

# 2018 HOME HEALTH QUALITY REPORT REFERENCE

January 2018

OASIS Answers, Inc.



# 2018 Home Health Quality Report Reference

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## 2018 Home Health Quality Report Reference

### Overview

The Home Health Quality Reporting Program instituted several changes to the home health quality reports for 2018. This reference provides an overview of these changes.

### Confidential Feedback Reports

Prior to 2018 changes, the Centers for Medicare and Medicaid Services (CMS) Home Health Quality Reporting Program began using new terminology related to the quality reports. This terminology included the terms “Confidential Feedback Reports” and “On Demand Reports.” The term “Confidential Feedback Reports” refers to all quality reports that are available to home health agencies via the CASPER Reporting Suite. These reports are only available to the agency personnel with access to the CASPER site and are not available to the public. The Confidential Feedback Reports include the following report categories:

- Preview Reports
- On-Demand Agency-Level Reports
- On-Demand Patient-Level Reports
- Quality Assessment Only (QAO) Performance Reports

The following table provides a definition for each category of Confidential Feedback Reports and lists the specific reports in each category.

### Types of Confidential Feedback Reports

Type of Report	Definition	Reports Included
<b>Preview Reports</b>	<ul style="list-style-type: none"> <li>• Reports that provide an agency with confidential quality measure results prior to those results being publicly reported on the Home Health Compare website</li> </ul>	<ul style="list-style-type: none"> <li>• Home Health Compare Preview Report</li> <li>• Quality of Patient Care Star Rating Provider Preview Report</li> <li>• Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Preview Report</li> </ul>
<b>On Demand Reports (Agency-Level)</b>	<ul style="list-style-type: none"> <li>• Confidential reports that an agency can run themselves “on demand”</li> <li>• Agencies can request data from a specific time period</li> <li>• Found in the CASPER Reporting Suite</li> <li>• Agency-Level Reports include aggregate data and quality measure results for the time period selected</li> </ul>	<ul style="list-style-type: none"> <li>• Agency Patient-Related Characteristics Report</li> <li>• Home Health Agency Trend Analysis Report</li> <li>• Risk Adjusted Outcome Report</li> <li>• Potentially Avoidable Event Risk Adjusted Report</li> <li>• Process Measures Report</li> <li>• Review and Correct Reports</li> </ul>
<b>On Demand Reports (Patient-Level)</b>	<ul style="list-style-type: none"> <li>• Confidential reports that an agency can run themselves “on demand”</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially Avoidable Event: Patient Listing Report</li> </ul>

## 2018 Home Health Quality Report Reference

Type of Report	Definition	Reports Included
	<ul style="list-style-type: none"> <li>Agencies can request data from a specific time period</li> <li>Found in the CASPER Reporting Suite</li> <li>Patient-Level Reports include data and quality measure results for individual patients for the time period selected</li> </ul>	<ul style="list-style-type: none"> <li>Agency Patient-Related Characteristics (Case Mix) Tally Report</li> <li>Outcome Tally Report</li> <li>Process Tally Report</li> </ul>
<b>Quality Assessment Only (QAO) Performance Reports</b>	<ul style="list-style-type: none"> <li>Provided to assist agencies monitor their compliance with Home Health Pay-for-Reporting requirements</li> <li>Placed in CASPER folders quarterly (not available on demand)</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Interim QAO Performance Reports</li> <li>Year-end Historical QAO Performance Report</li> </ul>

### 2018 Quality Report Changes

Sample reports in the 2018 OASIS Guidance Manual updates (Appendix F, OASIS and Quality Improvement) display the following revisions:

1. Improving Medicare Post-Acute Care Transformation Act (IMPACT) measures added to appropriate reports.
2. Measures that were removed from the Home Health Quality Reporting Program or the Home Health Quality Initiative effective January 1, 2017, are now available only on the Outcome Tally Reports and Process Tally Reports for agencies' internal quality monitoring and improvement efforts.
3. Updated report legends and definitions added to reports.
4. Some report titles have changed slightly.
5. 2-Bar Reports removed from reporting suite (Agency Patient-Related Characteristics 2-Bar Report, Outcome Risk Adjusted 2-Bar Report, Potentially Avoidable Event Risk Adjusted 2-Bar Report)

### Addition of 5 IMPACT Act Measures

The Improving Medicare Post-Acute Care (IMPACT) Act of 2014 will bring many new quality measures to the Home Health Quality Reporting Program. The first 5 IMPACT Act measures are included in the 2018 updates of the Confidential Feedback Reports. The following table outlines when these new measures are anticipated to be available.

Report	Available
Confidential Feedback Reports	January 2018
Home Health Compare Preview Reports	Fall 2018
Home Health Compare	NLT January 2019

## 2018 Home Health Quality Report Reference

### Changes to On-Demand Agency-Level Reports

**NOTE: SAMPLE REPORTS ARE AVAILABLE IN ADDENDUM A**

Report	Changes
<p><b>1. Risk Adjusted Outcome Report</b></p> <p><i>Addendum A Pages A1-A8</i></p>	<ul style="list-style-type: none"> <li>A. Updated report legends and definitions</li> <li>B. Outcome Risk Adjusted 2-Bar Report removed</li> <li>C. Added "Home Health Agency's Home Health Compare Risk Adjusted Rate" bar*</li> <li>D. Added IMPACT Measures:               <ul style="list-style-type: none"> <li>○ Percent of Residents or Patients with Pressure Ulcers that are New or Worsened</li> <li>○ Potentially Preventable 30-Day Post- Discharge Readmission</li> <li>○ Discharge to Community</li> <li>○ Medicare Spending per Beneficiary (MSPB) Post-Acute Care (PAC) HHA Measure (includes explanation of measure)</li> </ul> </li> <li>E. Removed measures:               <ul style="list-style-type: none"> <li>○ Improvement in Anxiety Level</li> <li>○ Improvement in Urinary Incontinence</li> <li>○ Improvement in Behavior Problem Frequency</li> <li>○ Improvement in Speech and Language</li> <li>○ Improvement in Urinary Tract Infection</li> <li>○ Improvement in Grooming</li> <li>○ Improvement in Toileting Hygiene</li> <li>○ Improvement in Eating</li> <li>○ Improvement in Light Meal Preparation</li> <li>○ Improvement in Phone Use</li> <li>○ Stabilization in Speech and Language</li> <li>○ Stabilization in Cognitive Functioning</li> <li>○ Stabilization in Anxiety Level Stabilization in Light Meal Preparation</li> </ul> </li> </ul>
<p><b>2. Potentially Avoidable Event Risk Adjusted Report</b></p> <p><i>Addendum A Pages A9-A11</i></p>	<ul style="list-style-type: none"> <li>A. Updated report legends and definitions</li> <li>B. Outcome Risk Adjusted 2-Bar Report removed</li> <li>C. Removed measures:               <ul style="list-style-type: none"> <li>○ Emergent Care for Injury Caused by Fall</li> <li>○ Emergent Care for Wound Infections, Deteriorating Wound Status</li> </ul> </li> </ul>
<p><b>3. Process Measures Report</b></p> <p><i>Addendum A Pages A12-A14</i></p>	<ul style="list-style-type: none"> <li>A. Updated report legends and definitions</li> <li>B. Added IMPACT Measure:               <ul style="list-style-type: none"> <li>○ Drug Regimen Review Conducted with Follow-Up for Identified Issues</li> </ul> </li> <li>C. Removed measures:               <ul style="list-style-type: none"> <li>○ Depression Interventions in Plan of Care</li> </ul> </li> </ul>

