



Getting Started with Hospice CASPER Review and Correct Reports

This document provides an overview of the Hospice Certification And Survey Provider Enhancement Reports (CASPER) Review and Correct Reports for Hospice Item Set (HIS) data. It is intended to help providers understand what the Review and Correct Reports are and how to use them.

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I. Understanding the Hospice CASPER Review and Correct Reports for HIS Data

The CASPER Review and Correct Reports are designed to give hospices an opportunity to:

- Confirm the accuracy of their HIS-based QM data
- Track quarterly data cumulatively
- View data that is both “open” and “closed” for data correction over 12 months
- Access QM data prior to the Data Correction Deadline for public reporting. Review and Correct Reports are confidential and contain HIS-based measures. Review and Correct Reports provide information about hospices (hospice-level) and about patients within the hospice (patient-level).

What information do the hospice-level Review and Correct Reports display?

Review and Correct Reports display the number of patient stays that trigger a quality measure (the numerator) and the number of eligible patient discharges (denominator) for each HIS-based QM in the HQRP. They also display the observed performance rate, which is simply the numerator divided by the denominator and is not risk-adjusted.

The reports also include the status of the data correction period determined by the Data Correction Deadline for each quarter. In each report, the correction period will be either open or closed depending on whether the Data Correction Deadline for that data has passed.

Any corrections hospice providers make to the HIS data during an open data correction period will be reflected in public reporting of the QMs. Please see *Figure 1* below for an example of the hospice-level Review and Correct Report display, with data for two of four quarters that would typically be included.

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your Hospice	Number of Eligible Patients Discharged from your Hospice	Your Hospice's Observed Performance Rate
Q2 2019	4/1/2019	06/30/2019	11/15/2019	Open	71	79	89.9%
Q1 2019	01/01/2019	03/31/2019	08/15/2019	Closed	5	85	5.9%
Cumulative	01/01/2019	06/30/2019	-	-	76	164	41.3%

Figure 1: Agency-level Review and Correct Report Example

What information do the patient stay-level Review and Correct Reports display?

The patient-level Review and Correct Reports display a list of hospice patients for whom HIS data were submitted, and document whether or not each patient was included in the numerator for each QM. Table 1 shows the letters used in the “Status” column to communicate information about each stay in relation to each measure included in the report. Figure 2 presents an example of a patient-level Review and Correct Report.

Letter	Indicates that patient stay was included in numerator	Indicates that patient stay was included in denominator	Indicates other information
X	Yes	No	-
b	No	Yes	-
e	No	No	-
c	-	-	Admission date extracted from the discharge record because admission record is missing
d	-	-	Measure was not implemented based on patient’s admission and/or discharge date(s).

Table 1: Letters used in Review and Correct Reports

Table Legend

Dash (-): Data not available

X: Triggered

b: Not Triggered

e: Excluded from the QM denominator

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

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

Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
Q2 2019	DOE, PEDRO	21234324	06/03/2019	06/11/2019	11/15/2019	Closed	11/15/2019	Closed	b
Q2 2019	DOE, JONATHAN	18873245	05/22/2019	06/07/2019	11/15/2019	Closed	11/15/2019	Closed	b
Q4 2019	DOE, JACK	32143245	12/03/2019	12/11/2019	05/15/2020	Open	05/15/2020	Open	X

Figure 2: Patient-level Review and Correct Report Example

When can providers run their Review and Correct Reports? And for what quarters?

Providers can run their Review and Correct Reports on-demand – that is, at any time. Reports display four consecutive quarters of data. Hospices can select which four quarters they would like to include. The reports populate data based on the user-specified “quarter end date” and automatically fills the “begin

date” to include the three quarters preceding the specified “end date” quarter. For example, if the user selects Q1 2019 as the end date, the report will populate and display HIS QM results for discharges that occurred during Q2 2018 – Q1 2019. Table 2 below shows this and other examples of how the Review and Correct Report data may be displayed for four possible quarterly end dates.

User-Specified Quarter End Date	Quarters Included in Report
Q1 2019	Q1 2019, Q4 2018, Q3 2018, Q2 2018
Q2 2019	Q2 2019, Q1 2019, Q4 2018, Q3 2018
Q3 2019	Q3 2019, Q2 2019, Q1 2019, Q4 2019
Q4 2019	Q4 2019, Q3 2019, Q2 2019, Q1 2019
Q1 2020	Q1 2020, Q4 2019, Q3 2019, Q2 2019

Table 1: Data Display by User-Selected End Date

How often are the Review and Correct Reports updated?

