Getting Started with Hospice CASPER Review and Correct Reports

This overview of the Review and Correct Reports is intended to help providers understand what they are and how to interpret and use the Hospice Item Set (HIS) data contained within them. These reports are confidential and contain details about the HIS-based quality measure (QM), Comprehensive Assessment at Admission (Consensus-Based Entity (CBE) #3235). Review and Correct Reports provide information at the hospice-level, and about individual patients, if desired.

Sections

I. Understanding the Hospice CASPER Review and Correct Reports

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.

What information does the hospice-level Review and Correct Report display?

The hospice level Review and Correct Report displays the number of patient-stays that trigger the quality measure (the numerator) and the number of eligible patient discharges (the denominator) for the HIS Comprehensive Assessment at Admission in the Hospice Quality Reporting program (HQRP), as well as the seven individual components for the measure. It also displays the observed performance rate, which is simply the numerator divided by the denominator multiplied by 100. These results are not risk-adjusted. While the seven individual component measures are publicly reported within the Provider Data Catalog, these are not displayed on Care Compare. The report also includes the status of the data correction period determined by the Data Correction Deadline for each quarter. The correction period will be either Open or Closed depending on whether the Data Correction Deadline for the displayed 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 QM. Please see *Figure 1* below for an example of the hospice- level Review and Correct Report display, with data for four quarters that would typically be included.

Figure 1: Hospice-Level Review and Correct Report Example

CASPER Report
Hospice Review and Correct Report

Page 1 of 48

Provider ID: 000000
CCN: 000000
Hospice Name: XXXX
City/State: XXXX, XX

Requested Quarter End Date: Q1 2022
Report Release Date: 04/01/2022
Report Run Date: 06/23/2022
Data Calculation Date: 06/20/2022
Report Version Number: 2.1

Quality Measures: Hospice Comprehensive Assessment, Treatment Preferences*, Beliefs/Values*, Pain Screening*, Pain Assessment*, Dyspnea Screening*, Dyspnea Treatment*, Bowel Regimen*
Reporting Quarter: Q1 2022, Q4 2021, Q3 2021, Q2 2021
Patients Without a Discharge Assessment: No
Admission Record Data Correction Period as of Report Run Date: All
Discharge Record Data Correction Period as of Report Run Date: All
Measure Status: Triggered, Not Triggered, Measure not Implemented, Excluded

Hospice Item Set (HIS) Quality Measure: Hospice Comprehensive Assessment (NQF #3235)

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)

Hospice-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q1 2022	H008.01	01/01/2022	03/31/2022	08/15/2022	Open	29	32	90.6%
Q4 2021	H008.01	10/01/2021	12/31/2021	05/16/2022	Closed	25	31	80.6%
Q3 2021	H008.01	07/01/2021	09/30/2021	02/15/2022	Closed	20	26	76.9%
Q2 2021	H008.01	04/01/2021	06/30/2021	11/15/2021	Closed	17	23	73.9%
Cumulative	-	04/01/2021	03/31/2022	-	-	91	112	81.3%

What patient stay-level information is displayed on the Review and Correct Report?

If included in the report request, patient-stay level results will display along with the hospice-level aggregated data in the same report. The patient-stay level information displayed includes a list of individual hospice patients with their admission and discharge dates for the stay and for whom the HIS data was submitted. The report indicates whether or not each patient was included in the numerator for the QM. *Table 1* below shows the letters used in the "Status" column to communicate information about each stay in relation to the measure included in the report. *Figure 2* presents an example of a patient-level information.

Table 1: Letters used in Review and Correct Reports

Letter	What the Information Indicates
X	The patient-stay *triggered the measure* (included in both the numerator and the denominator)
b	The patient-stay *did NOT trigger the measure* (included in the denominator, but not the numerator)
e	This patient was *excluded* from the denominator
c	The admission record is missing; the *Admission Date listed was extracted from the discharge record.*
d	The measure was not implemented based on patient's admission and/or discharge date(s).

