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.
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**

*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
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

<table>
<thead>
<tr>
<th>Error Num</th>
<th>Error Message</th>
<th>HIS Item(s)</th>
<th>Number of HIS Records</th>
<th>Percent of HIS Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3019</td>
<td>Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special character.</td>
<td>F2100B</td>
<td>1</td>
<td>6.67</td>
</tr>
<tr>
<td>-3033a</td>
<td>Record Completed Lat: If A0250 is equal to 06 (Discharge), then Z0500B (Date of Signature Verifying Record Completion) minus A0270 (Discharge Date) should be less than or equal to 7 days.</td>
<td>A0250, A0270, Z0500B</td>
<td>1</td>
<td>6.67</td>
</tr>
<tr>
<td>-3034a</td>
<td>Record Submitted Late: If A0220 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.</td>
<td>A0220, Submission Date, A0220</td>
<td>1</td>
<td>6.67</td>
</tr>
<tr>
<td>-3034b</td>
<td>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.</td>
<td>A0250, Submission Date, A0270</td>
<td>1</td>
<td>6.67</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Last Name</th>
<th>First Name</th>
<th>HIS ID</th>
<th>HIS Item(s)</th>
<th>Submitted Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2014</td>
<td></td>
<td></td>
<td>548761</td>
<td>A0270</td>
<td></td>
</tr>
</tbody>
</table>

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**

* 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
- 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*

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Gender</th>
<th>Discharge Date</th>
<th>Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>28574617</td>
<td>STATE_CD:1,45, DOB</td>
<td></td>
<td></td>
<td>M</td>
<td>10/06/2014</td>
<td>10/13/2014</td>
</tr>
</tbody>
</table>

Total Number of Discharges: 1

* Fictitious, sample data is depicted.

The total number of discharges is provided.
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**

<table>
<thead>
<tr>
<th>Error #</th>
<th>Error Message</th>
<th># of Errors</th>
<th>% of HISA with the Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>-907</td>
<td>Duplicate Record: The submitted record is a duplicate of a previously submitted record.</td>
<td>4</td>
<td>50.00</td>
</tr>
<tr>
<td>-3002a</td>
<td>Inconsistent Dates: The dates listed are inconsistent.</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td>-3004a</td>
<td>Record Completed Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0230 (Admission Date) should be less than or equal to 30 days.</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td>-3051b</td>
<td>Invalid Skip Pattern: If N0520A is equal to 2, then if N0520B is active it must not equal blank.</td>
<td>1</td>
<td>12.50</td>
</tr>
</tbody>
</table>

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

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).

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>This is the title of the report.</td>
</tr>
<tr>
<td>Hospice Final Validation Report</td>
<td>This is the sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second. <em>mm/dd/yyyy hh:mm:ss</em></td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it was received by the system.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>The date and time that the processing of the file was complete. The time is recorded to the nearest second. <em>mm/dd/yyyy hh:mm:ss</em></td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>FAC_ID</td>
<td>The unique identifier assigned to a provider by the QIES ASAP system. Also known as a Facility ID.</td>
</tr>
<tr>
<td>Provider CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the provider that created the HIS record.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>The name of the provider that created the HIS record.</td>
</tr>
<tr>
<td>State Code</td>
<td>The provider’s two-character state code.</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The total number of records from the submission file that were processed for the provider.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records from the submission file that were saved to the database.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records for the provider that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records for the provider that were not saved into the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority</td>
<td>The total number of records for the provider that were submitted by a user without authority to submit for the provider.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all records for the provider in the submission file.</td>
</tr>
<tr>
<td>Record</td>
<td>The unique identifier assigned to each record on the report.</td>
</tr>
<tr>
<td>Status</td>
<td>The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected.</td>
</tr>
<tr>
<td>NOTE: Records with an Invalid status are available only on the Hospice Submitter Final Validation report.</td>
<td></td>
</tr>
<tr>
<td>Name (A0500C, A)</td>
<td>The patient’s last (A0500C) name and first (A0500A) name.</td>
</tr>
<tr>
<td>Birth Date (A0900)</td>
<td>The patient’s birth date (A0900).</td>
</tr>
<tr>
<td>SSN (A0600A)</td>
<td>The patient’s Social Security Number (A0600A).</td>
</tr>
<tr>
<td>Gender (A0800)</td>
<td>The patient’s gender (A0800A).</td>
</tr>
<tr>
<td>Medicare Num (A0600B)</td>
<td>The patient’s Medicare Number (A0600B).</td>
</tr>
<tr>
<td>Patient ID</td>
<td>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.</td>
</tr>
<tr>
<td>Target Date</td>
<td>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.</td>
</tr>
<tr>
<td>Type of Record (A0050)</td>
<td>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.</td>
</tr>
<tr>
<td>HIS_ID</td>
<td>The unique ID assigned to the HIS record by the QIES ASAP system. Also known as Item Set ID.</td>
</tr>
<tr>
<td>Reason for Record (A0250)</td>
<td>The reason for the record. 01 = Admission; 09 = Discharge.</td>
</tr>
<tr>
<td>XML File Name</td>
<td>The name of the XML file submitted.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HIS Item(s)</td>
<td>The Hospice item identifier(s) of the items in error (either fatal or warning). <strong>NOTE</strong>: If values are compared for more than one field at a time, both item identifiers display.</td>
</tr>
<tr>
<td>Data Submitted</td>
<td>The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td>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.</td>
</tr>
<tr>
<td>Message</td>
<td>The description of the error that was encountered for the corresponding field.</td>
</tr>
</tbody>
</table>

**Figure 3-15. Hospice Final Validation Report***

\* 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 Item 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**

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 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.
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 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*

* 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*

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Gender</th>
<th>Admission Date</th>
<th>Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3F202356</td>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>07/01/2018</td>
<td>09/20/2018</td>
</tr>
<tr>
<td>3F202357</td>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>07/01/2018</td>
<td>09/20/2018</td>
</tr>
<tr>
<td>3F202358</td>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>07/01/2018</td>
<td>09/20/2018</td>
</tr>
</tbody>
</table>

Total Number of Patients = 453

* 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.

