




**Hospice Quality Reporting:  
The Road Ahead**

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Liz Silva  
Director of Home Health & Hospice  
HEALTHCAREfirst-Deyta Analytics



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**Before We Get Started**

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## About HEALTHCAREfirst

- Industry leader in Web-based EHR software, coding & billing services, CAHPS survey administration, and advanced analytics for home health and hospice:
  - Founded in 1992
  - Headquartered in Springfield, MO with additional office in Louisville, KY
  - One of the fastest growing providers of our kind
  - More than 4,000 home health and hospice agencies nationwide
- We enable our customers to:
  - Make timely and accurate decisions for excellent patient care
  - Adapt quickly to changing requirements and needs
  - Automate agency functions quickly and with high value.

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## EHR Software and Beyond



### SOFTWARE

- Web-based Agency Management Software for home health and hospice agencies
- DDE Connectivity
- All Payer Eligibility Verification
- Physician Portal
- OASIS Scrubber

### SERVICES


- Coding
- OASIS Review
- Billing
- CMS Submission of Hospice Item Set Data

### ANALYTICS powered by DEYTA

- Executive, Clinical, and Financial KPIs
- Market Insights to grow referrals
- Robust QAPI management and benchmarking
- Hospice CAHPS and HHCAHPS

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## Home Health Solution Suite


- Strengthen Profitability
- Ensure Compliance
- Improve Quality



The diagram shows a central pink circle labeled 'Solution Suite' surrounded by six teal circles connected by a grey ring. The teal circles are labeled: EHR Software, DDE Connectivity, CAHPS Survey, Advanced Analytics Software, Coding Services, and Billing Services.

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## Agenda

- HQRP Requirements & Compliance
  - Hospice CAHPS
  - Hospice Item Set
- HQRP Updates
  - Reorganization of Hospice CAHPS Measures
  - New HIS data elements & measures
- Hospice Public Reporting
- Where do we go from here?

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## HQRP: Requirements & Compliance

- 2 reporting requirements for all Medicare-certified hospice providers:
  - Hospice Item Set
  - Hospice CAHPS
- Compliance is submission (not *performance*) based
- Failure to comply risks 2% market basket reduction



## Hospice CAHPS Requirements

- Ongoing monthly participation
- Survey-eligible decedents/caregivers
- Quarterly submission of survey data to CMS by approved survey vendor
- 2 allowable exemptions from participation:
  - Exemption for Newness
  - Exemption for Size

*Refer to the **CAHPS Hospice Survey Quality Assurance Guidelines** for more Hospice CAHPS requirements.*

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## Survey Eligibility

- Include decedents/caregivers:
  - At least 18 years old at the time of death
  - LOS at least 48 hours
  - With a caregiver of record
  - Caregiver is someone other than a non-familial legal guardian
  - Caregiver lives within US or US Territory
- Exclude:
  - Patients who were discharged alive
  - 'No Publicity' decedents/caregivers

*Decedent/caregiver must voluntarily initiate this request.  
It is **NOT** an “opt out” option for hospices to choose records to exclude.*

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## Required from hospice each month

- Complete list of ALL decedent/caregivers
  - Only exclusion: Records identified as “No publicity”
- CCN-level totals
  - Total count of **all decedents** (includes “No publicity”; excludes live discharge)
  - Total # of **hospice offices** covered under the CCN
  - Total # **live discharges**
  - Total # **‘No Publicity’** decedents/caregivers

*Number of records in decedent/caregiver list should equal total count of all decedents MINUS total number No Publicity records.*

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## Hospice Item Set (HIS) Requirements

- Required for ALL patients regardless of payer, patient age or location/setting of care
- HIS-Admission record and HIS-Discharge record must be submitted within 30 days of event date:
  - Compliance Threshold
  - 2016: 70% of all HIS records submitted on time
  - 2017: 80% of all HIS records submitted on time
  - 2018 and beyond: 90% of all HIS records submitted on time

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## HQRP Updates

## Hospice CAHPS Quality Measures

- Reorganization from 11 to 8 Quality Measures
  - 2 Global Measures
    - Rating of patient care (#39)
    - Would recommend this hospice (#40)
  - **0 Single-Item Measures**
    - #10, 18 & 36 incorporated into composite measures
  - 6 Composite Measures
    - Hospice Team Communications\* (#6, 8, 9, 14, 36, & 10)
    - Getting Timely Care (#5 & 7)
    - Treating Family Member with Respect (# 11 & 12)
    - Getting Emotional & Religious Support\* (# 37, 38, & 36)
    - Getting Help for Symptoms (#16, 22, 25, & 27)
    - Getting Hospice Care Trainings\* (# 19, 20, 23, 29 & 18)

\* Benchmarks and performance targets for these three composite measures will change.



