

# 4

## HOSPICE QUALITY REPORTING PROGRAM

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**NOTE:** Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.



## GENERAL INFORMATION

Hospice Quality Reporting Program (QRP) reports are requested on the **CASPER Reports** page (Figure 4-1).

**Figure 4-1. CASPER Reports Page – Hospice Quality Reporting Program Category**



1. Select the Hospice Quality Reporting Program link from the *Report Categories* frame on the left. A list of the individual Hospice QRP 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** or **Next** button.

**NOTE:** Hospice Quality Reporting Program 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 Quality Reporting Program reports are automatically purged after 60 days.



## HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT

The Hospice Patient Stay-Level Quality Measure Report identifies each patient with a qualifying Hospice Item Set (HIS) record used to calculate the hospice-level quality measure values for a select period. The report displays each patient's name and indicates how/if the patient's assessment affected the hospice's quality measures.

The **CASPER Reports Submit** criteria page (Figure 4-2) for the Hospice Patient Stay-Level Quality Measure Report presents *Begin Date* and *End Date* criteria options.

**Figure 4-2. Hospice Patient Stay-Level Quality Measure Report CASPER Reports Submit Page**

Skip navigation links

**CASPER Reports Submit** Logout Folders MyLibrary Reports Queue Options Maint Home

**Report: Hospice Patient Stay-Level Quality Measure Report**

Begin Date (mm/dd/yyyy): 12/01/2015  
End Date (mm/dd/yyyy): 11/30/2016  
Data was calculated on: 01/15/2017

Template Folder: My Favorite Reports  
Template Name: Hospice Patient Stay-Level Quality Measure Report

Submit Save & Submit Back Save

*Begin Date* and *End Date* values define the date range of the submitted measure items to select for the report. The default values are the beginning and ending dates of the 12-month period that ended approximately 6 weeks prior to the date on which the measure data were calculated.

**NOTE:** Only qualifying stays with a discharge date within the period identified by the *Begin Date* and *End Date* are included in the data calculations that display on the report.

If you choose to enter a different *End Date* value, it must be a date prior to the end of the month that is approximately 6 weeks before the most recent date on which the measure data were calculated.

**NOTE:** The most recent date on which the measure data were calculated is displayed in the *Data was calculated on* field.

If you choose to enter a different *Begin Date* value, it must be a date prior to or the same as the *End Date*.



**NOTE:** The earliest date for which measure data are available is 07/01/2014. The *Begin Date* cannot be prior to this date.

The Hospice Patient Stay-Level Quality Measure Report (Figure 4-3) presents the following:

- Provider ID
- CMS Certification Number (CCN)
- Hospice Name
- City/State
- Report Period: The Begin Date and End Date selected by the user.
- Data was calculated on: The date of the last calculation of the hospice QMs. QM data are calculated once a month; HIS records submitted after this date are not included in this report and will be included in the next monthly calculation.
- Report Run Date: The date that the report was requested.
- Report Version Number: The version of the report used to compile the displayed data.
- Notice: Please visit the Hospice Quality Reporting Program's [Public Reporting: Key Dates for Providers](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers) page for details about provider reports in light of the COVID-19 Public Health Emergency. The underlined text is a hyperlink to <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers>.
- Table Legend:
  - **b** = not triggered – the patient did not trigger the measure
  - **e** = excluded from the QM denominator – the patient is excluded from the measure
  - **X** = triggered – the patient triggered the measure
  - **c** = admission date extracted from the discharge record because admission record is missing
  - **d** = measure not implemented based on patient's admission and/or discharge date(s)
  - **N/A** = not available because the patient stay is either active or the discharge record is missing
  - **-** = not available because data are no longer collected for this measure
  - **\*** = Quarter 4 2020 is the last quarter end date available for this measure on this report
- Patient Name
- Patient ID



- **Admission Date:** The date on which the hospice became responsible for the care of the patient. For Medicare patients, this is the effective date of the election or re-election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. If an admission record is missing but a discharge record exists for the patient stay, the admission date is extracted from the discharge record and displayed with a note “c”.
- **Discharge Date:** The date the hospice discharged the patient. If the patient expired, the date of death is the discharge date. For live discharges, the date the patient revoked the benefit or the date the hospice discharged the patient is the discharge date. If more than one stay exists for the patient, the stays are sorted by discharge date descending, then by admission date descending. If a discharge record is missing or the patient stay is active “N/A” is displayed. Patient stays are assigned to a reporting period based on admission date when the discharge record is missing.
- **Quality Measure Name (Short)**
  - Treatment Preferences
  - Beliefs/Values
  - Pain Screening
  - Pain Assessment
  - Dyspnea Screening
  - Dyspnea Treatment
  - Bowel Regimen
  - Hospice Comprehensive Assessment
  - Hospice Visits when Death is Imminent, Measure 1\*
  - Hospice Visits when Death is Imminent, Measure 2\*


**NOTE:** Quarter 4 2020 is the last quarter end date available for the Hospice Visits when Death is Imminent measures on this report.