New quarterly data are available for these reports on the first business day following the last day of the calendar year quarter.¹ As new quarterly data become available, hospices can include them in their Review and Correct Reports. HIS-based QM data are updated weekly. The updates reflect any changes made by providers, including modifications, as well as HIS records submitted and accepted after the HQRP’s 30-day submission deadline.² For all user-specified end quarter displayed in Table 2, Table 3 shows the date when those quarterly data become available in the Review and Correct Reports.

Release Date	User-Specified Quarter End Date	Quarters Included in Report
April 1, 2019	Q1 2019	Q1 2019, Q4 2018, Q3 2018, Q2 2018
July 1, 2019	Q2 2019	Q2 2019, Q1 2019, Q4 2018, Q3 2018
October 1, 2019	Q3 2019	Q3 2019, Q2 2019, Q1 2019, Q4 2019
January 1, 2020	Q4 2019	Q4 2019, Q3 2019, Q2 2019, Q1 2019
April 1, 2020	Q1 2020	Q1 2020, Q4 2019, Q3 2019, Q2 2019

Table 3: Data Release Dates and Associated Quarterly Data

How can hospice providers use the Review and Correct reports?

If you access your reports early, you have more opportunity to make changes. . For example, hospices may identify a need to correct data, and thus submit, modify, and/or inactivate HIS records in CASPER. In other cases, hospices may identify opportunities to provide staff with education on ensuring the accuracy of HIS data submitted, or initiate or update quality improvement strategies. A hospice can follow this sequence of activities to make use of the Review and Correct Reports:

1. Access the reports and investigate measure results
2. Identify opportunities for data correction and/or initiating or updating quality improvement strategies

¹For admission and discharge record data submitted at the end of the preceding quarter, data from these reports will be included in the quarterly data after a subsequent weekly refresh. For example, a provider may have a patient who is discharged at the end of the Q1 on March 31st, and will submit the HIS discharge record April 3rd, which is already in Q2. In this example, the discharge record will not appear if the report is run during the first week of April, but will appear if the report is run during the following weeks.

² As stated in the FY2018 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule (FR36670), 90% of all required HIS records must be submitted and accepted within the 30-day submission deadline to avoid the 2-percentage point reduction in the FY 2020 Annual Payment Unit (APU) and beyond.

3. Submit, modify, and/or inactivate HIS records in CASPER as needed
4. Access the reports again to verify updates or corrections from the previous week

How do the CASPER Review and Correct Reports differ from QM Reports and Preview Reports?

The CASPER reports all have specific functions.

- **QM Reports** provide hospices with data to support quality improvement, including through comparison of hospice-level QM data with the national average;
- **Review and Correct Reports** give hospice providers a resource to monitor performance rates and the opportunity to make required edits or corrections to their HIS data;
- **Preview Reports** provide previews of QM results for each quality measure prior to public display on Hospice Compare. Corrections to the data that underlies the measure calculations cannot be made at this time; however, providers can request a review of their data. If CMS reviews a hospice’s data and agrees that one or all of the data components are inaccurate, CMS may grant suppression of those measure results on Hospice Compare.

The reports differ in specific ways to fulfill these functions. Table 4 highlights some of the key similarities and differences QM Reports and Preview Reports have with the new Review and Correct Reports.

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

* The report may include a full year of data if requested by the provider. ** If the data correction period is “open,” provider corrections to HIS records will appear in a future release of the Review and Correct Reports. If the data correction period is “closed,” provider corrections to HIS records will NOT appear in a future release.

Table 4. Overview of Reports for Hospice Public Reporting

II. Report Example and Overview

Please see a mock-up example of Review and Correct Report sections below. Providers are encouraged to keep the following points in mind when reviewing their reports:

- **Hospice Level Data Section:** Includes the QM numerator, denominator, and score for patients who have been *discharged* within the selected four quarter reporting period. This section does not include patient records which are ongoing at the end of the selected four quarter reporting period.

- Patient Stay-Level Section: Includes record-level data and provides an opportunity to quickly identify records that may require further investigation by the hospice and that may include possible data inaccuracies or quality of care concerns.

The mock-up example below includes records that are still “open” for data correction prior to the public reporting deadline on Hospice Compare at which time records are “closed” or “frozen” for any data correction. In addition, the mock-up example includes:

- Twelve months of data indicating when the data is re-calculated (on a weekly basis) so providers can capture edits or changes to HIS records submitted prior to the data correction deadline.
- Filters providers can select when running this report. For example, if a provider would like to see only data for patients without a discharge assessment, a selected filter will provide those records.
- The hospice-level report shows the number of discharged patients during the indicated quarter that met the QM’s denominator criteria and numerator criteria and provides a *quarterly* QM score.
- In the patient stay-level report, the number of discharged patients who met the QM’s denominator and numerator criteria and a *cumulative* QM.