## 2018 Home Health Quality Report Reference

Report	Changes
	<ul style="list-style-type: none"> <li>○ Depression Interventions Implemented during All Episodes of Care</li> <li>○ Falls Prevention Steps in Plan of Care</li> <li>○ Falls Prevention Steps Implemented for All Episodes of Care</li> <li>○ Pain Interventions in Plan of Care</li> <li>○ Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care</li> <li>○ Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during All Episodes of Care</li> <li>○ Physician Notification Guidelines Established</li> <li>○ Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode</li> <li>○ Potential Medication Issues Identified and Timely Physician Contact at Start of Episode</li> <li>○ Potential Medication Issues Identified and Timely Physician Contact during All Episodes of Care</li> </ul>
<p><b>4. Agency Patient-Related Characteristics (Case Mix) Report</b></p> <p><i>Addendum A</i> <i>Pages A15-A21</i></p>	<ul style="list-style-type: none"> <li>A. Updated report legends and definitions</li> <li>B. Agency Patient-Related Characteristics 2-Bar Report removed</li> </ul>

\***HHA HHC RA** – Home Health Agency’s Home Health Compare Risk Adjusted Rate is the home health agency’s Home Health Compare risk adjusted performance for the measure for the selected period. This rate will match the Home Health Compare rate for the measure when the reporting periods for this report matches the reporting periods displayed on Home Health Compare.

### Changes to On-Demand Patient-Level Reports

*NOTE: SAMPLE REPORTS ARE AVAILABLE IN ADDENDUM B*

Report	Changes
<p><b>5. Outcome Tally Report</b></p> <p><i>Addendum B</i> <i>Pages B1-B3</i></p>	<ul style="list-style-type: none"> <li>A. Updated report legend</li> <li>B. Footnote added to indicate measures removed from the Home Health Quality Initiative effective January 1, 2017, (remain on the Outcome Tally Reports for agencies’ internal quality monitoring and improvement efforts).</li> <li>C. Added IMPACT Measure:               <ul style="list-style-type: none"> <li>○ Percent of Residents or Patients with Pressure Ulcers that are New or Worsened</li> </ul> </li> </ul>
<p><b>6. Process Tally Report</b></p>	<ul style="list-style-type: none"> <li>A. Updated report legend</li> </ul>

## 2018 Home Health Quality Report Reference

Report	Changes
<p><i>Addendum B</i> <i>Pages B4-B6</i></p>	<p>B. Footnotes added to indicate measures removed from the Home Health Quality Reporting Program or the Home Health Quality Initiative effective January 1, 2017, (remain on the Process Tally Reports for agencies' internal quality monitoring and improvement efforts).</p> <p>C. Added IMPACT measure:</p> <ul style="list-style-type: none"> <li>○ Drug Regimen Review Conducted with Follow-Up for Identified Issues</li> </ul>
<p><b>7. Potentially Avoidable Event: Patient Listing Report</b></p> <p><i>Addendum B</i> <i>Pages B7-B9</i></p>	<p>A. Removed measures:</p> <ul style="list-style-type: none"> <li>○ Emergent Care for Injury Caused by Fall</li> <li>○ Emergent Care for Wound Infections, Deteriorating Wound Status</li> </ul>
<p><b>8. HHA Review and Correct Report</b></p> <p><i>Addendum B</i> <i>Pages B10-B26</i></p>	<p>A. New Report in 2017</p> <ul style="list-style-type: none"> <li>○ Allow home health agencies to review their quality measure data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline</li> <li>○ The HHA Review and Correct Report provides a breakdown, by measure and by quarter, of the agency's quality measure data for four rolling quarters.</li> <li>○ Identifies the open/closed status of each quarter's data correction period as of the report run date. <ul style="list-style-type: none"> <li>◆ Quality Measure calculations are performed weekly and on the first day of each quarter.</li> <li>◆ The data submission deadline is 4.5 months after the end of the quarter.</li> <li>◆ Correction periods for each quarter end as follows: <ul style="list-style-type: none"> <li>● Q1 (1/1-3/31) – August 15</li> <li>● Q2 (4/1-6/30) – November 15</li> <li>● Q3 (7/1-9/30) – February 15</li> <li>● Q4 (10/1-12/31) – May 15</li> </ul> </li> </ul> </li> </ul>

## 2018 Home Health Quality Report Reference

### References

[OASIS-C2 Guidance Manual](#) effective 1-1-18; Appendix F

[May 2017 HH QRP Provider Training Day 1](#)

**CASPER Reporting User's Manual** available for download in the following location: OASIS User Guides and Training page on the QTSO Web site (<https://www.qtso.com/hhatrain.html>)