- **Quality Measure Count:** The number of measures triggered by the patient stay.

**NOTE:** The Hospice Patient Stay-Level Quality Measure report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.



**Figure 4-3. Hospice Patient Stay-Level Quality Measure Report \***



CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report  
Hospice Patient Stay-Level Quality Measure Report

Page 1 of 1

Provider ID: [REDACTED]  
CCN: [REDACTED]  
Hospice Name: [REDACTED]  
City/State: [REDACTED]

Report Period: 10/01/2020 - 01/01/2021  
Data was calculated on: 10/29/2020  
Report Run Date: 01/01/2021  
Report Version Number: 4.00

Please visit the Hospice Quality Reporting Program's [Public Reporting: Key Dates for Providers page](#) for details about provider reports in light of the COVID-19 Public Health Emergency.

**Table Legend**

b = not triggered  
e = excluded from the QM denominator  
X = triggered  
c = admission date extracted from the discharge record because admission record is missing  
d = measure not implemented based on patient's admission and/or discharge date(s)  
N/A = not available because the patient stay is either active or the discharge record is missing  
- = not available because data are no longer collected for this measure  
\* = Quarter 4 2020 is the last quarter end date available for this measure on this report

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Hospice Visits when Death is Imminent, Measure 1*	Hospice Visits when Death is Imminent, Measure 2*	Quality Measure Count
[REDACTED]	49048269	08/10/2020	11/10/2020	X	X	X	X	X	X	e	X	b	X	8
[REDACTED]	49048276	09/04/2020	12/10/2020	b	X	X	X	X	X	X	b	b	X	7

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

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Any alteration to this report is strictly prohibited.

\* Fictitious, sample data are depicted.

The report records are sorted by State Code, CCN, Patient Last Name, Patient First Name, Discharge Date, and Admission Date.



## HOSPICE REVIEW AND CORRECT REPORT

The Hospice Review and Correct Report allows hospices to review their quality measure (QM) data to identify if any corrections or changes are necessary prior to the quarter's data submission deadline, which is 4.5 months after the end of the quarter.

**NOTE:** Correction periods for each quarter end as follows:

- Q1 (1/1-3/31) – August 15
- Q2 (4/1-6/30) – November 15
- Q3 (7/1-9/30) – February 15
- Q4 (10/1-12/31) – May 15

The Hospice Review and Correct Report provides a breakdown, by measure and by quarter, of the hospice's QM data for four rolling quarters. The report also identifies the open/closed status of each quarter's data correction period as of the report run date.

**NOTE:** Quality Measure calculations are performed weekly and on the first day of each quarter.

The **CASPER Reports Submit** criteria page (Figure 4-4) for the Hospice Review and Correct Report presents *Begin Date*, *End Date*, *Quality Measures*, and *Include Patient Stay-Level Data* criteria options.

**Figure 4-4. Hospice Review and Correct Report CASPER Reports Submit Page**

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there are navigation links: 'Skip navigation links', 'CASPER Reports Submit', and a menu with 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below this, the report title 'Report: Hospice Review and Correct Report' is displayed. The 'Begin Date' is set to 'Q4 2018' and the 'End Date' is set to 'Q3 2019'. Under 'Quality Measures', there is a 'Select All' button and a list of measures: 'Treatment Preferences', 'Beliefs/Values', 'Pain Screening', 'Pain Assessment', 'Dyspnea Screening', 'Dyspnea Treatment', 'Bowel Regimen', 'Hospice Comprehensive Assessment', 'Hospice Visits when Death is Imminent, Measure 1', and 'Hospice Visits when Death is Imminent, Measure 2'. There is also an unchecked checkbox for 'Include Patient Stay-Level Data'. A note at the bottom states: '\* To select multiple items, hold down the Ctrl key and click the desired items'. At the bottom of the form, there are two dropdown menus: 'Template Folder' (set to 'My Favorite Reports') and 'Template Name' (set to 'Hospice Review and Correct Report'). To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.



*Begin Date* and *End Date* values define the date range of the QM calculations to select for the report. A drop-down list associated with the *End Date* field provides the calendar quarters for which calculated quality measure data is available. The default value is the most recently completed calculated quarter. You may select a different quarter from the list. *Begin Date* is a read-only field that displays the first quarter of the 4-quarter period ending with the specified *End Date*.

**NOTE:** Only qualifying patient stays with a discharge record containing a Discharge Date between the Begin Date and End Date are included in the QM calculations for the report.

The *Quality Measures* list box presents the measures that are available for the period associated with the selected *End Date*. All measures are selected by default. Alternately you may select only those measures of interest. Press and hold the Ctrl and/or Shift keys on the keyboard as you click to select/highlight multiple measures. If all measures are no longer selected, use the **Select All** button to reselect all measures if necessary. You must select at least one measure.

The *Include Patient Stay-Level Data* checkbox, when selected, adds criteria options to the **CASPER Reports Submit** criteria page (Figure 4-5) for the inclusion of patient stay-level information in the report.

