

3

HOSPICE PROVIDER REPORTS

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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 Provider reports are requested on the **CASPER Reports** page (Figure 3-1).

Figure 3-1. CASPER Reports Page – Hospice Provider Report Category



1. Select the Hospice Provider link from the *Report Categories* frame on the left. A list of the individual Hospice Provider 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** button.

NOTE: Hospice Provider 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 Provider reports are automatically purged after 60 days.

HIS RECORD ERROR DETAIL BY PROVIDER

The HIS Record Error Detail by Provider report details by HIS ID the errors encountered in Hospice Item Set (HIS) records submitted during a specified period.

The criteria selection page (Figure 3-2) for the HIS Record Error Detail by Provider report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-2. CASPER Reports Submit Page – HIS Record Error Detail by Provider Report

The screenshot shows the CASPER Reports Submit Page. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, Home. Below this is a header for the report: "Report: HIS Record Error Detail by Provider". The main content area contains a "Date Criteria" dropdown menu set to "Prior Month". Below this are two date fields: "from (mm/dd/yyyy): 02/01/2015" and "thru (mm/dd/yyyy): 02/28/2015", each with a calendar icon. At the bottom, there are two dropdown menus: "Template Folder: My Favorite Reports" and "Template Name: HIS Record Error Detail by Provider". To the right of these are four buttons: "Submit", "Back", "Save & Submit", and "Save".

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format.

An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HIS Record Error Detail by Provider report (Figure 3-3) details the following regarding HIS record errors submitted during a specified timeframe.

- CCN
- Provider Name
- Provider City
- HIS ID
- Submission Date
- Error Number
- Error Message
- Error Type
- HIS Item(s)
- Data Submitted

Figure 3-3. HIS Record Error Detail by Provider

Run Date: 03/20/2015		Page 10 of 112		
CASPER Report				
(NV) HIS Record Error Detail by Provider from 10/01/2014 thru 03/20/2015				
CCN:	291509			
Provider Name:	CIRCLE OF LIFE HOSPICE			
Provider City:	RENO			
HIS ID:	548781			
Submission Date:	10/02/2014			
Error Num	Error Message	Error Type	HIS Item(s)	Data Submitted
-903	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.	FATAL	A0270	-
-905	Invalid Target Date: Unable to calculate the target date due to missing or invalid required field.	FATAL	A0250, A0270	09,
HIS ID:	548782			
Submission Date:	10/02/2014			
Error Num	Error Message	Error Type	HIS Item(s)	Data Submitted
-3010	Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special character.	FATAL	J2030B	05/201409
HIS ID:	548783			
Submission Date:	10/02/2014			
Error Num	Error Message	Error Type	HIS Item(s)	Data Submitted
-3010	Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special character.	FATAL	F2100B	0919
This report may contain privacy protected data and should not be released to the public.				

HIS RECORD ERRORS BY FIELD BY PROVIDER

The HIS Record Errors by Field by Provider report summarizes by Error Number the errors encountered in submitted HIS records during a specified period.

The criteria selection page (Figure 3-4) for the HIS Record Errors by Field by Provider report presents *Date Criteria*, *from (mm/dd/yyyy)*, *thru (mm/dd/yyyy)*, and *Message Type* options.

Figure 3-4. CASPER Reports Submit Page – HIS Record Errors by Field by Provider Report

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HIS Record Errors by Field by Provider

Date Criteria: Prior Month

from (mm/dd/yyyy): 02/01/2015

thru (mm/dd/yyyy): 02/28/2015

Message Type: Fatal and Warning

Template Folder: My Favorite Reports

Template Name: HIS Record Errors by Field by Provider

Submit Save & Submit Back Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

Message Type options include *Fatal and Warning* (the default), *Fatal*, and *Warning*.

The HIS Record Errors by Field by Provider report (Figure 3-5) summarizes by Error Number the following for HIS record errors submitted during the specified timeframe.

- CCN
- Provider Name
- Provider City
- Message Type
- Total HIS Records Submitted
- Error Number
- Error Message
- HIS Items
- Number of HIS Records
- Percent of HIS Records

Figure 3-5. HIS Record Errors by Field by Provider

Run Date: 03/20/2015 Page 4 of 24

CASPER Report
(NV) HIS Record Errors by Field by Provider
from 10/01/2014 thru 03/20/2015

CCN: 291509
 Provider Name: CIRCLE OF LIFE HOSPICE
 Provider City: RENO

Message Type: Fatal and Warning

Total HIS Records Submitted: 15

Error Num	Error Message	HIS Item(s)	Number of HIS Records	Percent of HIS Records
-3010	Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special character.	F2100B	1	6.67
-3033b	Record Completed Late: If A0250 is equal to 09 (Discharge), then Z0500B (Date of Signature Verifying Record Completion) minus A0270 (Discharge Date) should be less than or equal to 7 days.	A0250, A0270, Z0500B	1	6.67
-3034a	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.	A0250, Submission Date, A0220	1	6.67
-3034b	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.	A0250, Submission Date, A0270	1	6.67

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

HIS RECORDS WITH ERROR NUMBER XXXXX

The HIS Records with Error Number XXXXX report lists for up to 5 specified Error Numbers the HIS records submitted with those errors during a specified period.