### Resources

**Home Health Quality Helpdesk:** [homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov)

**QIES Technical Help Desk:** [help@qtso.com](mailto:help@qtso.com); Phone: 1-877-201-4721

[CMS Home Health Quality Initiatives](#) website



# **1. Risk Adjusted Outcome Report**



## CASPER Report Risk Adjusted Outcome Report

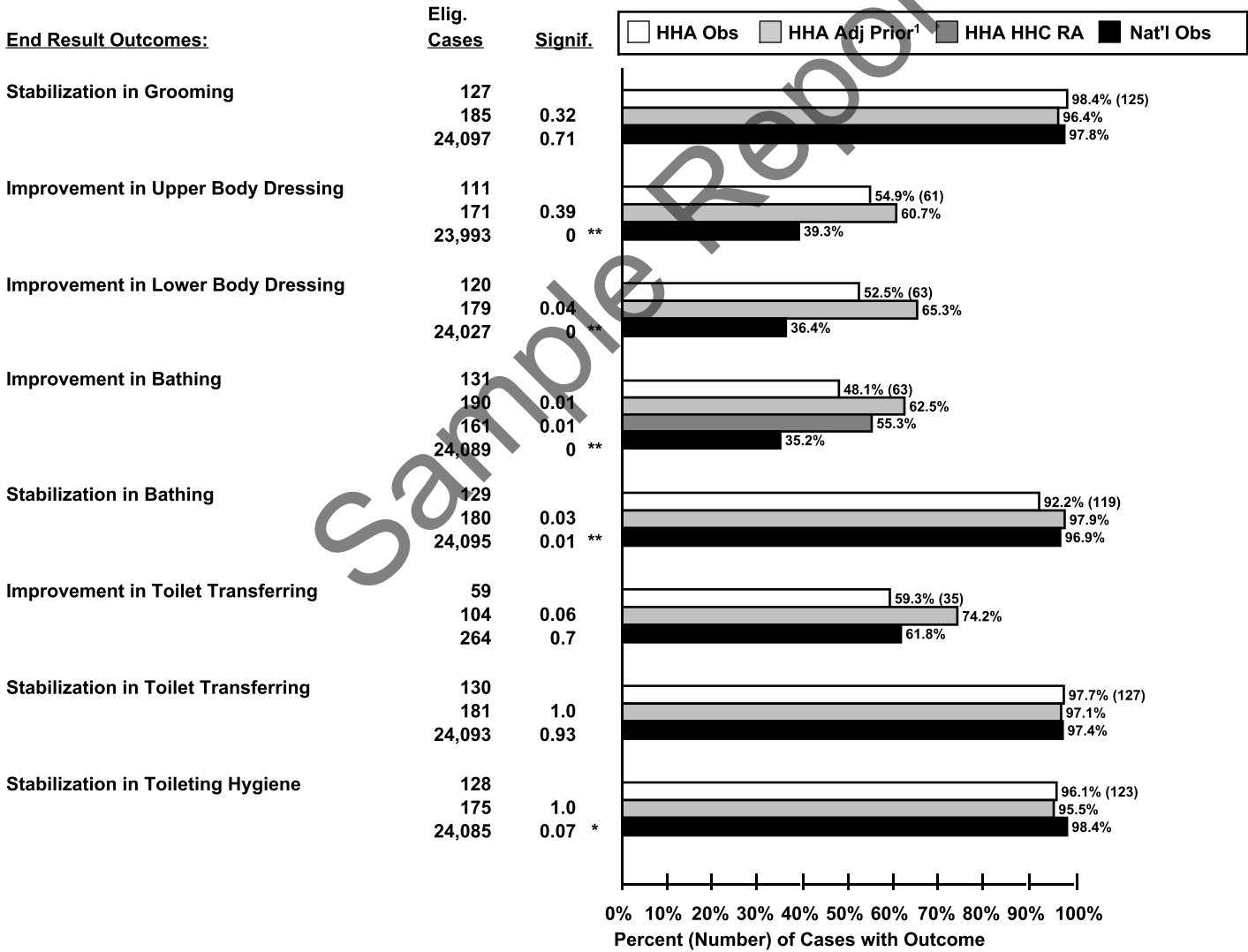
Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ  
 CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 05/02/2017

Branch: All

Requested Current Period: 07/2012 - 06/2013  
 Requested Prior Period: 07/2011 - 06/2012  
 Actual Current Period: 07/2012 - 06/2013  
 Actual Prior Period: 07/2011 - 06/2012  
 # Cases Curr: 137      Prior: 195  
 Number of Cases (National): 24,122

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.  
**HHA HHC RA** - Home Health Agency's Home Health Compare Risk Adjusted Rate is the home health agency's Home Health Compare risk adjusted performance for the measure for the selected period. This rate will match the Home Health Compare rate for the measure when the reporting periods for this report matches the reporting periods displayed on Home Health Compare. This rate is adjusted and is calculated using the following formula: HHA RA = HHA Obs + Nat'l pred - HHA pred.  
**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]  
**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.  
 \* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.  
 \*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.



NOTES: When a measure value is calculated using less than 10 Episodes of care, the statistical significance level will not be displayed on the report. The Home Health Agency's Home Health Compare Risk Adjusted rates are computed for the OASIS-based measures only and are not computed for the claims-based measures.

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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



## CASPER Report Risk Adjusted Outcome Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ  
 CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 05/02/2017

Branch: All

Requested Current Period: 07/2012 - 06/2013  
 Requested Prior Period: 07/2011 - 06/2012  
 Actual Current Period: 07/2012 - 06/2013  
 Actual Prior Period: 07/2011 - 06/2012  
 # Cases Curr: 137      Prior: 195  
 Number of Cases (National): 24,122

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.

**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.

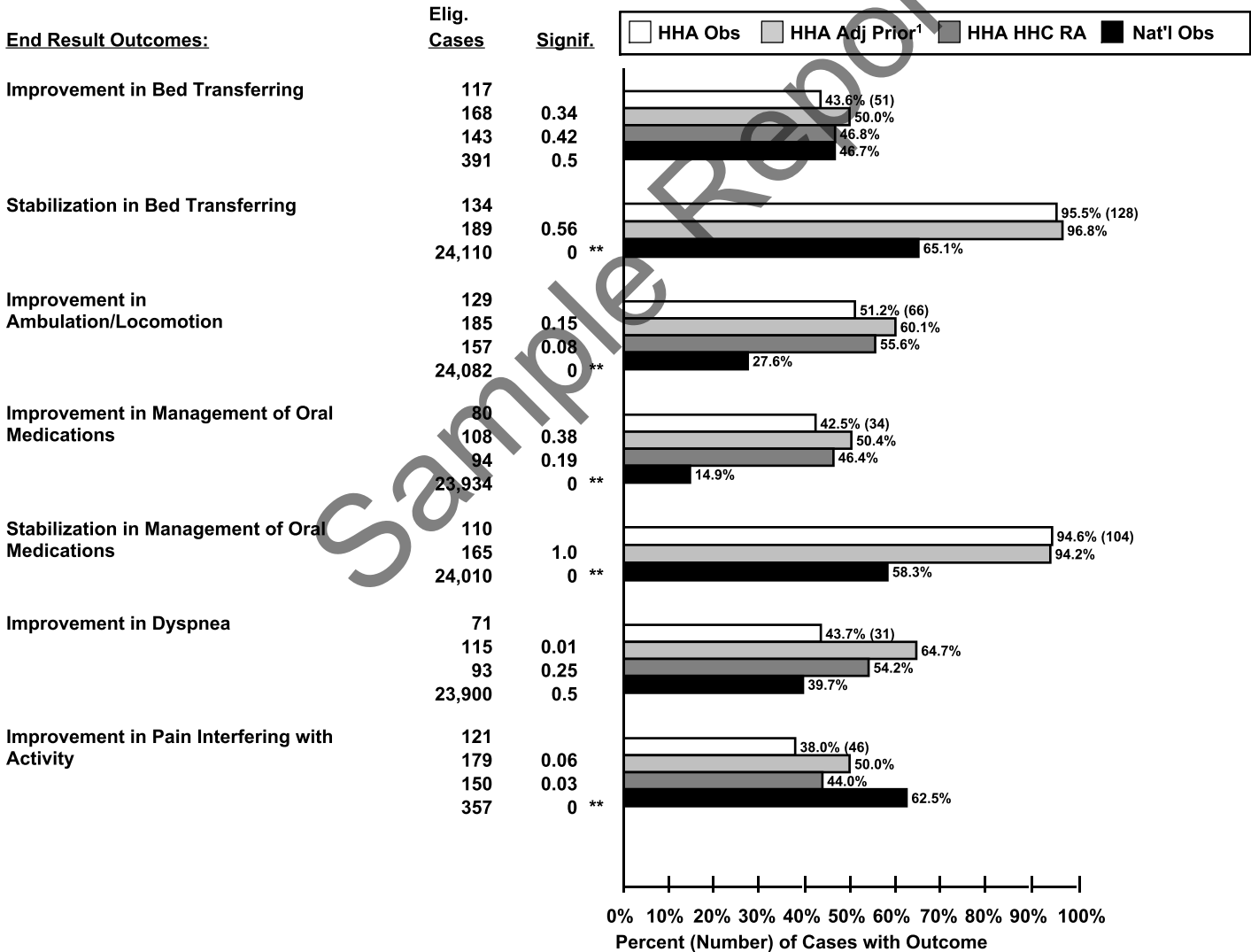
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**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