The patient stay-level data criteria options presented are *Create Patient Stay-Level Data CSV*, *Status*, *Patients Without a Discharge Assessment*, *Reporting Quarter*, *Data Correction Status*, *Primary Sort By*, and *Reverse Default Sort Order*.



**Figure 4-5. Hospice Review and Correct Report CASPER Reports Submit Page with Patient Stay-Level Criteria**

**CASPER Reports Submit** | Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

**Report: Hospice Review and Correct Report**

Begin Date: Q4 2018  
End Date: Q3 2019

**\*Quality Measures:** [Select All](#)

- Treatment Preferences
- Beliefs/Values
- Pain Screening
- Pain Assessment
- Dyspnea Screening
- Dyspnea Treatment
- Bowel Regimen
- Hospice Comprehensive Assessment
- Hospice Visits when Death is Imminent, Measure 1
- Hospice Visits when Death is Imminent, Measure 2

☒ Include Patient Stay-Level Data  
☐ Create Patient Stay-Level Data.csv File

**\*Status:** [Triggered](#) [Not Triggered](#) [Measure Not Implemented](#) [Excluded](#)

**Patients Without a Discharge Assessment:** ☐ Yes ☒ No

**\*Reporting Quarter:** [Q3 2019](#) [Q2 2019](#) [Q1 2019](#) [Q4 2018](#)

**Data Correction Status:**

Admission: ☒ All ☐ Open ☐ Closed  
Discharge: ☒ All ☐ Open ☐ Closed

**Primary Sort By:** Discharge Date ☐ Reverse Default Sort Order

\* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports [Submit](#) [Back](#)  
Template Name: Hospice Review and Correct Report [Save & Submit](#) [Save](#)

Select the *Create Patient Stay-Level Data CSV* checkbox to create the separate patient stay-level data CSV that is placed in *My Inbox* on the **CASPER Folders** page.

*Status* options include *Triggered*, *Not Triggered*, *Measure Not Implemented*, and *Excluded*. All are selected by default. Press and hold the Ctrl key on the keyboard as you click to select/highlight only the status option(s) of interest. You must select at least one status.

*Patients Without a Discharge Assessment* options include *Yes* and *No* (the default) radio buttons.

The *Reporting Quarter* list box presents the quarters for which measure data are available for the specified *End Date*. Press and hold the Ctrl key on the keyboard as you click to select/highlight only the reporting quarter option(s) of interest. You must select at least one reporting quarter.

*Data Correction Status* options are provided for Admission and Discharge statuses. Options for each include *All* (the default), *Open*, and *Closed* radio buttons.



*Primary Sort By* drop-down options include *Discharge Date* (the default), *Admission Date*, *Last Name/First Name*, and *Status or Score*. You may select only one primary sort-by option.

The default sort order for the patient stay-level measure results is as follows:

- Discharge Date (no Discharge Date, then newest to oldest)
- Admission Date (newest to oldest)
- Lastname, Firstname (A to Z)
- Status
  - Triggered
  - Not Triggered
  - Measure Not Implemented
  - Excluded
- Patient ID (smallest to largest)

The *Reverse Default Sort Order* checkbox, when selected, reverses the order of each of the sort elements as follows:

- Discharge Date (oldest to newest, then no Discharge Date)
- Admission Date (oldest to newest)
- Lastname, Firstname (Z to A)
- Status
  - Excluded
  - Measure Not Implemented
  - Not Triggered
  - Triggered
- Patient ID (largest to smallest)

The header of the Hospice Review and Correct Report (Figure 4-6) presents the following for each selected measure:

- Provider ID
- CMS Certification Number (CCN)
- Hospice Name
- City
- State
- Requested Quarter End Date
- Report Release Date
- Report Run Date
- Data Calculation Date
- Report Version Number



The next section of the report identifies additional user-selected criteria with which the report was generated:

- Quality Measures
- Reporting Quarter
- Patients Without a Discharge Assessment
- Admission Record Data Correction Period as of Report Run Date
- Discharge Record Data Correction Period as of Report Run Date
- Measure Status

The *Facility-Level Data* section of the report details the results for the selected quality measures, which may include:

- Treatment Preferences (NQF #1641)
- Beliefs/Values (NQF# 1647)
- Pain Screening (NQF# 1634)
- Pain Assessment (NQF# 1637)
- Dyspnea Screening (NQF# 1639)
- Dyspnea Treatment (NQF# 1638)
- Bowel Regimen (NQF# 1617)
- Hospice Comprehensive Assessment (NQF# 3235)
- Hospice Visits when Death is Imminent, Measure 1
- Hospice Visits when Death is Imminent, Measure 2

**NOTE:** Quarter 4 2020 is the last quarter end date available for the Hospice Visits when Death is Imminent measures on this report.