The criteria selection page (Figure 3-6) for the HIS Records with Error Number XXXXX report presents *Date Criteria*, *from (mm/dd/yyyy)*, *thru (mm/dd/yyyy)*, and *Error Number* options.

Figure 3-6. CASPER Reports Submit Page – HIS Records with Error Number XXXXX Report

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HIS Records with Error Number XXXXX

Date Criteria: Prior Month

from (mm/dd/yyyy): 02/01/2015

thru (mm/dd/yyyy): 02/28/2015

Error Number: -901, -902, -903, -904, -905, -907, -908, -909

Template Folder: My Favorite Reports

Template Name: HIS Records with Error Number XXXXX

Submit Back Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru* (mm/dd/yyyy) dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

Select at least one and as many as 5 error numbers from the *Error Number* list box. To select more than one error number, press and hold the Ctrl key as you highlight error numbers from the list box.

The HIS Records with Error Number XXXXX report (Figure 3-7) details the following regarding specified Error Numbers encountered in HIS records submitted during the specified timeframe.

- CCN
- Provider Name
- Provider City
- Error Number
- Error Message
- Submission Date
- Last Name
- First Name
- HIS ID
- HIS Item(s)
- Submitted Data

Figure 3-7. HIS Record Errors with Error Number XXXXX

Run Date: 03/25/2015		Page 1 of 1			
CASPER Report (NV) HIS Records with Error Number -903 from 10/01/2014 thru 03/25/2015					
CCN:	291509				
Provider Name:	CIRCLE OF LIFE HOSPICE				
Provider City:	RENO				
Error Number:	-903				
Error Message:	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.				
Submission Date	Last Name	First Name	HIS ID	HIS Item(s)	Submitted Data
10/02/2014	██████	██████	548781	A0270	-
This report may contain privacy protected data and should not be released to the public.					

HOSPICE ADMISSIONS

The Hospice Admissions report lists the patients who were admitted during a specified period. Only patients for whom an accepted admission record (A0250 = 01) was submitted with an admission date (A0220) within the specified period are reported.

The criteria selection page (Figure 3-8) for the Hospice Admissions report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-8. CASPER Reports Submit Page – Hospice Admissions Report

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Admissions

Date Criteria: Prior Month

from (mm/dd/yyyy): 09/01/2013

thru (mm/dd/yyyy): 09/30/2013

Template Folder: My Favorite Reports Submit Back

Template Name: Hospice Admissions Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

The Hospice Admissions report (Figure 3-9) details the following for the patients admitted with an admission date (A0220) within the specified timeframe.

- Patient ID
- Patient Name (last name and first name)
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Admission Date (A0220)
- Submission Date

Figure 3-9. Hospice Admissions*

Run Date: 01/21/2014		Page 1 of 1					
CASPER Report (TX) Hospice Admissions from 10/01/2014 thru 10/04/2014							
Facility ID: 410347							
Provider Name: LA MARIPOSA HOSPICE							
Provider City: EL PASO							
Patient ID	Patient Name	SSN	DOB	Gender	Admission Date	Submission Date	
28884787	TC30462_10S, TOM	999-01-2364	04/15/1956	F	10/01/2014	10/05/2014	
28884808	TC30462_17S, TOM	999-01-2385	04/15/1956	F	10/01/2014	10/05/2014	
Total Number of Admissions: 2							
This report may contain privacy protected data and should not be released to the public.							

* Fictitious, sample data is depicted.

The report is sorted in ascending order by Last Name, First Name, Patient ID, and Admission Date.

The total number of admissions is provided.

HOSPICE DISCHARGES

The Hospice Discharges report lists the patients who were discharged during a specified period. Only patients for whom an accepted discharge record (A0250 = 09) was submitted with a discharge date (A0270) within the specified period are reported.