Example of Hospice- and Patient Stay-Level Review and Correct Reports



CASPER Report Hospice Review and Correct Report

Report shows a rolling 12 months of data. This is the newest quarter of data that will appear on this report.

Facility ID: 123456
CCN: 123456
Hospice Name: MY HOSPICE
City/State: WALTHAM, MA

Data on this report is re-calculated weekly. Shows the data on which this data was re-calculated.

Requested Quarter End Date: Q4 2019
Report Release Date: 01/01/2020
Report Run Date: 01/10/2020
Data Calculation Date: 01/07/2020
Report Version Number: 1.0

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

Reporting Quarter: QX 20XX

Patients Without a Discharge Assessment: Yes, No, All

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

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

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

Hospice Item Set (HIS) Quality Measure: Beliefs/Values (NQF #1647)

Table Legend

Dash (-): Data not available

X: Triggered

b: Not Triggered

e: Excluded from the QM denominator

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

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

Measure for which provider is reviewing data.

Providers can select certain filters when running this report (e.g., if the provider would like to see only data for patients without a discharge assessment). Selected filters will appear here.

Shows the number of discharged patients during the indicated quarter that met the QM's denominator criteria and numerator criteria. Provides a quarterly QM score.

Hospice-Level Data						
REPORTING QUARTER	CMS ID	START DATE	END DATE	NUMBER OF DISCHARGED HOSPICE STAYS THAT TRIGGERED THE QUALITY MEASURE	NUMBER OF DISCHARGED HOSPICE STAYS INCLUDED IN THE DENOMINATOR	HOSPICE PERCENT
Q4 2019	H002.01	10/01/2019	12/31/2019	2	5	40.0%
Q3 2019	H002.01	07/01/2019	09/30/2019	4	7	57.1%
Q2 2019	H002.01	04/01/2019	06/30/2019	4	10	40.0%
Q1 2019	H002.01	01/01/2019	03/31/2019	6	9	66.7%
CUMULATIVE	H002.01	01/01/2019	12/31/2019	16	31	51.6%

Patient Stay-Level Data									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
-	DOE, SOPHIA	37236432	12/24/2019	-	05/15/2020	Open	-	-	e
Q4 2019	DOE, ANNA	41344324	12/19/2019	12/28/2019	05/15/2020	Open	05/15/2020	Open	X
Q3 2019	DOE, DANIEL	32143245	06/29/2019	07/12/2019	11/15/2019	Open	02/15/2020	Open	X
Q2 2019	DOE, JAIME	32425643	04/18/2019	04/27/2019	11/15/2019	Open	11/15/2019	Open	b

Shows the number of discharged patients during the indicated 4 quarters that met the QM's denominator criteria and numerator criteria. Provides a cumulative QM.

Shows the patient stay-level data for the 4 quarters included in report. Shows the HIS record data correction deadline date and if the data correction period is open or closed. For example, at the time this data was calculated (1/7/2020), Doe, Daniel's data correction deadline for his admission record (11/15/2019) had already passed (Admission Record Data Correction Period = "Closed." Admission data can no longer be corrected for purposes of public reporting). The data correction deadline for his discharge record (2/15/2020) has not passed (Discharge Record Data Correction Period = "Open". Discharge data can be corrected for purposes of public reporting). Also shows if the patient triggered the QM. For example, Doe, Daniel's status is "e", meaning he was excluded from the QM denominator.



III. Resources Available to Hospice Providers

Access materials from the HQRPs Review and Correct Report Webinar at

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/\[61119\] Hospice Quality Reporting Program Review and Correct Report Overview Webinar without answers.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/[61119]_Hospice_Quality_Reporting_Program_Review_and_Correct_Report_Overview_Webinar_without_answers.pdf)

Read more about the CASPER QM Reports at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Fact-Sheet_CASPER-QM-Reports.pdf

Review specifics on the HIS Hospice QMs on the HQRPs website at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>.

Access the QM User's Manual, with details on the calculation and the numerator and denominator for each of the QMs, at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html>

Access Getting Started with the HQRPs at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/Sept-2017_Getting-Started-with-the-HQRPs.pdf

For questions regarding error messages or other technical questions, (e.g. registration for User IDs, technical training for data transmission, etc.) consider contacting the Technical Help Desk E-mail: help@qtso.com Phone: 1-877-201-4721 Hours: Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time.

Access the HIS Manual v2.01 at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html> in the Download section at the bottom of the page.

For questions about HIS and general questions about the HQRPs program, reporting requirements, quality measures, and reporting deadlines, please contact the Quality Help Desk at: hospicequalityquestions@cms.hhs.gov