The following information is provided for the selected measures:

- Hospice Item Set (HIS) Quality Measure Name
- Table Legend:
  - Dash (-): Data not available or not applicable
  - **X**: Triggered
  - b: Not Triggered
  - e: Excluded from the QM denominator
  - c: Admission date extracted from the discharge record because admission record is missing
  - d: Measure not implemented based on patient's admission and/or discharge date(s)
- Reporting Quarter: The quarter and calendar year for which the data were collected




- CMS ID: The measure identifier assigned by CMS
- Start Date: Beginning date of the reporting quarter
- End Date: Ending date of the reporting quarter
- Number of Discharged Hospice Stays that Triggered the Quality Measure
- Number of Discharged Hospice Stays Included in the Denominator
- Hospice Percent: Number of Discharged Hospice Stays that Triggered the Quality Measure divided by Number of Discharged Hospice Stays Included in the Denominator multiplied by 100.

**NOTE:** Corrections of the data for a reporting quarter made after the Data Correction Deadline will not affect QM results.

**NOTE:** The Hospice Review and Correct Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

**Figure 4-6. Hospice Review and Correct Report – Hospice-Level <sup>1</sup>**



**CASPER Report**  
 Hospice Review and Correct Report

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Provider ID: [REDACTED]  
 CCN: [REDACTED]  
 Hospice Name: [REDACTED]  
 City/State: [REDACTED]

Requested Quarter End Date: Q1 2021  
 Report Release Date: 04/01/2021  
 Report Run Date: 04/03/2021  
 Data Calculation Date: 10/26/2020  
 Report Version Number: 2.0

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**Quality Measures:** Treatment Preferences, Beliefs/Values, Pain Screening, Pain Assessment, Dyspnea Screening, Dyspnea Treatment, Bowel Regimen, Hospice Comprehensive Assessment, Hospice Visits when Death is Imminent, Measure 1, Hospice Visits when Death is Imminent, Measure 2  
**Reporting Quarter:** Q1 2021, Q4 2020, Q3 2020, Q2 2020  
**Patients Without a Discharge Assessment:** No  
**Admission Record Data Correction Period as of Report Run Date:** All  
**Discharge Record Data Correction Period as of Report Run Date:** All  
**Measure Status:** Triggered, Not Triggered, Measure not Implemented, Excluded  
**Hospice Item Set (HIS) Quality Measure:** Treatment Preferences (NQF #1641)

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**Table Legend**

Dash (-): Data not available  
 X: Triggered  
 b: Not Triggered  
 e: Excluded from the QM denominator  
 c: Admission date extracted from the discharge record because admission record is missing  
 d: Measure not implemented based on patient's admission and/or discharge date(s)

Hospice-Level Data						
Reporting Quarter	CMS ID	Start Date	End Date	Number of Discharged Hospice Stays that Triggered the Quality Measure	Number of Discharged Hospice Stays Included in the Denominator	Hospice Percent
Q1 2021	H001.01	01/01/2021	03/31/2021	2	2	100.0%
Q4 2020	H001.01	10/01/2020	12/31/2020	3	4	75.0%
Q3 2020	H001.01	07/01/2020	09/30/2020	8	8	100.0%
Q2 2020	H001.01	04/01/2020	06/30/2020	14	15	93.3%
<b>Cumulative</b>	-	04/01/2020	03/31/2021	27	29	93.1%

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

<sup>1</sup> Fictitious, sample data are depicted.


The report records are sorted by State Code, CCN, CMS Measure ID, Start Date (descending), and End Date.



The optional *Patient Stay-Level Data* section of the report (Figure 4-7) presents the following for each patient record:

- Reporting Quarter
- Patient Name
- Patient ID
- Admission Date
- Discharge Date
- Admission Record Data Correction Deadline
- Admission Record Data Correction Period as of Report Run Date
- Discharge Record Data Correction Deadline
- Discharge Record Data Correction Period as of Report Run Date
- Status