## Hospice CAHPS Quality Measures (1)

- Global Measures (No composite)
  - 39. Rating of Patient Care
  - 40. Would Recommend this hospice
- Hospice Team Communications
  - 6. Kept informed about when team would arrive
  - 8. Hospice team explained things in an easily understood way
  - 9. Kept informed about patient's condition
  - 10. Received confusing or contradictory information \*
  - 14. Hospice team listened carefully about problems with care
  - 35. Hospice team listened carefully to caregiver

\* Previously listed as a *Single Item Measure*



## Hospice CAHPS Quality Measures (2)

- Getting Timely Care
  - 5. Rec'd help during evenings, weekends or holidays
  - 7. Received help as soon as wanted
- Treating Family Member with Respect
  - 11. Patient was treated with dignity and respect
  - 12. Hospice team really cared about the patient
- Getting Emotional and Religious Support
  - 36. Amount of religious/spiritual support for caregiver \*
  - 37. Amount of emotional support for caregiver
  - 38. Amount of emotional support in weeks after death

\* Previously listed as a *Single Item Measure*



## Hospice CAHPS Quality Measures (3)

- Getting Help for Symptoms
  - 16. Got as much help with pain as needed
  - 22. Received help for trouble breathing
  - 25. Received help for constipation
  - 27. Received help for anxiety or sadness
- Getting Hospice Care Training
  - 18. Discussed side effects of pain medicine \*
  - 19. Provided training about side effects for pain medicines
  - 20. Provided training about if/when to give more pain medicine
  - 23. Provided training about how to help with breathing
  - 29. Provided training about what to do if restless or agitated

\* Previously listed as a *Single Item Measure*

## HIS Updates Effective April 2017

- New Data Elements
  - HIS-Admission Record
    - A0550. Patient Zip Code
    - A1400. Payor Information
    - J0905. Is pain an active problem for patient
  - HIS-Discharge Record
    - O5000. Level of care in last 3 days
    - O5010. Visits by discipline in final 3 days
    - O5020. Level of care in final 7 days
    - O5030. Visits by discipline in 3 to 6 days prior to death

## A0550. Patient Zip Code

| A0550. Patient ZIP Code. Enter code in boxes provided. |                      |
|--|----------------------|
| Patient ZIP Code:                                      |                      |
| <input type="text"/>                                   | <input type="text"/> |

- Zip code for the address at which the patient is residing while receiving hospice services
  - May be different from patient's usual/legal residence
  - May be the zip code for the facility (IP hospice, SNF, ALF) where care was provided
  - Use GIP facility zip code if admitted to GIP with *plans* to move to a home at a future point.
  - Use home zip code if patient admitted to hospice in the hospital and then discharged home.

## A1400. Payor Information

- All current, existing payors that the patient has regardless if payor is expected to provide reimbursement
- Exclude pending payor sources

| A1400. Payor Information |  |
|--------------------------|--|
| ↓ Check all that apply   |  |
| <input type="checkbox"/> | A. Medicare (traditional fee-for-service)            |
| <input type="checkbox"/> | B. Medicare (managed care/Part C/Medicare Advantage) |
| <input type="checkbox"/> | C. Medicaid (traditional fee-for-service)            |
| <input type="checkbox"/> | D. Medicaid (managed care)                           |
| <input type="checkbox"/> | G. Other government (e.g., TRICARE, VA, etc.)        |
| <input type="checkbox"/> | H. Private Insurance/Medigap                         |
| <input type="checkbox"/> | I. Private managed care                              |
| <input type="checkbox"/> | J. Self-pay  |
| <input type="checkbox"/> | K. No payor source                                   |
| <input type="checkbox"/> | X. Unknown   |
| <input type="checkbox"/> | Y. Other   |

- Self-pay: check if patient has any amount of personal funds to contribute
- No payor source: check if patient does not have any of the listed sources and no personal funds to contribute
- Unknown: check if none of the listed payors are confirmed
- Other: check if patient has some other payor source than those listed