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NOTES: When a measure value is calculated using less than 10 Episodes of care, the statistical significance level will not be displayed on the report.

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## CASPER Report Risk Adjusted Outcome Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345  
**Medicaid Number:** HH1234  
**Report Run Date:** 05/02/2017

**Branch:** All

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases Curr:** 137      **Prior:** 195  
**Number of Cases (National):** 24,122

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.

**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula:  $HHA\ Adj\ Prior = HHA\ Prior\ Obs + HHA\ curr\ pred - HHA\ prior\ pred$ .

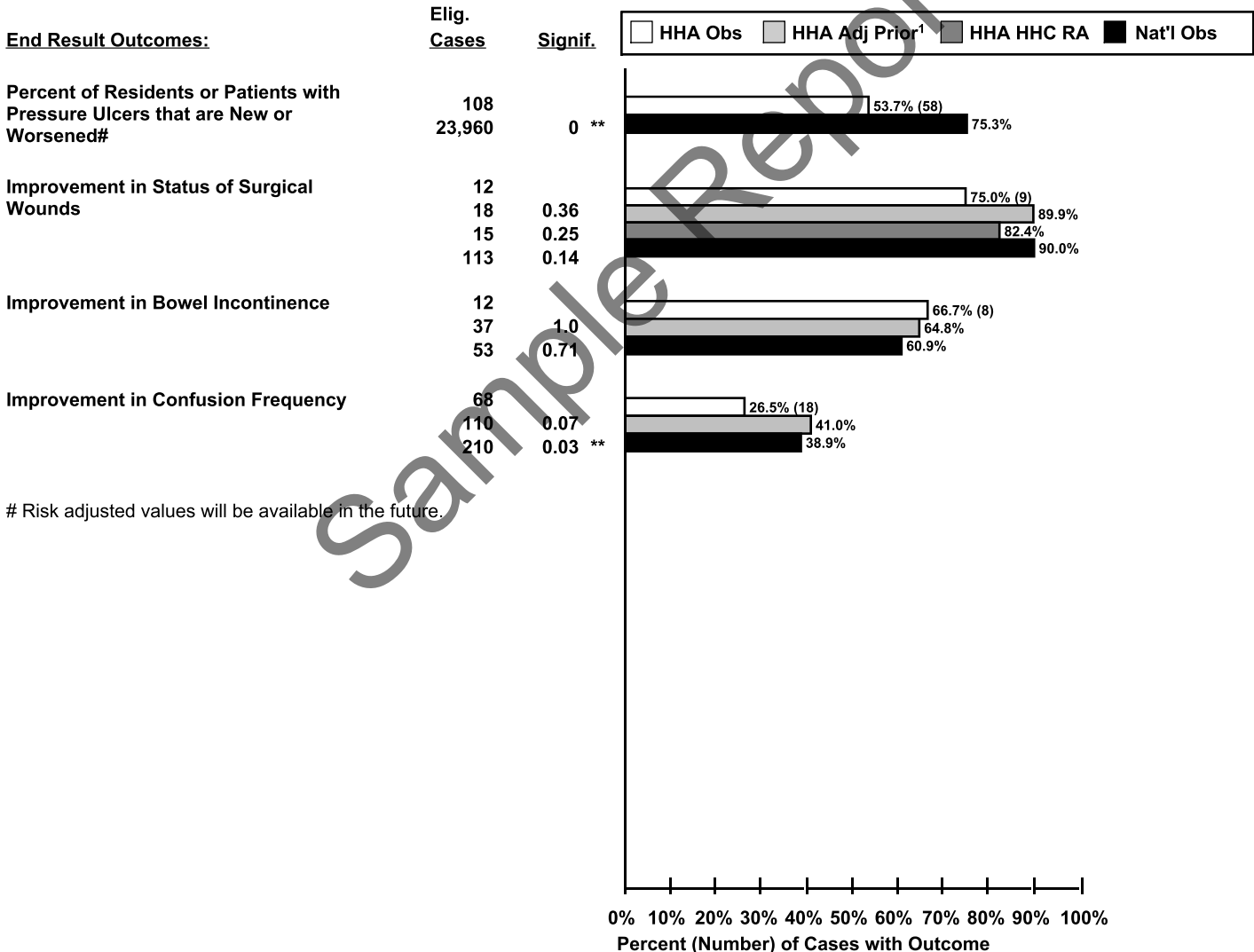
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**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

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\*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.



# Risk adjusted values will be available in the future.

NOTES: When a measure value is calculated using less than 10 Episodes of care, the statistical significance level will not be displayed on the report.

The Home Health Agency's Home Health Compare Risk Adjusted rates are computed for the OASIS-based measures only and are not computed for the claims-based measures.

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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## CASPER Report Risk Adjusted Outcome Report

