



CASPER Reports for Hospices



Training Outline: Module 7

- Accessing CASPER Reporting System
- Hospice Provider Reports
- CASPER Reporting User's Guide
- QTSO Help Desk Information



Accessing CASPER Reporting System

- CASPER Reporting system contains the system-generated Hospice Final Validation Report and other reports for hospice providers
- A Link to access the CASPER Reporting system is available on the CMS Hospice Welcome page
- Log into the CASPER Reporting system using your QIES User ID and password



Hospice Provider Reports

- Hospice Provider Reports
 - Beginning July 1, 2014, there will be nine reports available in the Hospice Provider reports category
 - Hospice Admissions
 - Hospice Discharges
 - Hospice Error Number Summary by Provider by Vendor
 - Hospice Final Validation
 - Hospice Item Set Print
 - Hospice Item Set Submission Statistics by Provider
 - Hospice Item Sets Submitted
 - Hospice Roster
 - Hospice Submitter Final Validation



Hospice Admissions

Run Date: 10/25/2013

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**CASPER Report
(TX) Hospice Admissions
from 07/01/2014 thru 12/30/2014**

Facility ID: 1218485
Provider Name: BUCKNER HOSPICE
Provider City: AUSTIN

<u>Res Int ID</u>	<u>Patient Name</u>	<u>SSN</u>	<u>DOB</u>	<u>Gender</u>	<u>Admission Date</u>	<u>Submission Date</u>
17833922	HOSPCL01, HOSPCF01	111-22-3301	01/01/1921	M	12/01/2014	01/03/2015
17833923	HOSPCL02, HOSPCF02	111-22-3302	01/02/1921	M	12/02/2014	01/03/2015
17833924	HOSPCL03, HOSPCF03	111-22-3303	01/03/1921	M	12/03/2014	01/03/2015
17833925	HOSPCL04, HOSPCF04	111-22-3304	01/04/1921	M	12/04/2014	01/03/2015
17833926	HOSPCL05, HOSPCF05	111-22-3305	01/05/1921	M	12/05/2014	01/03/2015
17833927	HOSPCL06, HOSPCF06	111-22-3306	01/06/1921	M	12/06/2014	01/03/2015
17833928	HOSPCL07, HOSPCF07	111-22-3307	01/07/1921	M	12/07/2014	01/03/2015
17833929	HOSPCL08, HOSPCF08	111-22-3308	01/08/1921	M	12/08/2014	01/03/2015
17833930	HOSPCL09, HOSPCF09	111-22-3309	01/09/1921	M	12/09/2014	01/03/2015
17833931	HOSPCL10, HOSPCF10	111-22-3310	01/10/1921	M	12/10/2014	01/03/2015
17780752	SANDS507723, DIEGO	400-50-7723	11/05/1931	M	11/01/2014	10/18/2013
17780761	SANDS507741, DIEGO	400-50-7741	11/05/1931	M	12/01/2014	10/18/2013

Total Number of Admissions: 12

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



Hospice Discharges

Run Date: 10/28/2013

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CASPER Report
(TX) Hospice Discharges
from 07/01/2014 thru 12/30/2014

Facility ID: 1218485
Provider Name: BUCKNER HOSPICE
Provider City: AUSTIN

Res Int ID	Patient Name	SSN	DOB	Gender	Discharge Date	Submission Date
17780752	SANDS507723, DIEGO	████████	████████	M	12/01/2014	10/18/2013

Total Number of Discharges: 1

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HIS Error Number Summary by Provider by Vendor

Run Date: 01/22/2014

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CASPER Report
(TX) Hospice Item Set Error Number Summary by Provider by Vendor
from 07/01/2014 thru 10/06/2014

Facility ID: 1310179
Provider Name: ALAMO HOSPICE
Provider City: BOERNE

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

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Hospice Final Validation

CMS Submission Report		Page 1 of 3
Hospice Final Validation Report		
Submission Date/Time:	01/03/2015 14:45:57	
Submission ID:	26	
Submitter User ID:	TXUE	
Submission File Name:	hospctest.zip	
Submission File Status:	Completed	
Processing Completion Date/Time:	10/23/2013 14:51:09	
FAC_ID:	1218485	
Provider Name:	BUCKNER HOSPICE	
Provider CCN:	671639	
State Code:	TX	
# Records Processed:	10	
# Records Accepted:	10	
# Records Rejected:	0	
# Duplicate Records:	0	
# Records Submitted Without Provider Authority:	0	
Total # of Messages:	0	
<hr/>		
Record: 1	Accepted	
Name (A0500C, A): HOSPCL01, HOSPCF01	Birth Date (A0900): 01/01/1921	
SSN (A0600A): 111-22-3301	Gender (A0800): M	
Res_Int_ID: 17833922		
Target Date: 12/01/2014	Type of Record (A0050): NEW RECORD	
HIS_ID: 137	RFA (A0250): 01	
XML File Name:	f01.xml	



Hospice Item Set Print

Run Date: 02/11/2014

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CASPER Report Hospice Item Set Print

