3

HOSPICE PROVIDER REPORTS

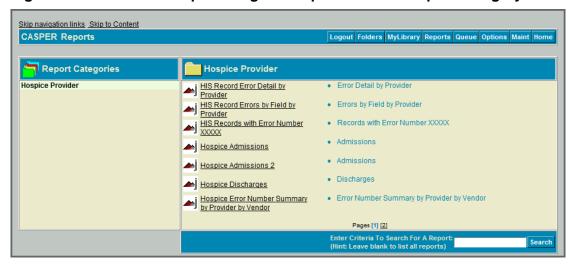
| GENERAL INFORMATION | 3 |
|--|----|
| HIS RECORD ERROR DETAIL BY PROVIDER | 5 |
| HIS RECORD ERRORS BY FIELD BY PROVIDER | 7 |
| HIS RECORDS WITH ERROR NUMBER XXXXX | 10 |
| HOSPICE ADMISSIONS | 13 |
| HOSPICE DISCHARGES | 15 |
| HOSPICE ERROR NUMBER SUMMARY BY PROVIDER BY VENDOR | 17 |
| HOSPICE FINAL VALIDATION | 19 |
| HOSPICE ITEM SET PRINT | 24 |
| HOSPICE ITEM SET SUBMISSION STATISTICS BY PROVIDER | 26 |
| HOSPICE ITEM SETS SUBMITTED | 28 |
| HOSPICE ROSTER | 30 |
| HOSPICE SUBMITTER FINAL VALIDATION | 32 |
| HOSPICE TIMELINESS COMPLIANCE THRESHOLD REPORT | 36 |
| | |

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 <u>Hospice Provider</u> 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.

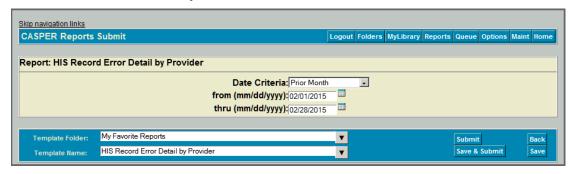
NOTE: Hospice Provider reports are automatically purged after 60 days.

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



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

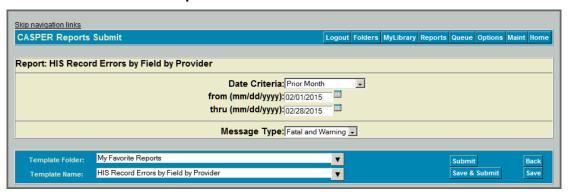
| Run Date: 03/20/2 | 015 | | | | Page 10 of 112 |
|--------------------------------------|---|-------------|---|-----------------------|----------------|
| | | CASI | PER Report | | |
| | | | Error Detail by Provider 014 thru 03/20/2015 | | |
| CCN: Provider Nar Provider Cit | | | | | |
| HIS ID: Submission | 548781 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: Submission | 548782 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 priva | cy protecte | ed data and should not be re | leased 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



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

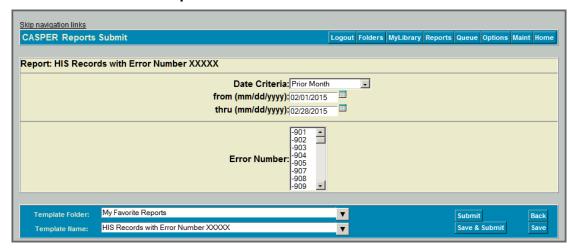
Run Date: 03/20/2015 Page 4 of 24 **CASPER Report** (NV) HIS Record Errors by Field by Provider from 10/01/2014 thru 03/20/2015 CCN: CIRCLE OF LIFE HOSPICE RENO Provider Name: Provider City: Message Type: Fatal and Warning Total HIS Records Submitted: 15 Number of HIS Records Percent of HIS Records Error Num Error Message HIS Item(s) Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special F2100B 6.67 -3010 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 -3033b A0250, A0270, Z0500B 6.67 7 days. Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 6.67 -3034a A0250, Submission Date, A0220 30 days. -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 A0250, Submission Date, A0270 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



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

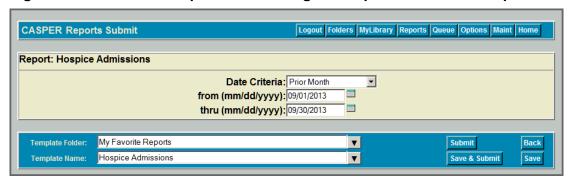
Run Date: 03/25/2015 Page 1 of 1 **CASPER Report** (NV) HIS Records with Error Number -903 from 10/01/2014 thru 03/25/2015 CCN: 291509
Provider Name: CIRCLE OF LIFE HOSPICE Provider City: RENO Error Number: Required Item Missing or Invalid: Based on the Hospice Item Set Data Specifications in effect on the target date of this record, this item is required. Error Message: Submission Last Name First Name 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



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*

| | f | CASPER Repo (TX) Hospice Admis rom 10/01/2014 thru 1 | ssions | | | |
|--|--|--|------------|--------|-------------------|--------------------|
| Facility ID: Provider Name: Provider City: | 410347 LA MARIPOSA HOSPICE 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 A | Admissions: 2 | | | | | |
| | | | | | | |
| | | | | | | |

^{*} Fictitious, sample data is depicted.