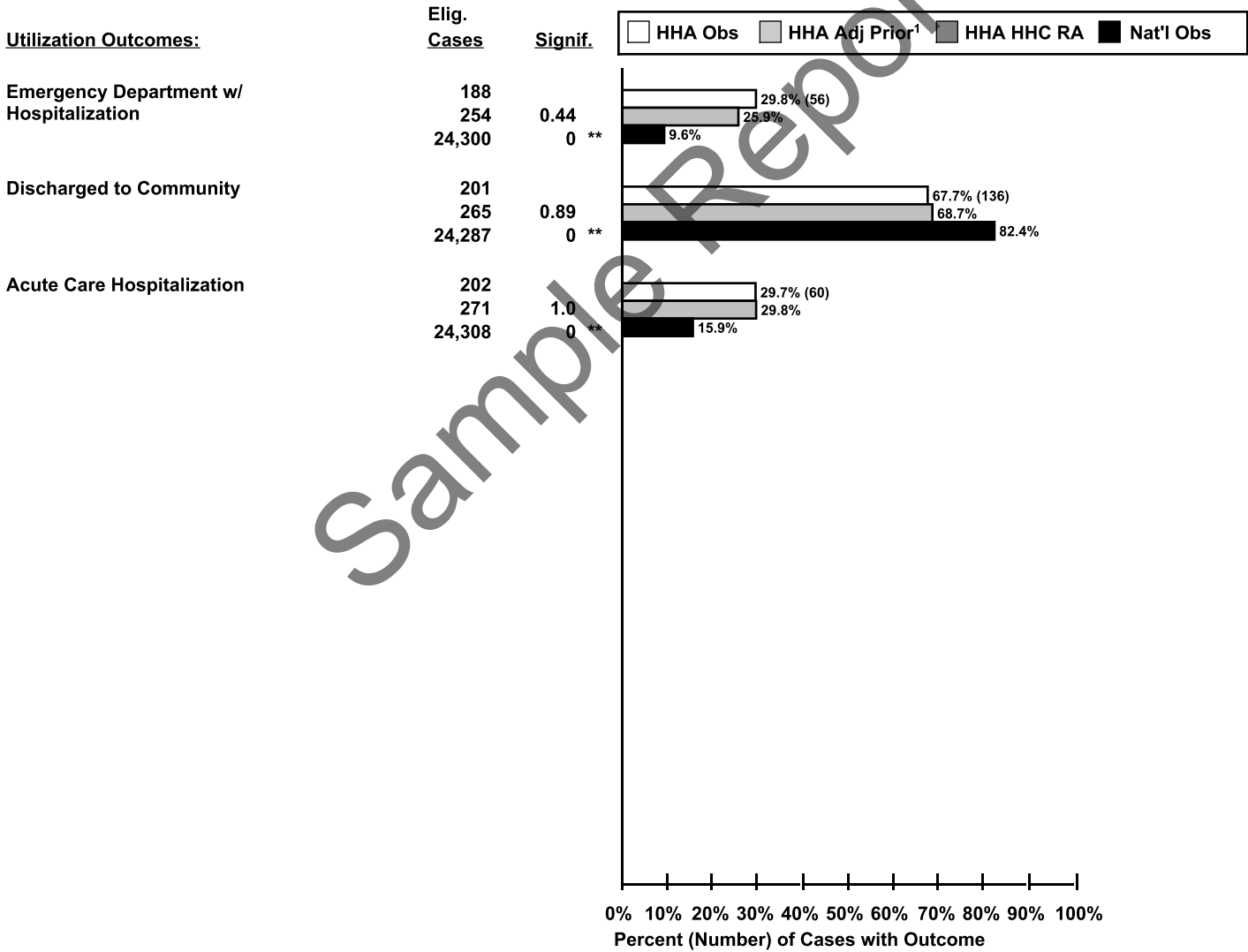
**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345  
**Medicaid Number:** HH1234  
**Report Run Date:** 05/02/2017

**Branch:** All

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases Curr:** 227      **Prior:** 289  
**Number of Cases (National):** 24,335

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.  
**HHA HHC RA** - Home Health Agency's Home Health Compare Risk Adjusted Rate is the home health agency's Home Health Compare risk adjusted performance for the measure for the selected period. This rate will match the Home Health Compare rate for the measure when the reporting periods for this report matches the reporting periods displayed on Home Health Compare. This rate is adjusted and is calculated using the following formula: HHA RA = HHA Obs + Nat'l pred - HHA pred.  
**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]  
**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.  
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NOTES: When a measure value is calculated using less than 10 Episodes of care, the statistical significance level will not be displayed on the report.  
 The Home Health Agency's Home Health Compare Risk Adjusted rates are computed for the OASIS-based measures only and are not computed for the claims-based measures.

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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## CASPER Report Risk Adjusted Outcome Report

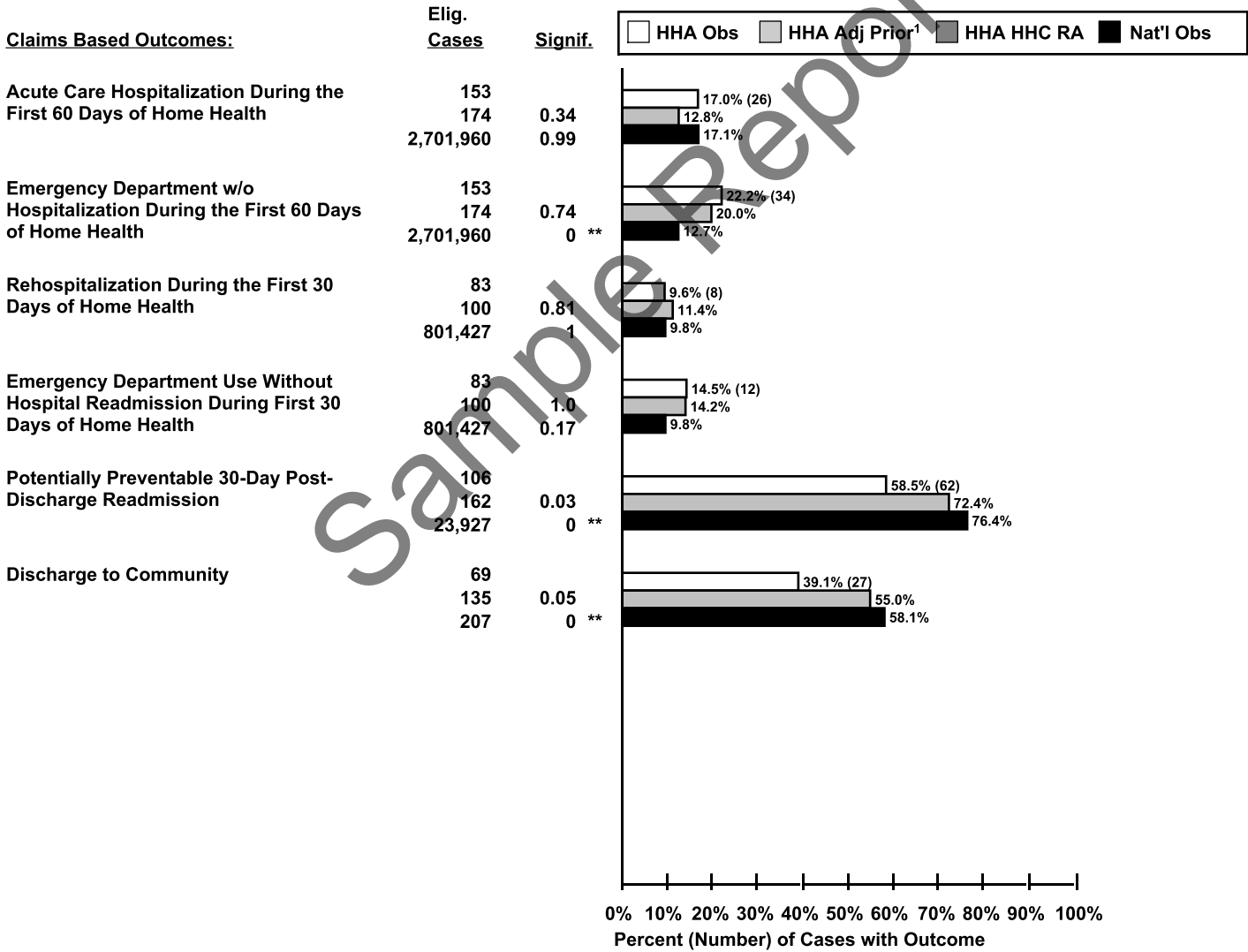
Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ  
 CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 05/02/2017