**Figure 4-7. Hospice Review and Correct Report – Patient-Stay Level Data <sup>1</sup>**

<div style="display: flex; justify-content: space-between; align-items: center;">  <div> <b>CASPER Report</b>  Hospice Review and Correct Report </div> <div>Page 6 of 6</div> </div>									
Patient Stay-Level Data (continued)									
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Admission Record Data Correction Deadline	Admission Record Data Correction Period as of Report Run Date	Discharge Record Data Correction Deadline	Discharge Record Data Correction Period as of Report Run Date	Status
Q3 2019		44069502	07/05/2019	08/14/2019	02/15/2020	Closed	02/15/2020	Closed	e
Q3 2019		44069028	07/13/2019	08/13/2019	02/15/2020	Closed	02/15/2020	Closed	X
Q3 2019		44069501	07/04/2019	08/13/2019	02/15/2020	Closed	02/15/2020	Closed	e
Q3 2019		44069500	07/03/2019	08/12/2019	02/15/2020	Closed	02/15/2020	Closed	e
Q3 2019		44069031	07/11/2019c	08/11/2019	-	-	02/15/2020	Closed	e
Q3 2019		44069026	07/10/2019	08/10/2019	02/15/2020	Closed	02/15/2020	Closed	X
Q3 2019		44069510	07/01/2019c	08/10/2019	-	-	02/15/2020	Closed	e
Q3 2019		44069590	04/09/2019	07/09/2019	11/15/2019	Closed	02/15/2020	Closed	e
Q3 2019		44069505	07/08/2019	07/08/2019	02/15/2020	Closed	02/15/2020	Closed	e
Q3 2019		44069589	04/08/2019	07/08/2019	11/15/2019	Closed	02/15/2020	Closed	b
Q3 2019		44069588	04/07/2019	07/07/2019	11/15/2019	Closed	02/15/2020	Closed	e
Q2 2019		44069066	05/18/2019	06/18/2019	11/15/2019	Closed	11/15/2019	Closed	X
Q2 2019		44069069	05/16/2019c	06/16/2019	-	-	11/15/2019	Closed	e
Q2 2019		44069064	05/15/2019	06/15/2019	11/15/2019	Closed	11/15/2019	Closed	X
Q2 2019		44069587	04/06/2019	06/06/2019	11/15/2019	Closed	11/15/2019	Closed	e
Q2 2019		44069586	04/05/2019	06/05/2019	11/15/2019	Closed	11/15/2019	Closed	e
Q2 2019		44069585	04/04/2019	06/04/2019	11/15/2019	Closed	11/15/2019	Closed	e
Q2 2019		44069584	04/03/2019	06/03/2019	11/15/2019	Closed	11/15/2019	Closed	e
Q2 2019		44069591	04/01/2019c	06/01/2019	-	-	11/15/2019	Closed	e
Q2 2019		44069088	04/16/2019c	05/16/2019	-	-	11/15/2019	Closed	e
<p style="text-align: center;">This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>									

<sup>1</sup> Fictitious, sample data are depicted.

Patient records are sorted by Discharge Date, Admission Date, Lastname, Firstname, Status, and Patient ID according to the order selected at the time the report was created.



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## HOSPICE-LEVEL QUALITY MEASURE REPORT

The Hospice-Level Quality Measure Report provides hospice-level quality measure values for a select period. Hospice quality measure values are compiled from Hospice Item Set (HIS) data submitted to the National Submissions Database as well as Medicare Fee-For-Service claims. The report also details the Hospice Care Index score achieved.

The **CASPER Reports Submit** criteria page (Figure 4-8) for the Hospice-Level Quality Measure Report presents *Begin Date*, *End Date*, and *Claims End Date* criteria options.

**Figure 4-8. Hospice-Level Quality Measure Report CASPER Reports Submit Page**

Skip navigation links

**CASPER Reports Submit** Logout Folders MyLibrary Reports Queue Options Maint Home

Report: Hospice-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 10/01/2020  
End Date (mm/dd/yyyy): 09/30/2021  
Claims Begin Date: 10/01/2017  
Claims End Date: 09/30/2017

Template Folder: My Favorite Reports  
Template Name: Hospice-Level Quality Measure Report

Submit Back  
Save & Submit Save

*Begin Date* and *End Date* values define the date range of the submitted HIS measure items to select for the report. The default values are the beginning and ending dates of the 12-month period that ended approximately 6 weeks prior to the date on which the HIS measure data were calculated.

**NOTE:** Only qualifying stays with a discharge date or, in the absence of a discharge record, an admission date within the period identified by the *Begin Date* and *End Date* are included in the data calculations that display on the report for the HIS measures.

If you choose to enter a different *End Date* value, it must be a date prior to the end of the month that is approximately 6 weeks before the most recent date on which the HIS measure data were calculated.

If you choose to enter a different *Begin Date* value, it must be a date prior to or the same as the *End Date*.

**NOTE:** The earliest date for which HIS measure data are available is 07/01/2014. The *Begin Date* cannot be prior to this date.



The *Claims Begin Date* is a read-only field displaying the beginning date of the reporting period corresponding with the selected *Claims End Date*. A drop-down list of available claims data period end dates is provided.

**NOTE:** The Hospice-Level Quality Measure report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

The Hospice-Level Quality Measure Report (Figure 4-9) presents the following identifiers in the header of the report:

- Provider ID
- CMS Certification Number (CCN)
- Hospice Name
- City/State
- Report Period
  - HIS: The Begin Date and End Date specified by the user for HIS measures.
  - Claims (HVLDL): The Claims Begin Date and Claims End Date specified by the user for the claims measure (Hospice Visits in the Last Days of Life).
  - Claims (HCI): The Claims Begin Date and Claims End Date specified by the user for the HCI measures.
- Data was calculated on: The date of the last calculation of the HIS or Claims measures. QM data are calculated once a month; HIS records submitted after this date are not included in this report and will be included in the next monthly calculation.
- Report Run Date: The date that the report was requested.
- Report Version Number: The version of the report used to compile the displayed data.
- Notice: Please visit the Hospice Quality Reporting Program's Public Reporting: Key Dates for Providers page for details about provider reports in light of the COVID-19 Public Health Emergency. The underlined text is a hyperlink to <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-Key-Dates-for-Providers.html>.