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>This is the title of the report.</td>
</tr>
<tr>
<td>Hospice Submitter Final Validation Report</td>
<td>This is the sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>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</td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it was received by the system.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>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</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The total number of records that were processed for the provider from the submission file.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records that were saved to the database from the submission file.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records for the provider that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records for the provider that were not saved into the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority</td>
<td>The total number of records for the provider that were submitted by a user without authority to submit for the provider.</td>
</tr>
<tr>
<td># Invalid Records</td>
<td>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.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all records for the provider in the submission file.</td>
</tr>
<tr>
<td>Record</td>
<td>The record ID.</td>
</tr>
<tr>
<td>Accepted, Rejected, or Invalid Status</td>
<td>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. <strong>NOTE:</strong> Records with an Invalid status are available only on the Hospice Submitter Final Validation report.</td>
</tr>
<tr>
<td>Provider CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the provider that created the HIS record.</td>
</tr>
<tr>
<td>FAC_ID</td>
<td>The unique identifier assigned to a provider by the QIES ASAP system. Also known as a Facility ID.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>The name of the provider that created the HIS record.</td>
</tr>
<tr>
<td>State Code</td>
<td>The provider’s two-character state code.</td>
</tr>
<tr>
<td>Name (A0500C, A)</td>
<td>The patient’s last (A0500C) name and first (A0500A) name.</td>
</tr>
<tr>
<td>Birth Date (A0900)</td>
<td>The patient’s birth date (A0900).</td>
</tr>
<tr>
<td>SSN (A0600A)</td>
<td>The patient’s Social Security Number (A0600A).</td>
</tr>
<tr>
<td>Gender (A0800)</td>
<td>The patient’s gender (A0800A).</td>
</tr>
<tr>
<td>Medicare Num (A0600B)</td>
<td>The patient’s Medicare Number (A0600B).</td>
</tr>
<tr>
<td>Patient ID</td>
<td>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.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Target Date</td>
<td>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.</td>
</tr>
<tr>
<td>Type of Record</td>
<td>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.</td>
</tr>
<tr>
<td>HIS_ID</td>
<td>The unique ID assigned to the HIS record by the QIES ASAP system. Also known as Item Set ID.</td>
</tr>
<tr>
<td>Reason for Record (A0250)</td>
<td>The reason for the record. 01 = Admission; 09 = Discharge.</td>
</tr>
<tr>
<td>XML File Name</td>
<td>The name of the XML file submitted.</td>
</tr>
<tr>
<td>HIS Item(s)</td>
<td>The Hospice item identifier(s) of the items in error (either fatal or warning).</td>
</tr>
<tr>
<td>NOTE:</td>
<td>If values are compared for more than one field at a time, both item identifiers display.</td>
</tr>
<tr>
<td>Data Submitted</td>
<td>The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td>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.</td>
</tr>
<tr>
<td>Message</td>
<td>The description of the error that was encountered for the corresponding field.</td>
</tr>
</tbody>
</table>
Figure 3-25. Hospice Submitter Final Validation Report

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Date/Time</td>
<td>09/01/2016 14:22:31</td>
</tr>
<tr>
<td>Submission ID</td>
<td>223605</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td></td>
</tr>
<tr>
<td>Submission File Name</td>
<td>20150220.xcp</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>Completed</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>09/01/2016 14:24:01</td>
</tr>
<tr>
<td># Records Processed</td>
<td>1</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>1</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>0</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>0</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority</td>
<td>0</td>
</tr>
<tr>
<td># Invalid Records</td>
<td>0</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>1</td>
</tr>
</tbody>
</table>

Record: 1

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider CCN</td>
<td>221541</td>
</tr>
<tr>
<td>Provider Name</td>
<td>VISITING NURSE HOSPICE</td>
</tr>
<tr>
<td>FAC ID</td>
<td>261374</td>
</tr>
<tr>
<td>State Code</td>
<td>MA</td>
</tr>
<tr>
<td>Name (A0500C, A):</td>
<td></td>
</tr>
<tr>
<td>SSN (A0600A):</td>
<td></td>
</tr>
<tr>
<td>Medicare Num (A0600B):</td>
<td></td>
</tr>
<tr>
<td>Birth Date (A0990):</td>
<td></td>
</tr>
<tr>
<td>Gender (A0800):</td>
<td>M</td>
</tr>
<tr>
<td>Patient ID</td>
<td>17849426</td>
</tr>
<tr>
<td>Target Date</td>
<td>04/05/2016</td>
</tr>
<tr>
<td>HIS ID</td>
<td>1380267</td>
</tr>
<tr>
<td>XML File Name</td>
<td></td>
</tr>
<tr>
<td>Type of Record:</td>
<td></td>
</tr>
<tr>
<td>Reason for Record:</td>
<td></td>
</tr>
<tr>
<td>Data Submitted:</td>
<td>01, 09/01/2016, 04/05/2016</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td></td>
</tr>
<tr>
<td>Message:</td>
<td></td>
</tr>
</tbody>
</table>

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.
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

CASPERS Report
FY 2022 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

*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.

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.