Figure 2: Patient-Level Example

CASPER Report
Hospice Review and Correct Report

						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
Q1 2022	DOE, ANN	12345678	03/12/2022	03/30/2022	08/15/2022	Open	08/15/2022	Open	X
Q1 2022	DOE, BARRY	87654321	03/25/2022c	03/29/2022	-	-	08/15/2022	Open	e
Q1 2022	DOE, CAROL	09876543	03/27/2022	03/28/2022	08/15/2022	Open	08/15/2022	Open	X
Q1 2022	DOE, DARREN	45678901	09/24/2020	03/28/2022	02/16/2021	Closed	08/15/2022	Open	b
Q1 2022	DOE, ERIC	65432109	02/28/2022	03/25/2022	08/15/2022	Open	08/15/2022	Open	X
Q1 2022	DOE, FELICIA	13579246	02/16/2022	03/21/2022	08/15/2022	Open	08/15/2022	Open	X
Q1 2022	DOE, GEORGIA	24680135	03/15/2022	03/20/2022	08/15/2022	Open	08/15/2022	Open	X
Q1 2022	DOE, HAROLD	34984587	03/03/2022	03/11/2022	08/15/2022	Open	08/15/2022	Open	d

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 2024 as the end date, the report will populate and display HIS QM results for discharges that occurred during Q2 2023 – Q1 2024. *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.

Table 2: Data Display by User-Selected End Date

User-Specified Quarter End Date	Quarters Included in Report
Q1 2024	Q1 2024, Q4 2023, Q3 2023, Q2 2023
Q2 2024	Q2 2024, Q1 2024, Q4 2023, Q3 2023
Q3 2024	Q3 2024, Q2 2024, Q1 2024, Q4 2023
Q4 2024	Q4 2024, Q3 2024, Q2 2024, Q1 2024

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

---

[1]For admission and discharge record data submitted at the end of the preceding quarter, data from these records will be included in the quarterly data after a subsequent weekly refresh. *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.*

HQRP's 30-day submission deadline. [2] For all user-specified end quarter displayed in *Table 2* above, *Table 3* shows the date when those quarterly data become available in the Review and Correct Reports.

Table 3: Data Release Dates and Associated Quarterly Data

User-Specified Quarter End Date	Quarters Included in Report	Release Date
Q1 2024	Q1 2024, Q4 2023, Q3 2023, Q2 2023	**April 1, 2024**
Q2 2024	Q2 2024, Q1 2024, Q4 2023, Q3 2023	**July 1, 2024**
Q3 2024	Q3 2024, Q2 2024, Q1 2024, Q4 2023	**October 1, 2024**
Q4 2024	Q4 2024, Q3 2024, Q2 2024, Q1 2024	**January 1, 2025**

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 the Quality Improvement and Evaluation System (QIES) Assessment Submission And Processing (ASAP) system. In some cases, hospices may identify opportunities to provide staff education to ensure the accuracy of HIS data submissions or to 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
3. Submit, modify, and/or inactivate HIS records in the ASAP system, 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 throughcomparison of hospice-level QM data with the national and state averages
- **Review and Correct Reports** give hospice providers a resource to monitor performance rates andthe opportunity to make required edits or corrections to their submitted HIS data
- **Preview Reports** provide previews of QM results prior to public display on Care Compare. Corrections to the underlying data for the measure calculations can no longer be made. A provider may request a CMS review of the calculations contained within the Provider Preview Report, should they believe the denominator or another quality metric to be inaccurate. Once reviewed, if CMS agrees that one or all of the data components are inaccurate, CMS may grant suppression of those measure results on Care 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 Review and Correct Reports.

Table 4. Overview of Reports for Hospice Quality Reporting

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.

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.

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

The examples below include records that are still "Open" for data correction prior to the public reporting deadline on Care 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 section shows the number of discharged patients during the indicated quarter that met the QM's denominator criteria and numerator criteria and provides a *quarterly and cumulative* QM score.

Example of Hospice-Level Section on the 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. The newest quarter of data doesn't automatically display; data for that quarter and the date in the requested quarter end date only display the latest quarter if it was selected by the user.