The body of the report provides Quality Measure and Hospice Care Index data in a series of tables as follows:


- Table 1. Hospice Item Set Quality Measures.
  - Source: Hospice Item Set
  - Table Legend:



- N/A = Not Available – no data available for the hospice for the measure.
- Dash (-) = A dash represents a value that could not be computed. For example, a denominator value of zero results in a measure value that cannot be computed.
- \* = Quarter 4 2020 is the last quarter end date available for this measure on this report.
- Measure Name (NQF ID): The short name of the quality measure.
  - Treatment Preferences (NQF #1641)
  - Beliefs/Values (NQF #1647)
  - Pain Screening (NQF #1634)
  - Pain Assessment (NQF #1637)
  - Dyspnea Screening (NQF #1639)
  - Dyspnea Treatment (NQF #1638)
  - Bowel Regimen (NQF #1617)
  - Hospice Comprehensive Assessment (NQF #3235)
  - Hospice Visits when Death is Imminent, Measure 1\*
  - Hospice Visits when Death is Imminent, Measure 2\*
- CMS Measure ID: The numeric identifier of the quality measure.
- Numerator: The number of patient stays in the hospice that triggered the measure during the report period.
- Denominator: The total number of patient stays in the hospice that did not meet the exclusion criteria during the report period.
- Hospice Observed Percent: The percentage of patient stays in the hospice that triggered the measure. This value is derived by dividing the numerator value by the denominator value multiplied by 100. If the hospice's denominator for a measure is zero, a dash (-) displays.
- National Average: The average for the hospice-level incidence of the measure occurrence for all hospices in the nation.
- Percentile Rank Among Hospices Nationally: The hospice's national rank. For example, if the hospice's national percentile value is 88, this means that 88% of the hospices in the nation had a QM score that was less than or equal to the hospice's score. If the hospice's denominator for a measure is zero, a dash (-) displays.



**Figure 4-9. Hospice-Level Quality Measure Report – Table 1 \***



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**Provider ID:** [REDACTED]  
**CCN:** [REDACTED]  
**Hospice Name:** [REDACTED]  
**City/State:** [REDACTED]

**Report Period - HIS:** 03/01/2020 - 02/28/2021  
**Data was calculated on:** 08/15/2021  
**Report Run Date:** 08/09/2021  
**Report Version Number:** 5.00

Please visit the Hospice Quality Reporting Program's [Public Reporting: Key Dates for Providers page](#) for details about provider reports in light of the COVID-19 Public Health Emergency.

**Source: Hospice Item Set**

**Table 1 Legend**

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

\* = Quarter 4 2020 is the last quarter end date available for this measure on this report

**Table 1. Hospice Item Set Quality Measures**

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Treatment Preferences (NQF #1641)	H001.01	21	24	87.5%	97.6%	11
Beliefs/Values (NQF #1647)	H002.01	22	24	91.7%	98.1%	16
Pain Screening (NQF #1634)	H003.01	22	24	91.7%	98.2%	11
Pain Assessment (NQF #1637)	H004.01	21	23	91.3%	93.9%	22
Dyspnea Screening (NQF #1639)	H005.01	22	24	91.7%	97.8%	16
Dyspnea Treatment (NQF #1638)	H006.01	23	24	95.8%	98.5%	16
Bowel Regimen (NQF #1617)	H007.01	22	23	95.7%	99.4%	11
Hospice Comprehensive Assessment (NQF #3235)	H008.01	11	24	45.8%	85.9%	16
Hospice Visits when Death is Imminent, Measure 1*	H009.01	-	-	-	-	-

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\* Fictitious, sample data are depicted.

- Table 2. Claims-based Quality Measures – Hospice Visits in the Last Days of Life (HVLDL) (Figure 4-10).
  - Source: Medicare Fee-For-Service Hospice Claims
  - Table Legend:
    - N/A = Not Available – no data available for the hospice for the measure.
    - Dash (-) = A dash represents a value that could not be computed. For example, a denominator value of zero results in a measure value that cannot be computed.
  - Measure Name (NQF ID): The short name of the quality measure.
    - Hospice Visits in the Last Days of Live
  - CMS Measure ID: The numeric identifier of the quality measure.
  - Numerator: The number of patient stays in the hospice that triggered the measure during the report period.
  - Denominator: The total number of patient stays in the hospice that did not meet the exclusion criteria during the report period.



- o Hospice Observed Percent: The percentage of patient stays in the hospice that triggered the measure. This value is derived by dividing the numerator value by the denominator value multiplied by 100. If the hospice's denominator for a measure is zero, a dash (-) displays.
- o National Average: The average for the hospice-level incidence of the measure occurrence for all hospices in the nation.
- o Percentile Rank Among Hospices Nationally: The hospice's national rank. For example, if the hospice's national percentile value is 88, this means that 88% of the hospices in the nation had a QM score that was less than or equal to the hospice's score. If the hospice's denominator for a measure is zero, a dash (-) displays.