The criteria selection page (Figure 3-10) for the Hospice Discharges report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-10. CASPER Reports Submit Page – Hospice Discharges Report

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Discharges

Date Criteria: Prior Month

from (mm/dd/yyyy): 09/01/2013

thru (mm/dd/yyyy): 09/30/2013

Template Folder: My Favorite Reports Submit Back

Template Name: Hospice Discharges Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

The Hospice Discharges report (Figure 3-11) details the following for the discharged patients with a discharge date within the specified timeframe.

- Patient ID
- Patient Name (last name and first name)
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Discharge Date
- Submission Date

Figure 3-11. Hospice Discharges*

Run Date: 01/22/2014		Page 1 of 1				
CASPER Report (TX) Hospice Discharges from 10/01/2014 thru 10/06/2014						
Facility ID: 410347 Provider Name: LA MARIPOSA HOSPICE Provider City: EL PASO						
Patient ID	Patient Name	SSN	DOB	Gender	Discharge Date	Submission Date
28874017	STATE_CD6.1.45, BOB	██████████	██████████	M	10/06/2014	10/13/2014
Total Number of Discharges: 1						
This report may contain privacy protected data and should not be released to the public.						

* Fictitious, sample data is depicted.

The total number of discharges is provided.

HOSPICE ERROR NUMBER SUMMARY BY PROVIDER BY VENDOR

The Hospice Error Number Summary by Provider by Vendor report summarizes the errors encountered in HIS records submitted by or on behalf of the provider during a specified period.

The criteria selection page (Figure 3-12) for the Hospice Error Number Summary by Provider by Vendor report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-12. CASPER Reports Submit Page – Hospice Error Number Summary by Provider by Vendor Report

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, Home. Below this, the report title is 'Report: Hospice Error Number Summary by Provider by Vendor'. The 'Date Criteria' is set to 'Prior Month'. The 'from (mm/dd/yyyy)' date is '09/01/2013' and the 'thru (mm/dd/yyyy)' date is '09/30/2013'. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'Hospice Error Number Summary by Provider by Vendor'. There are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

The Hospice Item Set Error Number Summary by Provider by Vendor report (Figure 3-13) summarizes the errors encountered by vendor during the specified timeframe as follows:

- Vendor Name
- Vendor E-Mail
- Error Number
- Error Message
- Number of Errors

NOTE: The Number of Errors column reflects the count of the number of assessments containing the error.

- Percentage of Hospice Item Sets with the Error

Figure 3-13. Hospice Item Set Error Number Summary by Provider by Vendor

Run Date: 01/22/2014	CASPER Report (TX) Hospice Item Set Error Number Summary by Provider by Vendor from 07/01/2014 thru 10/06/2014	Page 1 of 1	
Facility ID: 1310179 Provider Name: ALAMO HOSPICE Provider City: BOERNE			
<hr/> Vendor Name: CMS Vendor E-mail: help@qtso.com			
Error #	Error Message	# of Errors	% of HISs with the Error
-907	Duplicate Record The submitted record is a duplicate of a previously submitted record.	4	50.00
-3032a	Inconsistent Dates: The dates listed are inconsistent.	2	25.00
-3034a	Record Completed Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.	2	25.00
-3051b	Invalid Skip Pattern: If N0520A is equal to 2, then if N0520B is active it must not equal blank (^).	1	12.50
Provider Total Errors = 9			
This report may contain privacy protected data and should not be released to the public.			

HOSPICE FINAL VALIDATION

The Hospice submission system automatically creates a Hospice Final Validation report within 24 hours of the submission of a file. These system-generated reports are placed in the provider's final validation reports folder, which is named:

[State Code] HOSPC [Facility ID] VR

If necessary, you may request another final validation report for a specific submission file or date range by selecting the Hospice Final Validation in the CASPER Reporting Hospice Provider report category.

NOTE: The records included in a system-generated Hospice Final Validation report for a particular submission are identical to the records included in a user-generated Hospice Final Validation report for the same submission. However, differences in the order in which the records are presented may exist.

The Hospice Final Validation Report provides detailed information about the status of select submission files. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.

The criteria selection page (Figure 3-14) for the Hospice Final Validation Report presents *Submission ID*, *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-14. CASPER Reports Submit Page – Hospice Final Validation Report

The screenshot shows a web interface for submitting reports. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, Home. Below this, the page title is "Report: Hospice Final Validation". The main form area contains the following fields:

- Submission ID: [Text input field]
- Date Criteria: [Dropdown menu]
- from (mm/dd/yyyy): [Text input field with calendar icon]
- thru (mm/dd/yyyy): [Text input field with calendar icon]

At the bottom of the form, there are two rows of fields:

- Template Folder: [Dropdown menu showing "My Favorite Reports"]
- Template Name: [Dropdown menu showing "Hospice Final Validation"]

On the right side of the bottom row, there are four buttons: Submit, Back, Save & Submit, and Save.

