 - **b** = not triggered – the patient did not trigger the measure
 - **e** = excluded from the QM denominator – the patient is excluded from the measure
 - **X** = triggered – the patient triggered the measure
 - **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: The date on which the hospice became responsible for the care of the patient. For Medicare patients, this is the effective date of the election or re-election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. If an admission record is missing but a discharge record exists for the patient stay, the admission date is extracted from the discharge record and displayed with a note “c”.
- Discharge Date: The date the hospice discharged the patient. If the patient expired, the date of death is the discharge date. For live discharges, the date the patient revoked the benefit or the date the hospice discharged the patient is the discharge date. If more than one stay exists for the patient, the stays are sorted by discharge date descending, then by admission date descending. If a discharge record is missing or the patient stay is active “N/A” is displayed. Patient stays are assigned to a reporting period based on admission date when the discharge record is missing.
- Quality Measure Name (Short)
 - Treatment Preferences
 - Beliefs/Values
 - Pain Screening
 - Pain Assessment
 - Dyspnea Screening
 - Dyspnea Treatment
 - Bowel Regimen
 - Hospice Comprehensive Assessment
- Quality Measure Count: The number of measures triggered by the patient stay.

NOTE: The Hospice Patient Stay-Level Quality Measure report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-3. Hospice Patient Stay-Level Quality Measure Report *

		CASPER Report Hospice Patient Stay-Level Quality Measure Report				Page 27 of 27						
Facility ID: ██████ CCN: ██████ Hospice Name: ██████ City/State: ██████					Report Period: 01/01/2017 - 09/30/2018 Data was calculated on: 01/02/2018 Report Run Date: 01/17/2018 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
████████████████████	39512702	01/19/2017	01/24/2017	X	X	X	X	X	X	X	d	7
████████████████████	40579655	04/20/2017	05/08/2017	X	X	X	e	X	X	e	X	6
████████████████████	253577	02/10/2017	02/14/2017	X	X	X	X	X	e	e	d	5
████████████████████	41537398	09/14/2017 c	09/23/2017	e	e	e	e	e	e	e	e	0
████████████████████	41537398	08/17/2017	N/A	e	e	e	e	e	e	e	e	0
████████████████████	10684012	01/04/2017	01/11/2017	X	X	X	X	X	e	X	d	6
████████████████████	40503791	04/18/2017	06/19/2017	X	X	X	e	X	b	e	b	4
████████████████████	39630100	01/25/2017	01/28/2017	X	X	X	X	X	e	e	d	5
This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.												

* Fictitious, sample data are depicted.

The report records are sorted by State Code, CCN, Patient Last Name, Patient First Name, Discharge Date, and Admission Date.

HOSPICE-LEVEL QUALITY MEASURE REPORT

The Hospice-Level Quality Measure Report provides hospice-level quality measure values for a select period. Hospice quality measure values are compiled from Hospice Item Set (HIS) data submitted to the National Submissions Database.

The **CASPER Reports Submit** criteria page (Figure 4-2) for the Hospice-Level Quality Measure Report presents *State*, *Facility ID*, *Begin Date*, and *End Date* criteria options.

Figure 4-4. Hospice-Level Quality Measure Report CASPER Reports Submit Page

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 12/01/2015
End Date (mm/dd/yyyy): 11/30/2016
Comparison Group Period: 12/01/2015 - 11/30/2016
Data was calculated on: 01/15/2017

Template Folder: My Favorite Reports Submit Back
Template Name: Hospice-Level Quality Measure Report Save & Submit Save

Begin Date and *End Date* values define the date range of the submitted measure items to select for the report. The default values are the beginning and ending dates of the 12-month period that ended approximately 6 weeks prior to the date on which the measure data were calculated.

NOTE: Only qualifying stays with a discharge date or, in the absence of a discharge record, an admission date within the *Begin Date* and *End Date* period are included in the data calculations to display on the report.

If you choose to enter a different *End Date* value, it must be a date prior to the end of the month that is approximately 6 weeks before the most recent date on which the measure data were calculated.