CASPER Report
Hospice Review and Correct Report

Provider ID: 000000
CCN: 000000
Hospice Name: XXXX
City/State: XXXX, XX

Requested Quarter End Date: Q1 2022
Report Release Date: 04/01/2022
Report Run Date: 06/23/2022
Data Calculation Date: 06/20/2022
Report Version Number: 2.1

Shows the date on which this data was recalculated.

Quality Measures: Hospice Comprehensive Assessment, Treatment Preferences*, Beliefs/Values*, Pain Screening*, Pain Assessment*, Dyspnea Screening*, Dyspnea Treatment*, Bowel Regimen*
Reporting Quarter: Q1 2022, Q4 2021, Q3 2021, Q2 2021
Patients Without a Discharge Assessment: No
Admission Record Data Correction Period as of Report Run Date: All
Discharge Record Data Correction Period as of Report Run Date: All
Measure Status: Triggered, Not Triggered, Measure not Implemented, Excluded

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.

Hospice Item Set (HIS) Quality Measure: Hospice Comprehensive Assessment (NQF #3235)

Measure or component measure being reviewed

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)

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

Hospice-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q1 2022	H008.01	01/01/2022	03/31/2022	08/15/2022	Open	29	32	90.6%
Q4 2021	H008.01	10/01/2021	12/31/2021	05/16/2022	Closed	25	31	80.6%
Q3 2021	H008.01	07/01/2021	09/30/2021	02/15/2022	Closed	20	26	76.9%
Q2 2021	H008.01	04/01/2021	06/30/2021	11/15/2021	Closed	17	23	73.9%
Cumulative	-	04/01/2021	03/31/2022	-	-	91	112	81.3%

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

Example of a Patient Stay-Level Section of the Review and Correct Report

CASPER Report
Hospice Review and Correct Report

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
Q1 2022	DOE, ANN	12345678	03/12/2022	03/30/2022	08/15/2022	Open	08/15/2022	Open	x
Q1 2022	DOE, BARRY	87654321	03/25/2022c	03/29/2022	-	-	08/15/2022	Open	e
Q1 2022	DOE, CAROL	09876543	03/27/2022	03/28/2022	08/15/2022	Open	08/15/2022	Open	x
Q1 2022	DOE, DARREN	45678901	09/24/2020	03/28/2022	02/16/2021	Closed	08/15/2022	Open	b
Q1 2022	DOE, ERIC	65432109	02/28/2022	03/25/2022	08/15/2022	Open	08/15/2022	Open	x
Q1 2022	DOE, FELICIA	13579246	02/16/2022	03/21/2022	08/15/2022	Open	08/15/2022	Open	x
Q1 2022	DOE, GEORGIA	24680135	03/15/2022	03/20/2022	08/15/2022	Open	08/15/2022	Open	x
Q1 2022	DOE, HAROLD	34984587	03/03/2022	03/11/2022	08/15/2022	Open	08/15/2022	Open	d

This example shows the patient stay-level data for the quarter listed in the report, the HIS record data correction deadline date, and if the data correction period is Open or Closed. **Example:** *at the time this data was calculated on (6/20/2022), Doe, Darren's data correction deadline for their admission record (9/24/2020) 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 their discharge record (3/28/2022) has not passed (Discharge Record Data Correction Period = "Open"). Discharge data can be corrected for purposes of public reporting. The status column at the end shows if the patient triggered the QM. For example, Doe, Darren's status is "b", meaning he did not trigger the QM.*

III. Resources Available to Hospice Providers

For specifics about the HQRP QMs, including access to the current HQRP QM User's Manual, visit the Current Measures page of the CMS HQRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.

For helpful documents about the CASPER QM Reports, or to just get started with the HQRP, visit the *"Provider Toolkit section"* of the Requirements and Best Practice webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HQRP-Requirements-and-Best-Practices.

For technical information including questions about registration for User IDs, technical questions regarding HIS data transmission, error messages, or accessing reports in the CASPER Reporting application, contact the iQIES Technical Help Desk at: iQIES@cms.hhs.gov or by phone: 800-339-9313.

For the current HIS Manual, visit the Downloads section of the Hospice Item Set webpage on the HQRP website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.

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