Branch: All

Requested Current Period (Claims): 01/2014 - 12/2014  
 Requested Prior Period (Claims): 01/2013 - 12/2013  
 Actual Current Period (Claims): 01/2014 - 12/2014  
 Actual Prior Period (Claims): 01/2013 - 12/2013  
 # Cases Curr (Claims): 153      Prior (Claims): 174  
 Number of Cases (National) (Claims): 2,701,960

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.  
**HHA HHC RA** - Home Health Agency's Home Health Compare Risk Adjusted Rate is the home health agency's Home Health Compare risk adjusted performance for the measure for the selected period. This rate will match the Home Health Compare rate for the measure when the reporting periods for this report matches the reporting periods displayed on Home Health Compare. This rate is adjusted and is calculated using the following formula: HHA RA = HHA Obs + Nat'l pred - HHA pred.  
**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]  
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 \* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.  
 \*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.



NOTES: When a measure value is calculated using less than 10 Episodes of care, the statistical significance level will not be displayed on the report. The Home Health Agency's Home Health Compare Risk Adjusted rates are computed for the OASIS-based measures only and are not computed for the claims-based measures.

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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## CASPER Report Risk Adjusted Outcome Report

**Agency Name:** HOME HEALTH 101  
**Location:** XCITY, XZ  
**CCN:** 012345

**Report Period:** 07/01/2012 - 06/30/2013  
**Data was calculated on:** 05/02/2017  
**Report Run Date:** 05/02/2017

**Legend:**

[a] PAC HH = Post-Acute Care Home Health

[b] The treatment period is the time during which the patient receives care from the attributed HH, and includes Part A, Part B and Durable Medical Equip Prosthetics, Orthotics and Supplies (DMEPOS) claims.

[c] The associated services period is the time during which any Medicare Part A and Part B services other than those in the treatment period are counted towards the episode spending.

Dash [-] = Value cannot be calculated

N/A = Not Available

### Medicare Spending per Beneficiary (MSPB) – PAC HH<sup>[a]</sup>

	NUMBER OF ELIGIBLE EPISODES	AVERAGE SPENDING PER EPISODE			MSPB AMOUNT	
		SPENDING DURING TREATMENT PERIOD <sup>[b]</sup>	SPENDING DURING ASSOCIATED SERVICES PERIOD <sup>[c]</sup>	TOTAL SPENDING DURING EPISODE	AVERAGE RISK ADJUSTED SPENDING	NATIONAL MEDIAN
Your Agency	21	\$5,000	\$10,000	\$15,000	\$18,000	\$21,000
National	6,000,000	\$6,000	\$14,000	\$20,000	\$22,000	\$21,000

<b>Your Agency's MSPB PAC Score</b> (Your Agency's Risk Adjusted Spending Divided by the National Median)	0.86
<b>U.S. Average MSPB Score</b> (National Risk Adjusted Spending Divided by the National Median)	1.05

NOTE: Patient-level data for claims-based measures are not included in CASPER patient-level quality measure reports.

Source: Medicare Fee-For-Service claims and eligibility files

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This sample report is for illustrative purposes only.

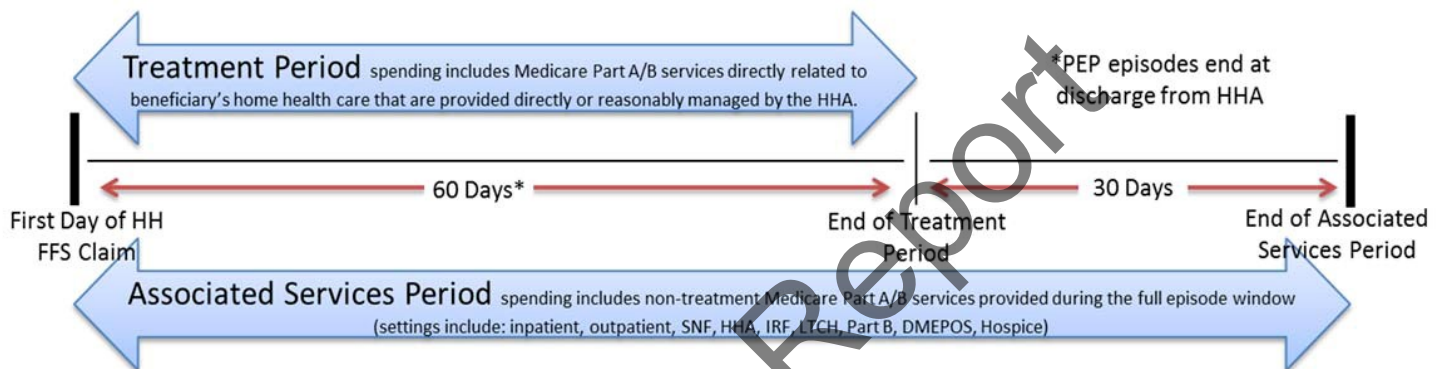
## CASPER Report Risk Adjusted Outcome Report

### Explanation of Medicare Spending per Beneficiary (MSPB) Post-Acute Care (PAC) HHA Measure

The purpose of the MSPB-PAC measures are to support public reporting of resource use in PAC provider settings as well as provide actionable, transparent information to support PAC providers' efforts to promote care coordination and improve the efficiency of care provided to their patients.

The measure is calculated as the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each agency divided by the episode-weighted median MSPB-PAC Amount across all agencies of the same type. For home health agencies, episodes are categorized as Partial Episode Payment (PEP), Low Utilization Payment Adjustment (LUPA), and all others (Standard) and agencies' episodes are compared only within each category. The figure below illustrates the episode window for calculating this measure. Beneficiary spending during the episode window is categorized as related to "Treatment" or "Associated Services." The episode window begins on the first day of the home health claim and ends 30 days after the Treatment Period ends (which is either 60 days or at discharge for PEP episodes). Spending is standardized, bottom-coded when necessary, and risk-adjusted.

### Episode Window for MSPB-PAC HH Measure



#### Episode Exclusions

- Episodes from a RAP
- Episodes outside the 50 states, D.C., Puerto Rico and U.S. territories
- Episodes with the standard allowed amount equal to zero or where the standard allowed amount cannot be calculated
- Episodes in which the beneficiary is not enrolled in Medicare FFS for the 90 days prior to the first day of the home health claim through the episode window, or is enrolled in Part C
- Episodes not paid through prospective payment system

#### Service Exclusions

- Planned hospital admissions
- Routine management of certain preexisting chronic conditions
- Some routine screening and health care maintenance
- Immune modulating medications

Specific exclusions subject to change; please refer to links under Resources for most current information.