## J0905. Pain Active Problem

|                          |  |
|--------------------------|--|
| Enter Code               | Is pain an active problem for the patient?                         |
| <input type="checkbox"/> | 0. No → Skip to J2030, Screening for Shortness of Breath<br>1. Yes |

- J0905 = 'Yes' any time patient screened positive for pain
- Indicate if pain is an active problem for the patient even if the patient did not have pain at time of screening.
- Complete *J0910. Comprehensive Pain Assessment* section if pain is an active problem (even if pain screening = no pain).
- "Helper Item" at this time...
  - J0905 **does NOT** factor into current quality measure calculations
  - *Pain Assessment* measure **ONLY** includes records where the patient screened positive for pain.

|   |   |
|---|---|
| O5000. Level of care in final 3 days<br>Complete only if A2115, Reason for Discharge = 01 Expired |   |
| Enter Code  | Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life? |
| <input type="checkbox"/>  | 0. No<br>1. Yes → Skip to Z0400, Signature(s) of Person(s) Completing the Record  |

- Only complete if reason for discharge = death
- Skip the rest of Section O if patient received any care other than Routine Home Care during final 3 days
- If patient's LOS < 3 days, select the response based on the patient's time in hospice.
- Use the definitions of the four levels of hospice care in the Hospice CoPs for all patients.

## O5010. Visits by discipline in final 3 days

| O5010. Number of hospice visits in final 3 days   |                                |   |  |
|---|--------------------------------|---|--|
| Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated. |                                |   |  |
|   | Visits on day of death (A0270) | Visits one day prior to death (A0270 minus 1) | Visits two days prior to death (A0270 minus 2) |
| A. Registered Nurse   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| B. Physician (or Nurse Practitioner or Physician Assistant)   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| C. Medical Social Worker  | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| D. Chaplain or Spiritual Counselor  | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| E. Licensed Practical Nurse   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| F. Aide   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                       |

- Enter 0-9 visits per day by discipline
- Enter a 0 if:
  - Not enrolled in hospice on the specified day
  - No services provided by the discipline on that day
- Includes:
  - Visits from employees, contractors, affiliates or unpaid staff
  - Visits to patient and/or family
- Excludes:
  - Phone calls
  - Postmortem visits on day of death

## O5020. Level of care in final 7 days

| O5020. Level of care in final 7 days                      |   |
|---|---|
| Complete only if A2115, Reason for Discharge = 01 Expired |   |
| Enter Code  | Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 7 days of life? |
| <input type="checkbox"/>                                  | 0. No   |
|   | 1. Yes → Skip to Z0400, Signature(s) of Person(s) Completing the Record   |

- Consistent with O5000:
  - Only complete if reason for discharge = death
  - Skip the rest of Section O if patient received any care other than Routine Home Care during final 7 days
  - If patient's LOS < 7 days, select the response based on the patient's time in hospice.
  - Use the definitions of the four levels of hospice care in the Hospice CoPs for all patients.

## O5030. Visits in 3 to 6 days prior to death

| O5030. Number of hospice visits in 3 to 6 days prior to death   |  |   |   |  |
|---|--|---|---|--|
| Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated. |  |   |   |  |
|   | Visits three days prior to death (A0270 minus 3) | Visits four days prior to death (A0270 minus 4) | Visits five days prior to death (A0270 minus 5) | Visits six days prior to death (A0270 minus 6) |
| A. Registered Nurse   | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |
| B. Physician (or Nurse Practitioner or Physician Assistant)   | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |
| C. Medical Social Worker  | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |
| D. Chaplain or Spiritual Counselor  | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |
| E. Licensed Practical Nurse   | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |
| F. Aide   | <input type="checkbox"/>                         | <input type="checkbox"/>                        | <input type="checkbox"/>                        | <input type="checkbox"/>                       |

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Consistent with O5010:

- Enter 0-9 visits per day by discipline
- Enter a 0 if:
  - Not enrolled in hospice on the specified day
  - No services provided by the discipline on that day
- Includes:
  - Visits from employees, contractors, affiliates or unpaid staff
  - Visits to patient and/or family
- Excludes:
  - Phone calls
  - Postmortem visits on day of death

## Collecting Visits by Discipline

- CAN you easily capture total visits by discipline by day?
- Where do you capture visit information?
  - Paper chart
  - Paper documentation scanned into EMR
  - Electronic documentation (directly into EMR)
  - Pull from billing
- Do disciplines document differently?
  - RN
  - MD, NP, PA
  - MSW
- Who will aggregate and verify counts?