NOTE: The most recent date on which the measure data were calculated is displayed in the *Data was calculated on* field.

If you choose to enter a different *Begin Date* value, it must be a date prior to or the same as the *End Date*.

NOTE: The earliest date for which measure data are available is 07/01/2014. The *Begin Date* cannot be prior to this date.

The *Comparison Group Period* is a read-only field displaying the specified *Begin Date* and *End Date* values.


The Hospice-Level Quality Measure Report (Figure 4-3) presents the following:

- Facility ID
- CMS Certification Number (CCN)
- Hospice Name
- City/State
- Report Period: The Begin Date and End Date selected by the user.
- Data was calculated on: The date of the last calculation of the hospice QMs. QM data are calculated once a month; HIS records submitted after this date are not included in this report and will be included in the next monthly calculation.
- Comparison Group Period: The same date range as the Report Period. The statistics reported in the *Comparison Group National Average* and *Comparison Group National Percentile* columns are based upon QM calculations that are performed monthly for every hospice and in the nation.
- Report Run Date: The date that the report was requested.
- Report Version Number: The version of the report used to compile the displayed data.
- Table Legend:
 - N/A: Not Available – no data available for the hospice for the measure.
 - Dash (-): A dash represents a value that could not be computed – a denominator value of zero results in a measure value that cannot be computed.
- Measure Name (NQF ID): The short name of the quality measure
 - Treatment Preferences (NQF #1641)
 - Beliefs/Values (NQF #1647)
 - Pain Screening (NQF #1634)
 - Pain Assessment (NQF #1637)
 - Dyspnea Screening (NQF #1639)
 - Dyspnea Treatment (NQF #1638)
 - Bowel Regimen (NQF #1617)
 - Hospice Comprehensive Assessment (NQF #3235)
- CMS Measure ID: The numeric identifier of the quality measure.

- Numerator: The number of patient stays in the Hospice that triggered the measure during the report period. N/A indicates no data exists for this measure for the hospice.
- Denominator: The total number of patient stays in the Hospice that did not meet the exclusion criteria during the report period. N/A indicates no data exists for this measure for the hospice.
- Hospice Observed Percent: The percentage of patient stays in the hospice that triggered the measure. This value is derived by dividing the numerator value by the denominator value multiplied by 100. If the hospice's denominator for a measure is zero, a dash (-) displays. N/A indicates no data exists for this measure for the hospice.
- Comparison Group U.S. National Average: The average for the hospice-level incidence of the measure occurrence for all hospices in the nation.
- Comparison Group National Percentile: The hospice's national rank. For example, if the hospice's national percentile value is 88, this means that 88% of the hospices in the nation had a QM score that was less than or equal to the hospice's score. If the hospice's denominator for a measure is zero, a dash (-) displays. N/A indicates no data exists for this measure for the hospice.

NOTE: The Hospice-Level Quality Measure report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-5. Hospice-Level Quality Measure Report *

		CASPER Report Hospice-Level Quality Measure Report			Page 1 of 1		
Facility ID: CCN: Hospice Name: City/State:	[Redacted Information]			Report Period: 01/01/2017 - 09/30/2018 Data was calculated on: 01/02/2018 Comparison Group Period: 01/01/2017 - 09/30/2018 Report Run Date: 01/17/2018 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	65	65	100.0%	98.8%	100	
Beliefs/Values (NQF #1647)	H002.01	65	65	100.0%	95.1%	100	
Pain Screening (NQF #1634)	H003.01	65	65	100.0%	95.6%	100	
Pain Assessment (NQF #1637)	H004.01	31	31	100.0%	84.5%	100	
Dyspnea Screening (NQF #1639)	H005.01	64	65	98.5%	97.9%	31	
Dyspnea Treatment (NQF #1638)	H006.01	43	44	97.7%	95.5%	43	
Bowel Regimen (NQF #1617)	H007.01	24	24	100.0%	94.0%	100	
Hospice Comprehensive Assessment (NQF #3235)	H008.01	32	32	100.0%	83.1%	100	
This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.							

* Fictitious, sample data are depicted.

The report records are presented in CMS Measure ID order.