#### Risk Adjustment

- HCCs and interactions in 90 days prior to episode window
- Age, Medicare entitlement reason, ESRD
- Long-term care institutionalization, prior ICU use, prior hospitalization length of stay, hospice use
- Clinical case mix categories

#### Resources

- **MSPB PAC Measure Specifications (including risk adjustment factors and exclusion criteria):** [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/2016\\_04\\_06\\_mspb\\_pac\\_measure\\_specifications\\_for\\_rulemaking.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/2016_04_06_mspb_pac_measure_specifications_for_rulemaking.pdf)
- **Home Health Quality Measures:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>

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## **2. Potentially Avoidable Event Risk Adjusted Outcome Report**



## CASPER Report Potentially Avoidable Event Risk Adjusted Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345      **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases: Curr** 227      **Prior** 289  
**Number of Cases (National):** 24,335

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.

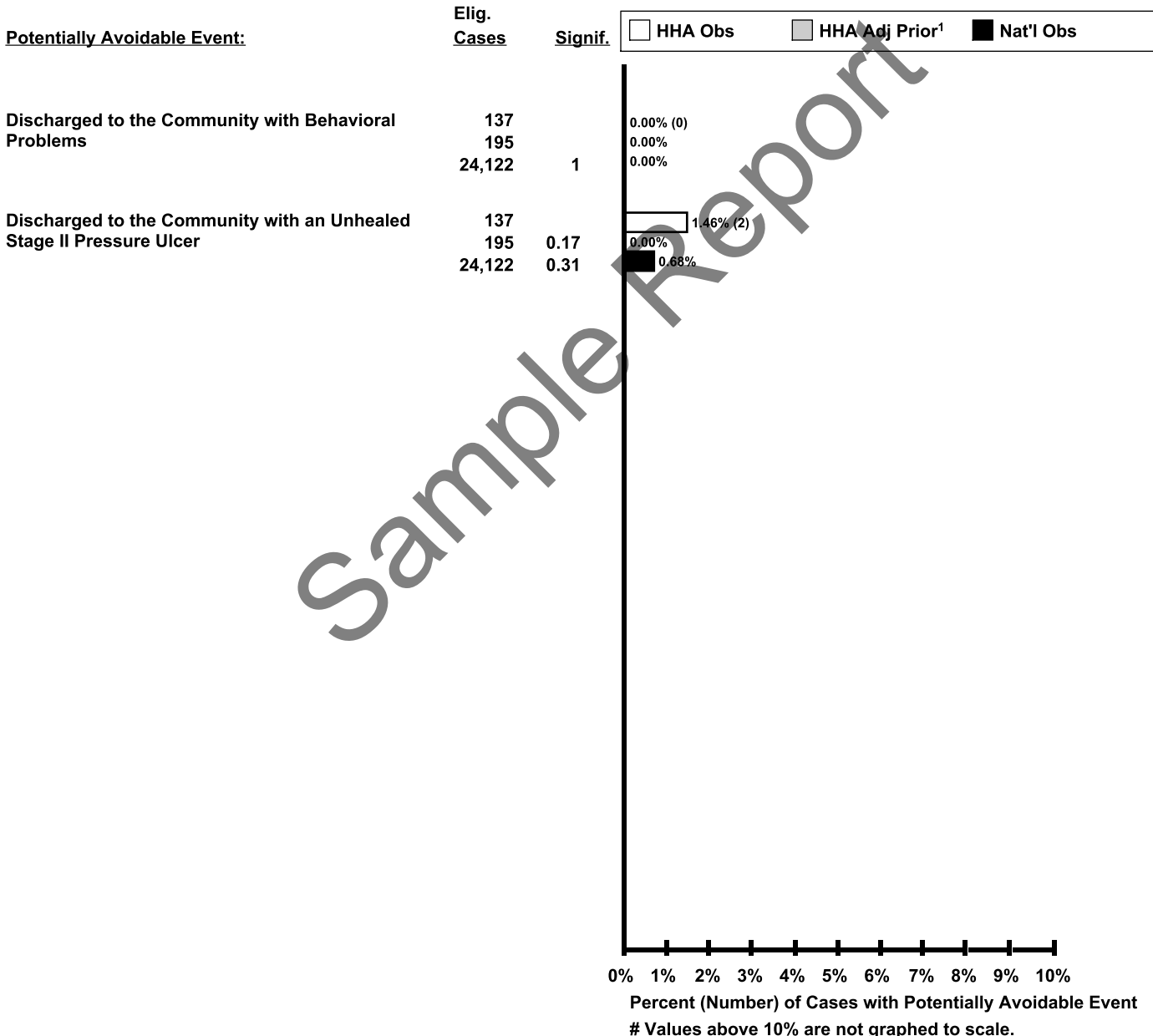
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.

**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

\* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

\*\* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.



NOTE: When a measure value is calculated using less than 10 Episodes of Care, the statistical significance level will not be displayed on the report.

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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## CASPER Report Potentially Avoidable Event Risk Adjusted Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345      **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases: Curr** 227      **Prior** 289  
**Number of Cases (National):** 24,335

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.