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## HIS Visit Measure Pair: Hospice Visits when Death is Imminent

- At least 1 visit by RN, MD, NP or PA during the final 3 days.  
*Addresses case management and clinical care during active dying phase.*
  - Type 1 stay
  - Reason for discharge = Death
  - Received only routine home care during final 3 days
  
- At least 2 visits by MSW, Chaplain, LPN or Aide during the final 7 days.  
*Contributes to the overall well-being of the patient and family.*
  - Type 1 stay
  - Reason for discharge = Death
  - Received only routine home care during final 7 days
  - LOS = 2 or more days

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## Composite Process Measure Comprehensive Assessment at Admission

- Percentage who received all seven care processes  
*Assess if comprehensive assessment – based on the 7 HIS-based measures – is completed at hospice admission.*
  - Denominator
    - Type 1 stay
    - At least 18 years old
  - Numerator
    - Met numerator criteria\* for all 7 individual component quality measures
    - \* OR were excluded from the measure
      - Pain Assessment
      - Dyspnea Treatment
      - Opioid Management & Bowel Regimen

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## Hospice Public Reporting

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## Hospice Public Reporting

- Hospice Compare website → Target launch: August 2017
- Similar to LTCH Compare  
<https://www.medicare.gov/longtermcarehospitalcompare>
- 8 Hospice CAHPS-based measures
  - 2 global measures; 6 composite measures
  - Rolling 8 quarters
- 7 HIS-based quality measures only
  - Rolling 4 quarters
  - Composite and visit measure pair to be added later
- Star ratings in the future...

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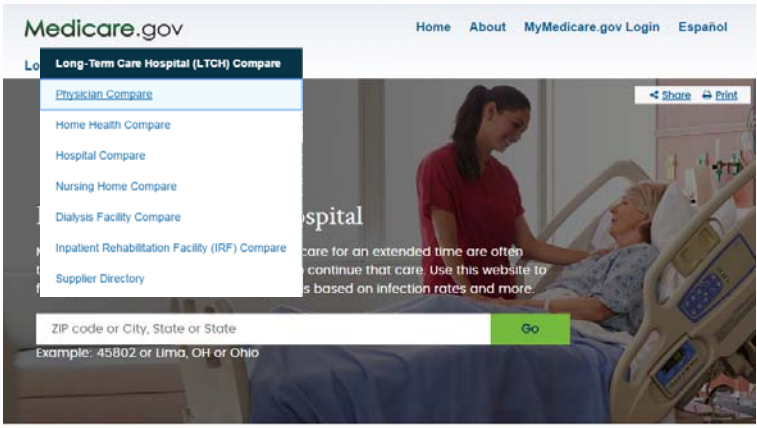
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LTCH Compare



The screenshot shows the Medicare.gov website with a dropdown menu open for 'Long-Term Care Hospital (LTCH) Compare'. The menu options include: Physician Compare, Home Health Compare, Hospital Compare, Nursing Home Compare, Dialysis Facility Compare, Inpatient Rehabilitation Facility (IRF) Compare, and Supplier Directory. Below the menu is a search field for ZIP code or City, State or State, with a 'Go' button. The background of the page features a photo of a healthcare worker attending to a patient in a hospital bed.