State: TX

Facility ID (FAC_ID): 1218485

Provider Name: Provider Name: BUCKNER HOSPICE

Patient Name: SANDS507723, DIEGO

Item Set ID: 756

ISC: HD - Hospice: discharge

SECTION A: Administrative Information

A0050	Type of record	1 - Add new record
A0100A	Facility National Provider Identifier (NPI)	^
A0100B	Facility CMS Certification Number (CCN)	671639
A0220	Admission date	11/01/2014
A0250	Reason for record	09 - Discharge
A0270	Discharge date	12/01/2014
A0500A	Patient first name	DIEGO
A0500B	Patient middle initial	^
A0500C	Patient last name	SANDS507723
A0500D	Patient name suffix	MR
A0600A	Social Security Number	██████████
A0600B	Patient Medicare/railroad insurance number	██████████
A0700	Patient Medicaid number	+
A0800	Gender	1 - Male
A0900	Birthdate	██████████
A2115	Reason for discharge	06 - Discharged for cause

SECTION Z: Record Administration

Z0500B	Date of signature verifying record completion	01/01/2015
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HIS Submission Statistics by Provider

Run Date: 10/28/2013

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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 Reject
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

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Hospice Item Sets Submitted

Run Date: 02/24/2014

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CASPER Report
(TX) Hospice Item Sets Submitted
from 07/01/2014 thru 01/31/2015

Facility ID: 1218485
Provider Name: BUCKNER HOSPICE
Provider City: AUSTIN

Patient ID	Patient Name	SSN	DOB	Gender	HIS Reason	Target Date	Submission Date	Type Rec	Corr Num
17836322	[REDACTED]	[REDACTED]	[REDACTED]	M	01 - Adm	10/04/2014	04/27/2015	New	00
17780752	[REDACTED]	[REDACTED]	[REDACTED]	M	09 - Dschrg	12/01/2014	03/20/2015	New	00

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Hospice Roster

Run Date: 10/28/2013

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CASPER Report (TX) Hospice Roster Report

Facility ID: 1218485
Provider Name: BUCKNER HOSPICE
Provider City: AUSTIN

Res Int ID	Patient Name	SSN	DOB	Gender	Admission Date	Submission Date
17833922	HOSPCL01, HOSPCF01	111-22-3301	01/01/1921	M	12/01/2014	01/03/2015
17833923	HOSPCL02, HOSPCF02	111-22-3302	01/02/1921	M	12/02/2014	01/03/2015
17833924	HOSPCL03, HOSPCF03	111-22-3303	01/03/1921	M	12/03/2014	01/03/2015
17833925	HOSPCL04, HOSPCF04	111-22-3304	01/04/1921	M	12/04/2014	01/03/2015
17833926	HOSPCL05, HOSPCF05	111-22-3305	01/05/1921	M	12/05/2014	01/03/2015
17833927	HOSPCL06, HOSPCF06	111-22-3306	01/06/1921	M	12/06/2014	01/03/2015
17833928	HOSPCL07, HOSPCF07	111-22-3307	01/07/1921	M	12/07/2014	01/03/2015
17833929	HOSPCL08, HOSPCF08	111-22-3308	01/08/1921	M	12/08/2014	01/03/2015
17833930	HOSPCL09, HOSPCF09	111-22-3309	01/09/1921	M	12/09/2014	01/03/2015
17833931	HOSPCL10, HOSPCF10	111-22-3310	01/10/1921	M	12/10/2014	01/03/2015
17780761	SANDS507741, DIEGO	400-50-7741	11/05/1931	M	12/01/2014	10/18/2013

Total Number of Patients: 11



Hospice Submitter Final Validation

CMS Submission Report		Page 1 of 2
Hospice Submitter Final Validation Report		
Submission Date/Time:	04/24/2015 13:56:33	
Submission ID:	161	
Submitter User ID:	HOSPC [REDACTED]	
Submission File Name:	HIS_20141001.zip	
Submission File Status:	Completed	
Processing Completion Date/Time:	02/11/2014 14:01:09	
# Records Processed:	3	
# Records Accepted:	0	
# Records Rejected:	3	
# Duplicate Records:	0	
# Records Submitted Without Provider Authority:	0	
# Invalid Records:	0	
Total # of Messages:	3	
<hr/>		
Record: 1	Rejected	
Provider CCN: 221541	FAC_ID: 261374	
Provider Name: VISITING NURSE HOSPICE	State Code: MA	
Name (A0500C, A): TEST00411, TESTING	Birth Date (A0900):	
SSN (A0600A): 999-00-5414	Gender (A0800):	
Patient ID: 0		
Target Date: 09/28/2014	Type of Record (A0050): NEW RECORD	
HIS ID: 810	RFA (A0250): 09	
XML File Name: June2014_A0100A_A0100A.1.2_POS_DG_1.xml		
HIS Item(s): ITM_SBST_CD		
Data Submitted:		
Message Number/Severity: -903 FATAL		
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.	
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CASPER Reporting User's Guide

- CASPER Reporting User's Guide
 - Available on the Hospice Training and Education page on the QTSO website or on the CMS Hospice Welcome page
 - Four sections of the manual
 - Section 1 – Introduction
 - Section 2 – Functionality
 - Section 3 – Hospice Provider Reports
 - Appendix A – Quick Reference Guide to Hospice File Submissions, Submission Status and Final Validation Reports



Conclusion

- This is the final module in the series of technical training modules for the QIES ASAP and CASPER Reporting systems.
- These recorded training modules will be available indefinitely as a reference tool.
- There is no limit to the number of times that you or other staff members for your provider may view this recording.



QTSO Help Desk Support

- If you require assistance with any of the functions outlined in these training modules, contact the QTSO Help Desk by:
 - Phone at (877) 201-4721
 - E-mail at help@qtso.com