You must enter either a valid *Submission ID* or submission date criteria.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date

- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

NOTE: An error results if you enter both a Submission ID and date criteria. Because of this, there is no default value for the *Date Criteria* field.

Only those submissions for providers to which your User ID is authorized are allowed.


The Hospice Final Validation Report (Figure 3-15) details the following for the specified submission file(s).

Report Field	Report Field Description
CMS Submission Report	This is the title of the report.
Hospice Final Validation Report	This is the sub-title of the report.
Submission Date/Time	The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
Submission ID	The unique identifier assigned to the submission file when it was received by the system.
Submitter User ID	The user ID of the submitter.
Submission File Name	The name of the .zip file submitted.
Submission File Status	The status of the submitted file – Completed.
Processing Completion Date/Time	The date and time that the processing of the file was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss

Report Field	Report Field Description
FAC_ID	The unique identifier assigned to a provider by the QIES ASAP system. Also known as a Facility ID.
Provider CCN	The CMS Certification Number (Medicare provider number) of the provider that created the HIS record.
Provider Name	The name of the provider that created the HIS record.
State Code	The provider's two-character state code.
# Records Processed	The total number of records from the submission file that were processed for the provider.
# Records Accepted	The total number of records from the submission file that were saved to the database.
# Records Rejected	The total number of records for the provider that were not saved to the database because of fatal errors in the record.
# Duplicate Records	The total number of records for the provider that were not saved into the database because they were duplicate records.
# Records Submitted Without Provider Authority	The total number of records for the provider that were submitted by a user without authority to submit for the provider.
Total # of Messages	The total number of errors (fatal errors and warnings) for all records for the provider in the submission file.
Record	The unique identifier assigned to each record on the report.
Status	The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. NOTE: Records with an Invalid status are available only on the Hospice Submitter Final Validation report.
Name (A0500C, A)	The patient's last (A0500C) name and first (A0500A) name.
Birth Date (A0900)	The patient's birth date (A0900).
SSN (A0600A)	The patient's Social Security Number (A0600A).
Gender (A0800)	The patient's gender (A0800A).
Medicare Num (A0600B)	The patient's Medicare Number (A0600B).
Patient ID	The unique identifier assigned to the patient by the QIES ASAP system. The combination of state code and resident internal ID uniquely identifies the patient in the national repository. Zero displays in the field if the patient is new and the record is rejected.
Target Date	The target date of the HIS record. The target date is the Admission Date (A0220) for an admission record and the Discharge Date (A0270) for a discharge record.
Type of Record (A0050)	The type of record: New Record, Modification or Inactivation. If A0050 = 1, this record is a new original HIS. If A0050 = 2, the current record is a request to modify an existing record. If A0050 = 3, the current record is a request to inactivate an existing record.
HIS_ID	The unique ID assigned to the HIS record by the QIES ASAP system. Also known as Item Set ID.
Reason for Record (A0250)	The reason for the record. 01 = Admission; 09 = Discharge.
XML File Name	The name of the XML file submitted.

Report Field	Report Field Description
HIS Item(s)	The Hospice item identifier(s) of the items in error (either fatal or warning). NOTE: If values are compared for more than one field at a time, both item identifiers display.
Data Submitted	The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.
Message Number/Severity	The number used to identify the error that was encountered for the corresponding field. The severity of the error is identified as either Warning or Fatal.
Message	The description of the error that was encountered for the corresponding field.

Figure 3-15. Hospice Final Validation Report*

 CMS Submission Report Hospice Final Validation Report		Run Date: 10/22/2015 Page 1 of 1
Submission Date/Time:	09/01/2016 14:22:31	
Submission ID:	223805	
Submitter User ID:	[REDACTED]	
Submission File Name:	20151020.zip	
Submission File Status:	Completed	
Processing Completion Date/Time:	09/01/2016 14:24:01	
FAC_ID:	261374	
Provider Name:	VISITING NURSE HOSPICE	
Provider CCN:	221541	
State Code:	MA	
# Records Processed:	1	
# Records Accepted:	1	
# Records Rejected:	0	
# Duplicate Records:	0	
# Records Submitted Without Provider Authority:	0	
Total # of Messages:	1	
Record: 1	Accepted	
Name (A0500C, A): [REDACTED]	Birth Date (A0900): [REDACTED]	
SSN (A0600A): [REDACTED]	Gender (A0800): M	
Medicare Num:(A0600B): [REDACTED]	Patient ID: 17849425	
Target Date: 04/05/2016	Type of Record (A0050): NEW RECORD	
HIS_ID: 1380267	Reason for Record (A0250): 01	
XML File Name:	20151020.xml	
HIS Item(s):	A0250, Submission Date, A0220	
Data Submitted:	01, 09/01/2016, 04/05/2016	
Message Number:	-3034a WARNING	
Message:	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.	
This report may contain privacy protected data and should not be released to the public.		