**SPOTLIGHT**

- Why compare long-term care


**TOOLS AND TIPS**

- Learn how Medicare covers care

**ADDITIONAL INFORMATION**

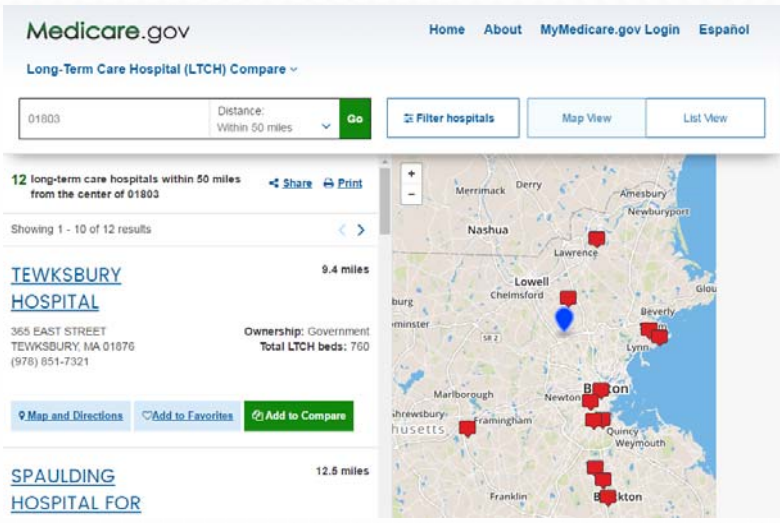
- Date Updated: December 14, 2016

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LTCH Compare




The screenshot shows the Medicare.gov website displaying search results for 'Long-Term Care Hospital (LTCH) Compare'. The search criteria are '01803' and 'Distance: Within 50 miles'. The results show 12 long-term care hospitals within 50 miles from the center of 01803. Two hospitals are listed:

| Hospital Name                          | Distance   | Total LTCH beds |
|--|------------|-----------------|
| <a href="#">TEWKSBURY HOSPITAL</a>     | 9.4 miles  | 760             |
| <a href="#">SPAULDING HOSPITAL FOR</a> | 12.5 miles |                 |

The page also includes a map view showing the locations of these hospitals in the Lowell, MA area. The map shows several red markers representing hospitals and a blue marker for the search location. The page includes navigation buttons like 'Filter hospitals', 'Map View', and 'List View'.

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LTCH Compare

**Medicare.gov** Home About MyMedicare.gov Login Español

Long-Term Care Hospital (LTCH) Compare ▾

01803 Distance: Within 50 miles Go Filter hospitals Map View List View

3 hospitals added to compare. Choose up to 3 to compare.

Compare Hospitals

LTCH A ✕

LTCH B ✕

LTCH C ✕


**12** long-term care hospitals within 50 miles from the center of 01803 Share Print

Showing 1 - 10 of 12 results

**TEWKSBURY HOSPITAL** 9.4 miles


365 EAST STREET  
TEWKSBURY, MA 01876  
(978) 851-7321

Ownership: Government  
Total LTCH beds: 760



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LTCH Compare

**Medicare.gov** Home About MyMedicare.gov Login Español

Long-Term Care Hospital (LTCH) Compare ▾

[Back to hospital results](#) Share Print

Compare long-term care hospitals

12.5 miles ✕

**LTCH A**

123 MAIN ST  
CAMBRIDGE, MA 02138  
(617) 123-4567

Ownership: Non-profit  
Total LTCH beds: 180

Map and Directions
Add to Favorites
View Full Profile

19.1 miles ✕

**LTCH B**

FIRST AVE  
SALEM, MA 01970  
(978) 123-4567

Ownership: Non-profit  
Total LTCH beds: 160

Map and Directions
Add to Favorites
View Full Profile

30.2 miles ✕

**LTCH C**


NORTH ST  
WESTBOROUGH, MA 01581  
(508) 123-4567

Ownership: For profit  
Total LTCH beds: 88

Map and Directions
Add to Favorites
View Full Profile

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LTCH Compare

Quality of patient care

Healthcare - acquired conditions [Show more +](#)

[Graph view](#) [Table view](#)

| <a href="#">Rate of pressure ulcers that are new or worsened</a> | LTCHA | LTCH B            | LTCH C | National Average |
|--|-------|-------------------|--------|------------------|
|  | 1.1%  | 1.1% <sup>3</sup> | 2.3%   | 1.8%             |


Healthcare - associated infections [Show more +](#)

[Graph view](#) [Table view](#) [View more details](#)

| <a href="#">Catheter-associated urinary tract infections (CAUTI)</a> | LTCHA                      | LTCH B                       | LTCH C                     | National Average |
|--|----------------------------|------------------------------|----------------------------|------------------|
|  | Not Available <sup>4</sup> | Not Available <sup>3,4</sup> | Not Available <sup>4</sup> | 0.910            |

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Where do we go from here?