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

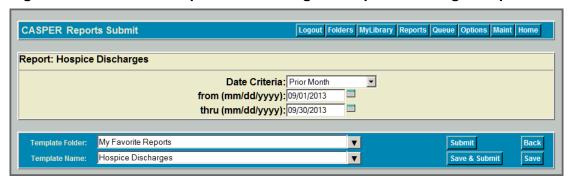
The total number of admissions is provided.

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



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

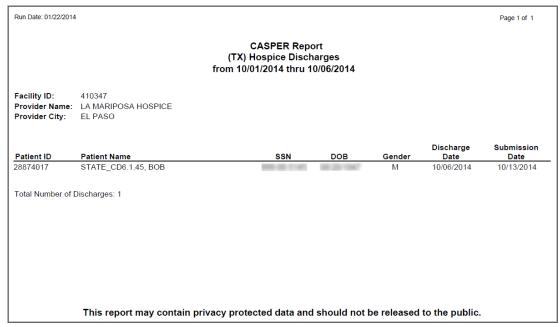
- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterdav

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*



^{*} Fictitious, sample data is depicted.

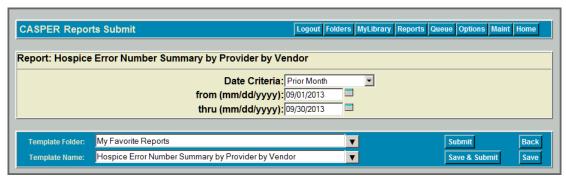
The total number of discharges is provided.

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



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 | dor by Vandar | Page 1 of 1 |
|----------------------|--|-------------------|-----------------------------|
| | (TX) Hospice Item Set Error Number Summary by Provi from 07/01/2014 thru 10/06/2014 | der by Vendor | |
| Facility ID: | 1310179 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 Err | ors = 9 | | |
| Trovidor rotal En | 5.5 | | |
| | | | |
| | | | |
| | | | |
| | This report may contain privacy protected data and should not be | released to the p | ublic. |

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.

CASPER Reports Submit

Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice Final Validation

Submission ID:

Date Criteria:

from (mm/dd/yyyy):
thru (mm/dd/yyyy):

Template Folder:
Template Folder:
Hospice Final Validation

V Submit Back
Save & Submit Save

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

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 | This is the title of the report. |
| Report | |
| Hospice Final | This is the sub-title of the report. |
| Validation 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 | The date and time that the processing of the file was |
| Date/Time | 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 |
| I AC_ID | ASAP system. Also known as a Facility ID. |
| Provider CCN | The CMS Certification Number (Medicare provider number) |
| Provider CCN | of the provider that created the HIS record. |
| Drovidor Nome | |
| 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 | The total number of records for the provider that were |
| Without Provider | submitted by a user without authority to submit for the |
| Authority | 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 | The patient's Medicare Number (A0600B). |
| (A0600B) | The patient's Wedicare Number (7,0000B). |
| Patient ID | The unique identifier assigned to the patient by the QIES |
| T dilotti 12 | 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 |
| Target Bate | 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 |
| (A0050) | Inactivation. If A0050 = 1, this record is a new original HIS. |
| (7.0000) | 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 | |
| חוס_וח | The unique ID assigned to the HIS record by the QIES |
| Doggon for Doggra | ASAP system. Also known as Item Set ID. |
| Reason for Record | The reason for the record. 01 = Admission; 09 = |
| (A0250) | 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 | The number used to identify the error that was encountered |
| Number/Severity | 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*

| COMS H | CMS Submission Report ospice Final Validation Report | Run Date: 10/22/2015 Page 1 of 1 |
|---|--|-------------------------------------|
| Submission Date/Time: Submission ID: | 09/01/2016 14:22:31 223805 | |
| Submitter User ID: Submission File Name: Submission File Status: Processing Completion Date/Time: | 20151020.zip Completed 09/01/2016 14:24:01 | |
| FAC_ID: Provider Name: Provider CCN: State Code: | 261374 VISITING NURSE HOSPICE 221541 MA | |
| # Records Processed: # Records Accepted: # Records Rejected: # Duplicate Records: # Records Submitted Without Provider Auth Total # of Messages: | 1 1 0 0 ority: 0 | |
| Record: 1 | Accepted | |
| Name (A0500C, A): SSN (A0600A): Medicare Num:(A0600B): | Birth Date (A0900): Gender (A0800): M Patient ID: 17849425 | |
| Target Date: 04/05/2016 HIS_ID: 1380267 XML File Name: | Type of Record (A0050): NEW RECOR Reason for Record (A0250): 01 20151020.xml | RD |
| HIS Item(s): Data Submitted: Message Number: Message: | A0250, Submission Date, A0220 01, 09/01/2016, 04/05/2016 -3034a WARNING Record Submitted Late: If A0250 is equal Submission Date minus A0220 (Admissi equal to 30 days. | |

^{*} Fictitious, sample data is depicted.