* Fictitious, sample data is depicted.

The report is sorted by State ID, Facility ID, Submission ID, Last Name, First Name, Submission Processing Order Number, HIS ID, Error Type Description, Item in Error Text, and Value in Error Text.

HOSPICE ITEM SET PRINT

The Hospice Item Set Print report details the items submitted for a select HIS record.

The criteria selection page (Figure 3-16) for the Hospice Item Set Print report presents an *Item Set ID* option.

Figure 3-16. CASPER Reports Submit Page – Hospice Item Set Print

The screenshot shows a web interface for submitting reports. At the top, there is a blue navigation bar with the text 'CASPER Reports Submit' and several menu items: 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below this, the page title is 'Report: Hospice Item Set Print'. A central section contains a text input field labeled 'Item Set ID:'. At the bottom of the form, there are two dropdown menus: 'Template Folder:' with 'My Favorite Reports' selected, and 'Template Name:' with 'Hospice Item Set Print' selected. To the right of these dropdowns are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.


You must enter a valid *Item Set ID* (HIS ID). Only those item sets submitted by or on behalf of the provider to which your User ID is authorized are allowed.

The Hospice Item Set Print report (Figure 3-17) details the following for the specified It ID:

- State
- Facility ID (FAC_ID)
- Provider Name
- Patient Name
- Item Set ID (HIS ID)
- ISC
- Section Heading
 - Item ID
 - Item Description
 - Submitted Item Value
- Additional Fields (if active for the selected HIS record)
 - Assessment ID
 - Original Assessment ID
 - Correction Number
 - Resident Internal ID
 - Target Date
 - Submission ID
 - Submission Date
 - Resident Matching Criteria
 - Resident Age

- Birth Date Submit Code
- Calculated CCN

Figure 3-17. Hospice Item Set Print*

		CASPER Report Hospice Item Set Print	Run Date: 01/24/2017 Page 1 of 3
State:	WI		
Facility ID (FAC_ID):	435363		
Provider Name:	HOSPICE TOUCH		
Patient Name:	AACL0004, AAC0004		
Item Set ID:	6532585		
ISC:	HA - HOSPICE: ADMISSION		
SECTION A: Administrative Information			
A0050	Type of record		1 - Add new record
A0100A	Facility National Provider Identifier (NPI)		2215414561
A0100B	Facility CMS Certification Number (CCN)		521547
A0205	Site of service at admission		01 - Hospice in patient's home/residence
A0220	Admission date		07/01/2018
A0245	Date initial nursing assessment initiated		04/01/2017
A0250	Reason for record		01 - Admission
<hr style="width: 50%; margin: 10px auto;"/>			
A1000A	Ethnicity: American Indian or Alaska Native		0 - Not checked (No)
A1000B	Ethnicity: Asian		0 - Not checked (No)
A1000C	Ethnicity: Black or African American		0 - Not checked (No)
A1000D	Ethnicity: Hispanic or Latino		0 - Not checked (No)
A1000E	Ethnicity: Native Hawaiian/Pacific Islander		0 - Not checked (No)
A1000F	Ethnicity: White		0 - Not checked (No)
A1400A	Payor: Medicare (FFS)		1 - Checked (Yes)
A1400B	Payor: Medicare (managed care/Part C/Mcr Advant.)		0 - Not checked (No)
A1400C	Payor: Medicaid (FFS)		0 - Not checked (No)
A1400D	Payor: Medicaid (managed care)		0 - Not checked (No)
A1400G	Payor: Other Government		0 - Not checked (No)
A1400H	Payor: Private insurance/Medigap		0 - Not checked (No)
A1400I	Payor: Private managed care		0 - Not checked (No)
A1400J	Payor: Self-pay		0 - Not checked (No)
<p>This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>			

* Fictitious, sample data is depicted.

The value of an item for which a blank (skipped) was submitted may be shown as a caret (^).

The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.

NOTE: The Hospice Item Set Print report contains privacy information.

HOSPICE ITEM SET SUBMISSION STATISTICS BY PROVIDER

The Hospice Item Set Submission Statistics by Provider report summarizes the submissions made by or on behalf of a provider during a specified period.