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## Utilize Any/All Available HQRP Data

- Hospice CAHPS-based Measures
  - National averages
  - Survey-vendor reports \*
  - Internal reports and comparisons
- HIS-based Measures
  - National averages
  - CASPER reports
    - Hospice-Level Quality Measure Report
    - Hospice Patient Stay-Level Quality Measure Report
  - Vendor or EMR reports \*
  - Internal reports and comparisons

### Critical for In-depth Analysis

- Drill down to identify key drivers of performance
- HIS results by admission to tie back to operations

\* *Not official results - only CMS published results are official.*

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## Hospice CAHPS Relationships

- Rating of Patient Care (Q39)
  - Would Recommend This Hospice (Q40)
  - Hospice Team Communications Composite
  - Received help as soon as wanted (Q7)
  - Getting Timely Care Composite
  - Team listened carefully to caregiver (Q35)
- Would Recommend This Hospice (Q40)
  - Rating of Patient Care (Q39)
  - Hospice Team Communications Composite
  - Getting Timely Care Composite
  - Received help as soon as wanted (Q7)
  - Team listened carefully to caregiver (Q35)

*Source: Deyta Analytics Hospice CAHPS 2015 Data Set*

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- Hospice Team Communications
  - Kept informed about condition (Q9)\*
  - Team listened carefully to caregiver (Q35)\*
  - Explained things in an easily understood way (Q8)\*
  - Received help as soon as wanted (Q7)
  - Treated with Respect Composite
  - Kept informed about arrival (Q6)\*
  - Getting Timely Care Composite
  - Rating of Patient Care (Q39)
  - Team listened about problems with Care (Q14)\*
  - Would Recommend this Hospice (Q40)
  - Getting Hospice Care Training Composite
  - Getting Help with Symptoms Composite

\* Included in Hospice Team Communication Composite

Source: Deyta Analytics Hospice CAHPS 2015 Data Set

- Treated with Respect Composite
  - Composite questions (Q11, 12)
  - Hospice Team Communications Composite
  - Team listened carefully to caregiver (Q35)
- Getting Help with Symptoms
  - Composite questions (Q16, 22, 25 27)
  - Hospice Team Communications Composite
- Getting Hospice Care Training
  - Composite questions (Q18, 19, 20, 23, 29)
  - Hospice Team Communications Composite
- Getting Timely Care
  - Composite questions (Q5, 7)
  - Hospice Team Communications

Source: Deyta Analytics Hospice CAHPS 2015 Data Set



## CMS CASPER Reports - HIS: Hospice-Level Quality Measure Report

Page 1 of 1

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**CASPER Report**  
Hospice-Level Quality Measure Report

**Facility ID:** 000000  
**CCN:** 000000  
**Hospice Name:** YOUR HOSPICE  
**City/State:** PHOENIX, AZ

**Report Period:** 10/01/2016 - 10/31/2016  
**Data was calculated on:** 12/18/2016  
**Comparison Group Period:** 10/01/2016 - 10/31/2016  
**Report Run Date:** 12/28/2016  
**Report Version Number:** 1.00

**Table Legend**  
 N/A = Not Available  
 Dash (-): A dash represents a value that could not be computed

| Measure Name (NQF ID)             | CMS Measure ID | Numerator | Denominator | Hospice Observed Percent | Comparison Group National Average | Comparison Group National Percentile |
|-----------------------------------|----------------|-----------|-------------|--------------------------|-----------------------------------|--------------------------------------|
| Treatment Preferences (NQF #1041) | H001.01        | 288       | 288         | 100.0%                   | 98.7%                             | 100                                  |
| Beliefs/Values (NQF #1047)        | H002.01        | 288       | 288         | 100.0%                   | 94.4%                             | 100                                  |
| Pain Screening (NQF #1034)        | H003.01        | 288       | 288         | 100.0%                   | 91.0%                             | 100                                  |
| Pain Assessment (NQF #1037)       | H004.01        | 99        | 123         | 80.5%                    | 79.2%                             | 38                                   |
| Dyspnea Screening (NQF #1030)     | H005.01        | 288       | 288         | 100.0%                   | 97.8%                             | 100                                  |
| Dyspnea Treatment (NQF #1038)     | H006.01        | 238       | 237         | 99.8%                    | 94.8%                             | 24                                   |
| Bowel Regimen (NQF #1017)         | H007.01        | 93        | 94          | 98.9%                    | 94.3%                             | 21                                   |

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



## CMS CASPER Reports - HIS: Patient Stay-Level Quality Measure Report

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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

**Facility ID:** 000000  
**CCN:** 000000  
**Hospice Name:** YOUR HOSPICE  
**City/State:** PHOENIX, AZ

**Report Period:** 10/01/2016 - 10/31/2016  
**Data was calculated on:** 12/18/2016  
**Report Run Date:** 12/28/2016  
**Report Version Number:** 1.00