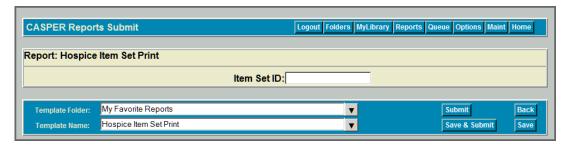
The report is sorted by State ID, Facility ID, Submission ID, Last Name, First Name, Submission Processing Order Number, HIS ID, Error Type Description, Item in Error Text, and Value in Error Text.

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



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
 - o 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 | Run Date: 01/24/20 |
|-------------------------------|--|--|
| (CM | S Hospice Item Set Prin | t Page 1 of 3 |
| CENTERS FOR MEDICARE & MEDIC | AID SERVICES | |
| State: | WI | |
| Facility ID (FAC_ID): | 435363 | |
| Provider Name: | HOSPICE TOUCH | |
| Patient Name: Item Set ID: | AACL0004, AAC0004 6532585 | |
| ISC: | HA - HOSPICE: ADMISSION | |
| SECTION A: Admin | istrative 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 |
| A1000A | Ethnicity: American Indian or Alaska Native | 0 - Not checked (No) |
| 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) |
| | | 0 - Not checked (No) |
| A1400G | Payor: Other Government | |
| A1400G A1400H | Payor: Other Government Payor: Private insurance/Medigap | 0 - Not checked (No) |
| | • | 0 - Not checked (No) 0 - Not checked (No) |
| A1400H | Payor: Private insurance/Medigap | • • |
| A1400H A1400I A1400J | Payor: Private insurance/Medigap Payor: Private managed care | 0 - Not checked (No) 0 - Not checked (No) |

^{*} 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.

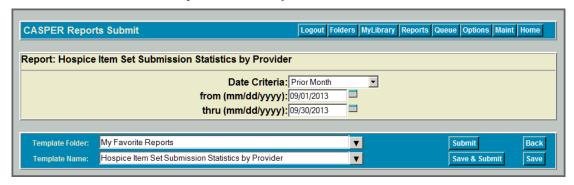
NOTE: The Hospice Item Set Print report contains privacy information.

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



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

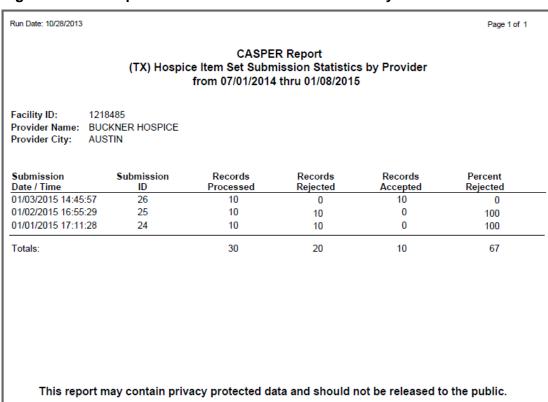
- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

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



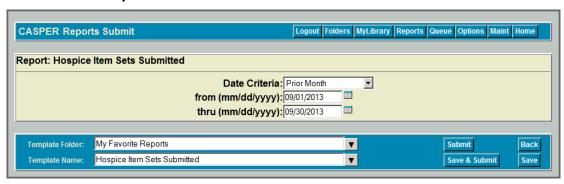
The total number of records processed, records rejected, records accepted, and the percent rejected is provided.

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



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 Dav
- 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*