The criteria selection page (Figure 3-18) for the Hospice Item Set Submission Statistics by Provider report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 3-18. CASPER Reports Submit Page – Hospice Item Set Submission Statistics by Provider Report

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, Home. Below this, the report title is 'Report: Hospice Item Set Submission Statistics by Provider'. The 'Date Criteria' is set to 'Prior Month'. The 'from (mm/dd/yyyy)' date is '09/01/2013' and the 'thru (mm/dd/yyyy)' date is '09/30/2013'. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'Hospice Item Set Submission Statistics by Provider'. There are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

The Hospice Item Set Submission Statistics by Provider report (Figure 3-19) provides the following details for each file submitted for the hospice during the specified timeframe:

- Submission Date/Time
- Submission ID
- Records Processed
- Records Rejected
- Records Accepted
- Reject Percentage

Figure 3-19. Hospice Item Set Submission Statistics by Provider

Run Date: 10/28/2013 Page 1 of 1					
CASPER Report (TX) Hospice Item Set Submission Statistics by Provider from 07/01/2014 thru 01/08/2015					
Facility ID: 1218485 Provider Name: BUCKNER HOSPICE Provider City: AUSTIN					
Submission Date / Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Percent Rejected
01/03/2015 14:45:57	26	10	0	10	0
01/02/2015 16:55:29	25	10	10	0	100
01/01/2015 17:11:28	24	10	10	0	100
Totals:		30	20	10	67
This report may contain privacy protected data and should not be released to the public.					

The total number of records processed, records rejected, records accepted, and the percent rejected is provided.

HOSPICE ITEM SETS SUBMITTED

The Hospice Item Sets Submitted report lists the accepted HIS records and inactivation requests that were submitted by or on behalf of a provider during a specified period.

The criteria selection page (Figure 3-20) for the Hospice Item Sets Submitted report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy)* options.

Figure 3-20. CASPER Reports Submit Page – Hospice Item Sets Submitted Report

The screenshot shows the CASPER Reports Submit interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title is "Report: Hospice Item Sets Submitted". The "Date Criteria" is set to "Prior Month". There are two date input fields: "from (mm/dd/yyyy): 09/01/2013" and "thru (mm/dd/yyyy): 09/30/2013", each with a calendar icon. At the bottom, there are two dropdown menus: "Template Folder: My Favorite Reports" and "Template Name: Hospice Item Sets Submitted". To the right of these dropdowns are four buttons: "Submit", "Back", "Save & Submit", and "Save".

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:


- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

The Hospice Item Sets Submitted report (Figure 3-21) provides the following details for Hospice Item Sets submitted for the hospice during the specified timeframe:

- Patient ID
- Patient Name
- Social Security Number
- Medicare Number
- Date of Birth
- Gender
- HIS Reason
- Target Date
- Submission Date
- Record Type
- Correction Number

Figure 3-21. Hospice Item Sets Submitted*



Run Date: 01/14/2016
Page 33 of 33

CASPER Report
(MA) Hospice Item Sets Submitted
from 01/01/2015 thru 12/31/2015

Facility ID: [REDACTED]
 Provider Name: [REDACTED]
 Provider City: [REDACTED]

Patient ID	Patient Name	SSN	Medicare Num	DOB	Gender	HIS Reason	Target Date	Submission Date	Type Rec	Corr Num
28846368	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	01 - Adm	04/30/2015	05/06/2015	New	00
31249393	[REDACTED]	[REDACTED]	^	[REDACTED]	F	09 - Dschrg	12/20/2014	01/06/2015	New	00
31249393	[REDACTED]	[REDACTED]	^	[REDACTED]	F	01 - Adm	12/17/2014	01/06/2015	New	00
27649834	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	01 - Adm	01/07/2015	01/16/2015	New	00
27649834	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	09 - Dschrg	02/01/2015	02/04/2015	New	00
12111727	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	01 - Adm	01/16/2015	01/21/2015	New	00

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

* Fictitious, sample data is depicted.

HOSPICE ROSTER

The Hospice Roster report lists the patients of a provider on the day the report is run. Only patients for whom the most recent accepted HIS record is not a discharge record (A0250 = 09) are reported.

The criteria selection page (Figure 3-22) for the Hospice Roster report presents no options for provider users.


Figure 3-22. CASPER Reports Submit Page – Hospice Roster Report

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with buttons for 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below this, a yellow box displays 'Report: Hospice Roster'. The main area contains two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'Hospice Roster'. To the right of these menus are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

The Hospice Roster report (Figure 3-23) details the following for each patient of the hospice for whom the most recent HIS record submitted was not a discharge record.