**Status Legend**  
 b = not triggered  
 e = excluded from the CM denominator  
 x = triggered  
 c = admission date extracted from the discharge record because admission record is missing  
 NA = not available because the patient stay is either active or the discharge record is missing

| Patient Name         | Facility ID | Admission Date | Discharge Date | Treatment Preferences | Beliefs/Values | Pain Screening | Pain Assessment | Dyspnea Screening | Dyspnea Treatment | Bowel Regimen | Quality Measure Count |
|----------------------|-------------|----------------|----------------|-----------------------|----------------|----------------|-----------------|-------------------|-------------------|---------------|-----------------------|
| ADAMS, ELIZABETH     | 111111      | 09/09/2016     | 10/30/2016     | x                     | x              | x              | c               | x                 | x                 | c             | 5                     |
| ADAMS, CATHERINE     | 999999      | 10/03/2016     | 10/14/2016     | a                     | a              | a              | a               | a                 | a                 | a             | 0                     |
| ALLEN, JAMES D       | 123456      | 09/18/2016     | 10/09/2016     | x                     | x              | x              | x               | x                 | x                 | x             | 5                     |
| ANDERSON, ROBERT     | 444444      | 09/28/2016     | 10/28/2016     | x                     | x              | x              | c               | x                 | x                 | c             | 5                     |
| BOE, JOHN            | 222222      | 07/15/2016     | 10/11/2016     | x                     | x              | x              | c               | x                 | x                 | x             | 5                     |
| BROWN, ERIC          | 555555      | 10/23/2016     | 10/29/2016     | x                     | x              | x              | x               | x                 | x                 | c             | 5                     |
| CHEN, WILLIAM        | 777777      | 12/02/2015     | 10/22/2016     | x                     | x              | x              | c               | x                 | x                 | x             | 5                     |
| CHRISTIAN, AMANDA    | 888888      | 10/22/2016     | NA             | c                     | c              | c              | c               | c                 | c                 | c             | 0                     |
| COLE, FRANK          | 999999      | 10/04/2016     | 10/09/2016     | x                     | x              | x              | c               | x                 | x                 | x             | 5                     |
| DAVIS, WENDY         | 101010      | 08/04/2016     | 10/04/2016     | x                     | x              | x              | x               | x                 | x                 | x             | 5                     |
| DEWITT, ANDREW       | 121212      | 08/28/2016     | 10/22/2016     | x                     | x              | x              | x               | x                 | x                 | x             | 5                     |
| DICKSON, Y. MARGARET | 131313      | 08/24/2016     | 10/23/2016     | x                     | x              | x              | x               | x                 | x                 | x             | 5                     |

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



## Prepare for Public Reporting Now

- CMS Target date for public reporting: August 2017
- Be flexible... things will change
- Hospice CAHPS
  - 8 Quality Measures → Adjust performance targets
  - Calculations and adjustment factors to be released by CMS
- HIS Measures
  - Focus QAPI efforts on 7 HIS-based measures
  - Preview Composite Measure score
  - Establish processes for capturing visit-based measures
- Internal and external benchmarks
- Continue to look for updates from CMS

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## Resources

- Hospice Quality Reporting web page
  - <https://www.CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>
- Hospice Quality Report Training
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training.html>
- Publicly available Medicare data
  - <https://data.medicare.gov/>
- CAHPS Hospice Survey Data Warehouse
  - <https://kiteworks.rand.org>

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- Hospice CAHPS Survey website
  - [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org)
- Hospice CAHPS Quality Assurance Guidelines
  - <http://www.hospicecahpsurvey.org/en/quality-assurance-guidelines/>
- Hospice Item Set Manual V2.0
  - <https://www.CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Item-Set-HIS.html>
- HQRP Specifications for HIS-Based Quality Measures
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Downloads/HQRP-Specifications-for-HIS-based-Quality-Measures.pdf>





## The HEALTHCAREfirst Difference

- Over 25 years of experience dedicated to home health and hospice agencies
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- Competitive and affordable, monthly fee with no hardware to buy or long-term contracts
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## Thank You

- On-demand video will be made available following the webinar.
- We want to hear from you! Please fill out the survey.

### Contact HEALTHCAREfirst

800.841.6095

[www.healthcarefirst.com](http://www.healthcarefirst.com)

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