**Figure 4-10. Hospice-Level Quality Measure Report – Table 2 \***

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## CASPER Report Hospice-Level Quality Measure Report

**Provider ID:** [REDACTED]  
**CCN:** [REDACTED]  
**Hospice Name:** [REDACTED]  
**City/State:** [REDACTED]

**Report Period - Claims (HVLDL):** 10/01/2018 - 09/30/2020  
**Data was calculated on:** 03/01/2021  
**Report Run Date:** 08/09/2021  
**Report Version Number:** 5.00

**Source: Medicare Fee-For-Service Hospice Claims**

**Table 2 Legend**

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

**Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)**

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	68	150	45.30%	67.80%	18

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- Table 3. Claims-based Quality Measure – Hospice Care Index (Figure 4-11).
  - o Hospice Care Index – Measure Overview
    - Hospice Observed Score (higher is better) X out of 10
    - National Average X out of 10
    - Description: The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an

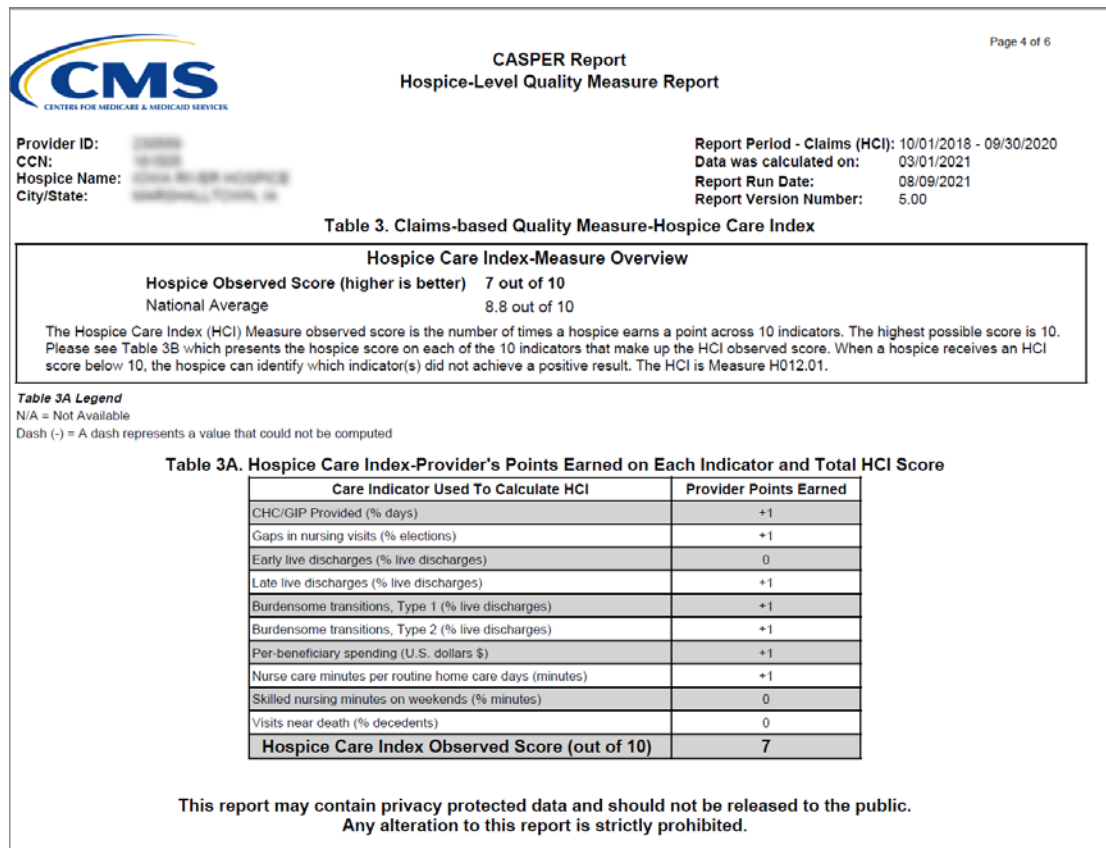


HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.

- Table 3A. Hospice Care Index – Provider's Points Earned on Each Indicator and Total HCI Score (Figure 4-11).
  - Table Legend:
    - N/A = Not Available – no data available for the hospice for the measure.
    - Dash (-) = A dash represents a value that could not be computed. For example, a denominator value of zero results in a measure value that cannot be computed.
  - Care Indicator Used to Calculate HCI: The short name of the Care Indicator, including the unit of measurement.
    - CHC/GIP Provided (%days)
    - Gaps in nursing visits (% elections)
    - Early live discharges (% live discharges)
    - Late Live discharges (% live discharges)
    - Burdensome transitions, Type 1 (% live discharges)
    - Burdensome transitions, Type 2 (% live discharges)
    - Per-beneficiary spending (U.S. dollars \$)
    - Nurse care minutes per routine home care days (minutes)
    - Skilled nursing minutes on weekends (% minutes)
    - Visits near death (% decedents)
  - Provider Points Earned: The points (0 or 1) earned by the hospice for each Care Indicator.
  - Hospice Care Index Observed Score (out of 10)



**Figure 4-11. Hospice-Level Quality Measure Report – Tables 3 and 3A \***



\* Fictitious, sample data are depicted.