- Patient ID
- Patient Name (last name and first name)
- Social Security Number
- Date of Birth
- Gender
- Admission Date
- Submission Date

Figure 3-23. Hospice Roster Report*

		CASPER Report (WI) Hospice Roster Report			Run Date: 01/24/2017 Page 26 of 26	
CCN:	521547					
Facility ID:	435363					
Provider Name:	HOSPICE TOUCH					
Provider City:	TOMAH					
Patient ID	Patient Name	SSN	DOB	Gender	Admission Date	Submission Date
37202356	[REDACTED]	[REDACTED]	[REDACTED]	M	07/01/2018	09/20/2018
37202357	[REDACTED]	[REDACTED]	[REDACTED]	M	07/01/2018	09/20/2018
37202358	[REDACTED]	[REDACTED]	[REDACTED]	M	07/01/2018	09/20/2018
Total Number of Patients = 453						
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 is depicted.

The total number of patients is provided.

HOSPICE SUBMITTER FINAL VALIDATION

The Hospice Submitter Final Validation Report provides detailed information about the status of a select submission file. The report indicates whether the records submitted were accepted or rejected and details the warning and fatal errors encountered.

NOTE: The Hospice Submitter Final Validation Report can be requested by the user who submitted a file. The User ID of the requestor must match the User ID of the submitter.

The criteria selection page (Figure 3-24) for the Hospice Submitter Final Validation Report presents a *Submission ID* field.

Figure 3-24. CASPER Reports Submit Page - Hospice Submitter Final Validation Report

You must enter a valid *Submission ID*.

Only those submissions for facilities to which your User ID is authorized are allowed.


The Hospice Submitter Final Validation Report (Figure 3-25) details the following for the specified submission file.

Report Field	Report Field Description
CMS Submission Report	This is the title of the report.
Hospice Submitter Final Validation Report	This is the sub-title of the report.
Submission Date/Time	The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
Submission ID	The unique identifier assigned to the submission file when it was received by the system.
Submitter User ID	The user ID of the submitter.
Submission File Name	The name of the .zip file submitted.
Submission File Status	The status of the submitted file – Completed.

Report Field	Report Field Description
Processing Completion Date/Time	The date and time that the processing of the file was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
# Records Processed	The total number of records that were processed for the provider from the submission file.
# Records Accepted	The total number of records that were saved to the database from the submission file.
# Records Rejected	The total number of records for the provider that were not saved to the database because of fatal errors in the record.
# Duplicate Records	The total number of records for the provider that were not saved into the database because they were duplicate records.
# Records Submitted Without Provider Authority	The total number of records for the provider that were submitted by a user without authority to submit for the provider.
# Invalid Records	The total number of records from the submission file that could not be processed due to a file defect. For example, record was not an XML file (.doc, .jpg) or was not a properly formed XML file.
Total # of Messages	The total number of errors (fatal errors and warnings) for all records for the provider in the submission file.
Record	The record ID.
Accepted, Rejected, or Invalid Status	The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. Invalid displays when the record could not be validated because it was an invalid XML or unexpected type of file, such as a Word doc. NOTE: Records with an Invalid status are available only on the Hospice Submitter Final Validation report.
Provider CCN	The CMS Certification Number (Medicare provider number) of the provider that created the HIS record.
FAC_ID	The unique identifier assigned to a provider by the QIES ASAP system. Also known as a Facility ID.
Provider Name	The name of the provider that created the HIS record.
State Code	The provider's two-character state code.
Name (A0500C, A)	The patient's last (A0500C) name and first (A0500A) name.
Birth Date (A0900)	The patient's birth date (A0900).
SSN (A0600A)	The patient's Social Security Number (A0600A).
Gender (A0800)	The patient's gender (A0800A).
Medicare Num (A0600B)	The patient's Medicare Number (A0600B).
Patient ID	The unique identifier assigned to the patient by the QIES ASAP system. The combination of state code and resident internal ID uniquely identifies the patient in the national repository. Zero displays in the field if the patient is new and the record is rejected.