| CENTERS FOR | MS R MEDICAID SERVICES | (M | | ER Report | hmittad | | | Run Date: 01. Page 33 of | | |
|--|---------------------------|--------------------------|--|-------------|---------|---------------|----------------|--------------------------|-------------|------|
| | | | A) Hospice It rom 01/01/20 [,] | | | | | | | |
| Facility ID: Provider Nai Provider Cit | | COPICE | | | | | | | | |
| Patient ID | Patient Name | SSN | Medicare Num | DOB | Gender | HIS Reason | Target Date | Submission Date | Type Rec | Cori |
| 28846368 | SUATSCRIP. | D2-78-907 | | - | M | 01 - Adm | 04/30/2015 | 05/06/2015 | New | 00 |
| 31249393 | 90x71 | 100.00 | ٨ | 0013190 | F | 09 - Dschrg | 12/20/2014 | 01/06/2015 | New | 00 |
| 31249393 | 96675 | 100.00 | ٨ | 0813190 | F | 01 - Adm | 12/17/2014 | 01/06/2015 | New | 00 |
| 27649834 | 960,044 | DESCRIPTION OF THE PARTY | 11000 | 0.00 | F | 01 - Adm | 01/07/2015 | 01/16/2015 | New | 00 |
| 27649834 | 985, CM. | 010 Ja Jaco | DOMESTIC | 0.00 | F | 09 - Dschrg | 02/01/2015 | 02/04/2015 | New | 00 |
| 12111727 | MARKETS. | ((4.040) | DOMESTIC | 1012100 | M | 01 - Adm | 01/16/2015 | 01/21/2015 | New | 00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | This report may | , contain priva | v protected | data and ch | ould no | t bo rologe | and to the | nublic | | |

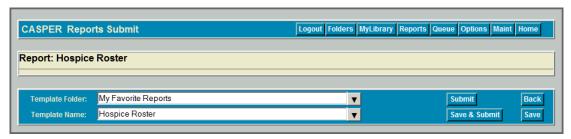
^{*} Fictitious, sample data is depicted.

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 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*

CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider City: TOMAH

CASPER Report (WI) Hospice Roster Report Run Date: 01/24/2017 Page 26 of 26

CCN: 521547
Facility ID: 435363
Provider Name: HOSPICE TOUCH

| Patient ID | Patient Name | SSN | DOB | Gender | Admission Date | Submission Date |
|------------|----------------------|--------------|------------|--------|-------------------|--------------------|
| 37202356 | ZHCVLMUR, ZHCVMUR | 300 44 11(0) | SUPER TREE | M | 07/01/2018 | 09/20/2018 |
| 37202357 | ZHCH, BEST, ZHCHBEST | 300-44-1121 | 21-21-1021 | M | 07/01/2018 | 09/20/2018 |
| 37202358 | ZWCH,8023, ZWCH8022 | 988-88 1122 | 5241162 | 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.

The total number of patients is provided.

^{*} Fictitious, sample data is depicted.

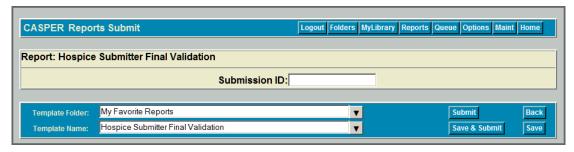
HOSPICE SUBMITTER FINAL VALIDATION

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 | This is the title of the report. |
| Report | |
| Hospice Submitter | This is the sub-title of the report. |
| Final Validation 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 | The status of the submitted file – Completed. |
| Status | |

| Report Field | Report Field Description |
|---------------------------------------|---|
| Processing | The date and time that the processing of the file was |
| Completion Date/Time | 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 | The total number of records for the provider that were |
| Without Provider | submitted by a user without authority to submit for the |
| Authority | 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 |
| Danasi | 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 |
| invalid Status | 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 | The patient's Medicare Number (A0600B). |
| (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 | The reason for the record. 01 = Admission; 09 = |
| (A0250) | 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 | The number used to identify the error that was |
| Number/Severity | 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*

| CINTES FOR MIDICALLY SAFETY STATES | 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: Submission File Name: Submission File Status: Processing Completion Date/Time: | 20151020.zip Completed 09/01/201614:24:01 | |
| # Records Processed: # Records Accepted: # Records Rejected: # Duplicate Records: # Records Submitted Without Provider Autho # Invalid Records: Total # of Messages: | 0 1 | |
| Record: 1 | Accepted | |
| Provider CCN: 221541 Provider Name: VISITING NURSE HOSPICE | FAC_ID: 261374 State Code: MA | |
| Name (A0500C, A): SSN (A0600A): Medicare Num:(A0600B): | Birth Date (A0900): Gender (A0800): M Patient ID: 17849425 | |
| Target Date: 04/05/2016 HIS ID: 1380267 XML File Name: | Type of Record (A0050): NEW RECORD Reason for Record (A0250): 01 20151020.xml | |
| HIS Item(s): Data Submitted: Message Number/Severity: Message: | A0250, Submission Date, A0220 01, 09/01/2016, 04/05/2016 -3034a WARNING Record Submitted Late: If A0250 is equal to 01 (A Submission Date minus A0220 (Admission Date) or equal to 30 days. | |

^{*} 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



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

CENTS FOR MEDICARE A MEDICARD SURVICES

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:

HOSPICE AND HOME CARE OF A MEAN

ARREST AN

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*

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

Any alteration to this report is strictly prohibited.

^{*}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.