- Table 3B. Hospice Care Index – Hospice Score for Each of the 10 Indicators that Comprise the HCI Observed Score (Figure 4-12).
  - Table Legend:
    - N/A = Not Available – no data available for the hospice for the measure.
    - Dash (-) = A dash represents a value that could not be computed. For example, a denominator value of zero results in a measure value that cannot be computed.
  - Row Number (#)
  - Name (Hospice Score Units): The short name of the Care Indicator, including the unit of measurement.
  - Numerator: The number of patient stays in the hospice that triggered the Care Indicator during the report period.
  - Denominator: The total number of patient stays in the hospice that did not meet the exclusion criteria for the Care Indicator during the report period.
  - Hospice Observed Percent (N/D): The percentage of patient stays in the hospice that triggered the Care Indicator. This value is derived by



dividing the numerator value by the denominator value multiplied by 100. If the hospice's denominator for an indicator is zero, a dash (-) displays.

- o National Score: The average Hospice Observed Score for all hospices in the nation for the Care Indicator.
- o Percentile Rank Among Hospices Nationally: The hospice's national rank for the Care Indicator. For example, if the hospice's national percentile value is 88, this means that 88% of the hospices in the nation had a score that was less than or equal to the hospice's score. If the hospice's denominator for a measure is zero, a dash (-) displays.
- o Index Point Criteria: The score that must be obtained to earn an HCI point for the Care Indicator.
- o Meet the Indicator's Criteria?: Yes or No when the hospice's observed score is compared to the Index Point Criteria for the Care Indicator.
- o Provider Points Earned (Yes=1; N=0): The points (0 or 1) earned by the hospice for each Care Indicator.
- o Hospice Care Index Total Observed Score (out of 10)

**Figure 4-12. Hospice-Level Quality Measure Report – Table 3B \***



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**Technical Details on the Hospice Care Index's Observed Score**

**Table 3B Legend**

N/A = Not Available

Dash (-) = A dash represents a value that could not be computed

**Table 3B. Hospice Care Index-Hospice Score for Each of the 10 Indicators that Comprise the HCI Observed Score**

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	201	12,349	1.6%	0.9%	86	Hospice Score Above 0%	Yes	+1
2	Gaps in nursing visits (% elections)	1	98	1.0%	5.9%	9	Below 90 Percentile Rank	Yes	+1
3	Early live discharges (% live discharges)	4	23	17.4%	7.7%	92	Below 90 Percentile Rank	No	0
4	Late live discharges (% live discharges)	6	23	26.1%	37.3%	25	Below 90 Percentile Rank	Yes	+1
5	Burdensome transitions, Type 1 (% live discharges)	0	23	0.0%	8.7%	1	Below 90 Percentile Rank	Yes	+1
6	Burdensome transitions, Type 2 (% live discharges)	0	23	0.0%	2.7%	1	Below 90 Percentile Rank	Yes	+1
7	Per-beneficiary spending (U.S. dollars \$)	\$1,094,281	280	\$7,122	\$12,959	10	Below 90 Percentile Rank	Yes	+1
8	Nurse care minutes per routine home care days (minutes)	137,340	12,111	11.3	16.0	20	Above 10 Percentile Rank	Yes	+1
9	Skilled nursing minutes on weekends (% minutes)	3,480	137,340	2.5%	9.4%	2	Above 10 Percentile Rank	No	0
10	Visits near death (% decedents)	189	226	83.6%	94.5%	9	Above 10 Percentile Rank	No	0
<b>Hospice Care Index Total Observed Score (out of 10)</b>									<b>7</b>

\*The National Score is calculated as the average Hospice Observed Score for all hospices, nationwide.

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- Table 3C. Hospice Care Index – Individual Indicators’ Definitions (Figure 4-13).
  - Row Number (#)
  - Individual Indicators: The name of the Care Indicator.
  - Definition: The definition of the Care Indicator.
  - Index Earned Point Criteria: The score that must be obtained to earn an HCI point for the Care Indicator.

**NOTE:** Only those Care Indicators that are valid for the specified reporting period are defined in Table 3C.

**Figure 4-13. Hospice-Level Quality Measure Report – Table 3C**



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**Table 3C. Hospice Care Index-Individual Indicators' Definitions\***

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/GIP Provided	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
2	Gaps in nursing visits	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.	Below 90 Percentile Rank
3	Early live discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
4	Late live discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
5	Burdensome Transitions (Type 1)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospital readmission within two days of hospital discharge.	Below 90 Percentile Rank
6	Burdensome Transitions (Type 2)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 90 Percentile Rank
7	Per-beneficiary Medicare spending	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 90 Percentile Rank
8	Nurse care minutes per routine home care days	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.	Above 10 Percentile Rank
9	Skilled nursing minutes on weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).	Above 10 Percentile Rank

\*All indicators are defined within the reporting period for the HCI measure, as listed in the header on page 4.

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