Report Field	Report Field Description
Target Date	The target date of the HIS record. The target date is the Admission Date (A0220) for an admission record and the Discharge Date (A0270) for a discharge record.
Type of Record	The type of record: New Record, Modification or Inactivation. If = 1, this record is a new original HIS. If = 2, the current record is a request to modify an existing record. If = 3, the current record is a request to inactivate an existing record.
HIS_ID	The unique ID assigned to the HIS record by the QIES ASAP system. Also known as Item Set ID.
Reason for Record (A0250)	The reason for the record. 01 = Admission; 09 = Discharge.
XML File Name	The name of the XML file submitted.
HIS Item(s)	The Hospice item identifier(s) of the items in error (either fatal or warning). NOTE: If values are compared for more than one field at a time, both item identifiers display.
Data Submitted	The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.
Message Number/Severity	The number used to identify the error that was encountered for the corresponding field. The severity of the error is identified as either Warning or Fatal.
Message	The description of the error that was encountered for the corresponding field.

Figure 3-25. Hospice Submitter Final Validation Report*

		CMS Submission Report Hospice Submitter Final Validation Report		Run Date: 10/21/2015 Page 1 of 1
Submission Date/Time:		09/01/2016 14:22:31		
Submission ID:		223805		
Submitter User ID:		[REDACTED]		
Submission File Name:		20151020.zip		
Submission File Status:		Completed		
Processing Completion Date/Time:		09/01/2016 14:24:01		
# Records Processed:		1		
# Records Accepted:		1		
# Records Rejected:		0		
# Duplicate Records:		0		
# Records Submitted Without Provider Authority:		0		
# Invalid Records:		0		
Total # of Messages:		1		

Record: 1		Accepted		
Provider CCN: 221541		FAC_ID: 261374		
Provider Name: VISITING NURSE HOSPICE		State Code: MA		
Name (A0500C, A): [REDACTED]		Birth Date (A0900): [REDACTED]		
SSN (A0600A): [REDACTED]		Gender (A0800): M		
Medicare Num:(A0600B): [REDACTED]		Patient ID: 17849425		
Target Date: 04/05/2016		Type of Record (A0050): NEW RECORD		
HIS ID: 1380267		Reason for Record (A0250): 01		
XML File Name:		20151020.xml		
HIS Item(s):		A0250, Submission Date, A0220		
Data Submitted:		01, 09/01/2016, 04/05/2016		
Message Number/Severity:		-3034a WARNING		
Message:		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.		

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

* Fictitious, sample data is depicted.

The report is sorted by State, Provider ID, Patient Name, Submission Processing Order Number, Error Type Description, and Item in Error Text.

HOSPICE TIMELINESS COMPLIANCE THRESHOLD REPORT

The Hospice Timeliness Compliance Threshold report summarizes the number and percentage of HIS records submitted within the 30-day submission deadline for the Annual Payment Update (APU) determination.

The criteria selection page (Figure 3-26) for the Hospice Timeliness Compliance Threshold report presents *Fiscal Year (FY)* options.

Figure 3-26. CASPER Reports Submit Page – Hospice Timeliness Compliance Threshold Report

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Timeliness Compliance Threshold Report

Fiscal Year (FY): 2022

Template Folder: My Favorite Reports

Template Name: Hospice Timeliness Compliance Threshold Report

Submit Back Save & Submit Save

Select the appropriate APU fiscal year from the *Fiscal Year (FY)* drop-down list. For example, HIS records submitted in 2016 are considered for the 2018 FY APU.

The Hospice Timeliness Compliance Threshold report (Figure 3-27) details the following.


- CMS Certification Number (CCN)
- Provider Name
- Provider City/State
- Date of Collection Start Date
- Date of Collection End Date
- # of HIS Records Submitted
- # of HIS Records Submitted and Accepted within 30 days
- % of HIS Records Submitted and Accepted within 30 days
- Did Provider Meet the 90% Compliance Threshold*

A footnote (*) details the following:

Per requirements set forth by CMS, 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 APU and beyond. Extensions and exceptions approved according to CMS policy have not been applied in the score calculations. As such, the score in this report is considered preliminary.

NOTE: The Hospice Timeliness Compliance Threshold Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 3-27. Hospice Timeliness Compliance Threshold Report

	Run Date: 12/30/2020 Page 1 of 1
CASPER Report FY2022 Hospice Timeliness Compliance Threshold Report	
CCN:	
Provider Name:	
Provider City/State:	
Date of Collection Start Date:	01/01/2020
Date of Collection End Date:	12/31/2020
# of HIS Records Submitted:	17
# of HIS Records Submitted and Accepted within 30 days:	15
% of HIS Records Submitted and Accepted within 30 days:	88%
Did Provider Meet the 90% Compliance Threshold:	No*
<p>*Per requirements set forth by CMS, 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 APU and beyond. Extensions and exceptions approved according to CMS policy have not been applied in the score calculations. As such, the score in this report is considered preliminary.</p>	
<p>This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>	