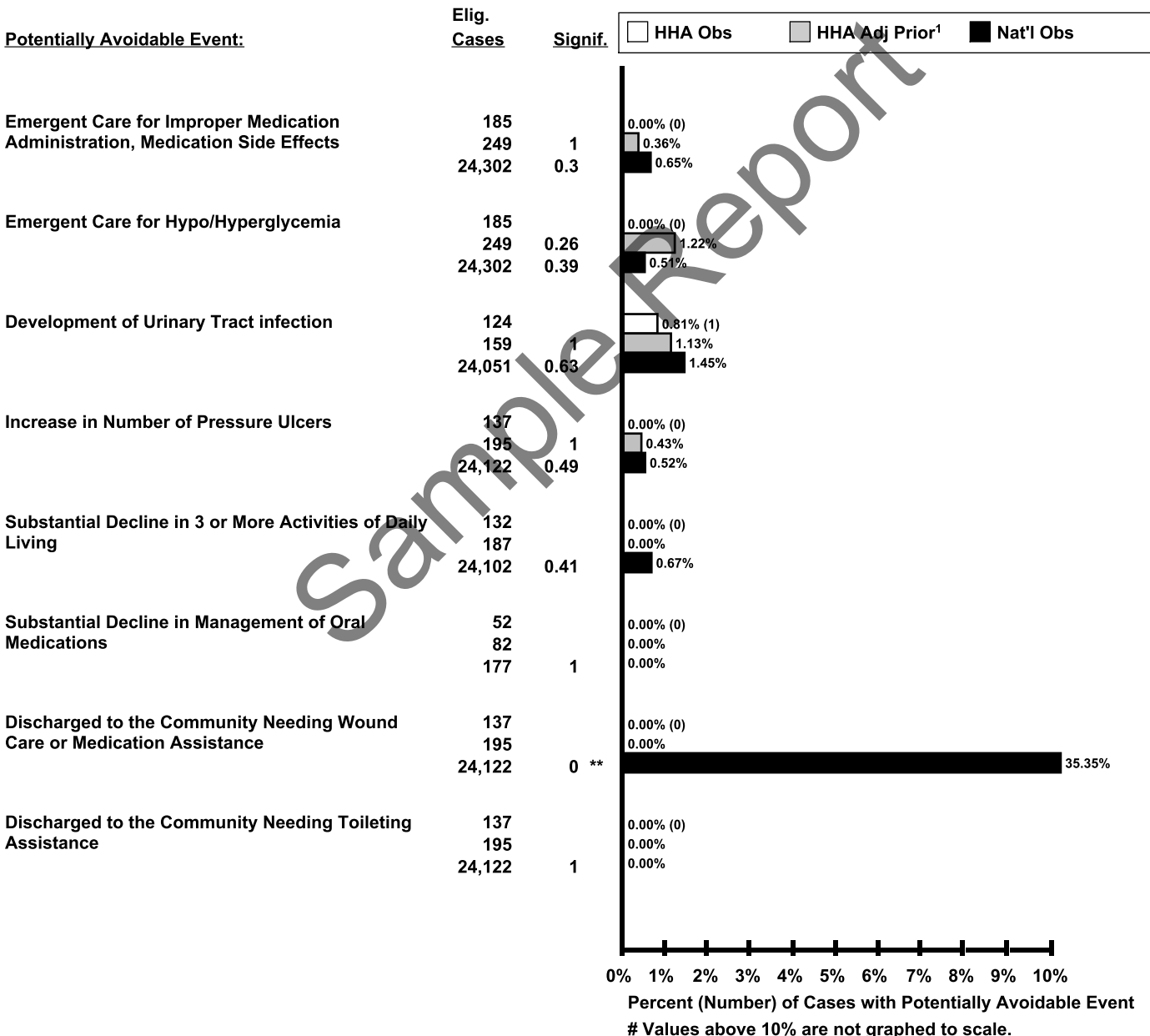
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula:  $HHA\ Adj\ Prior = HHA\ Prior\ Obs + HHA\ curr\ pred - HHA\ prior\ pred$ .

**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

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<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Adj Prior" fields until they have 12 months of data.

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## **3. Process Measures Report**



# CASPER Report Process Measures Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345      **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/22/2017

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases: Curr** 227      **Prior** 289  
**Number of Cases (National):** 24,335

**Definitions:**

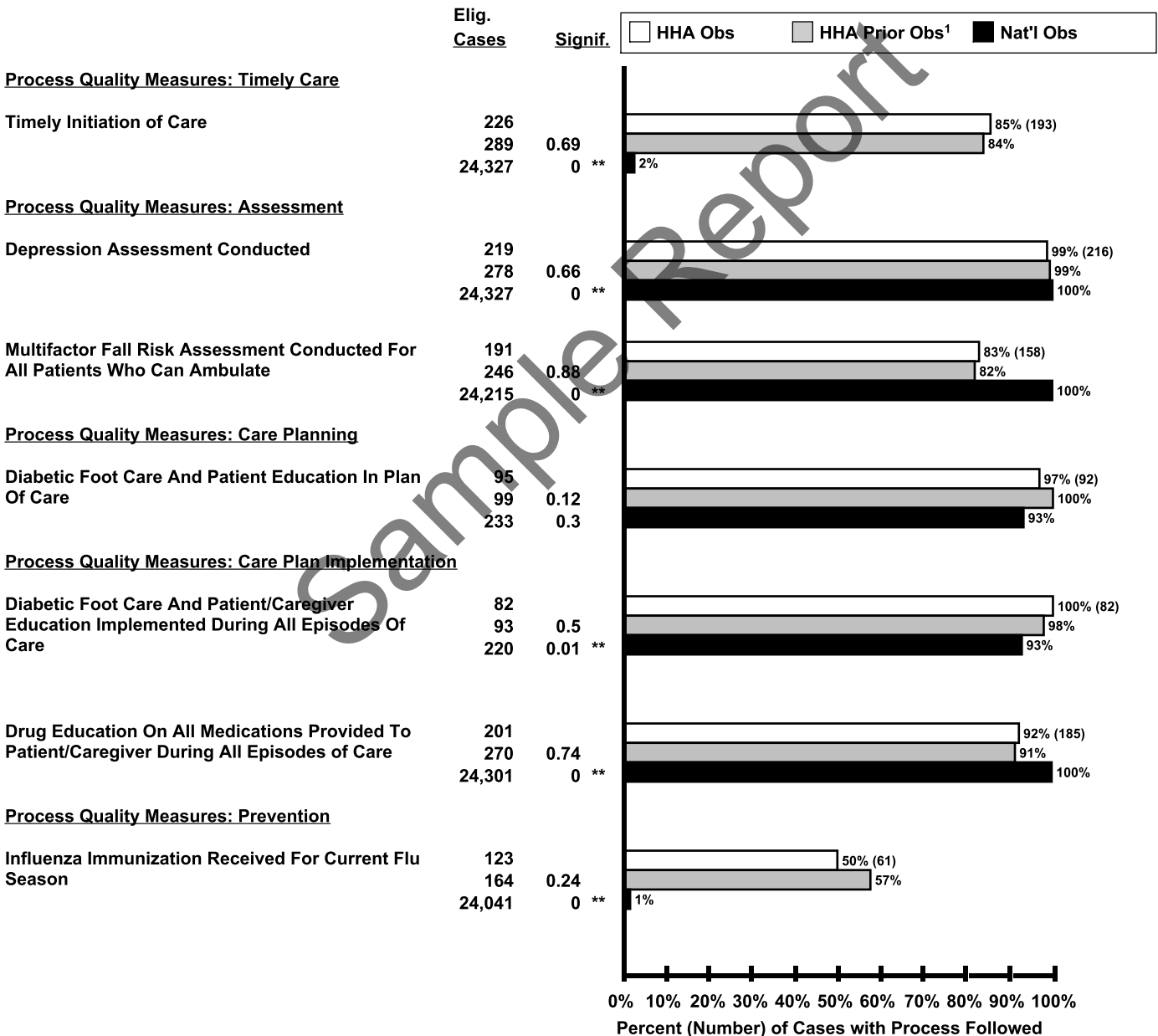
**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Prior Obs** - Home Health Agency's Observed Rate from the Prior Period is the HHA's prior performance for the measure for the selected period. This rate is not risk adjusted.

**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

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## CASPER Report Process Measures Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345      **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/22/2017

**Requested Current Period:** 07/2012 - 06/2013  
**Requested Prior Period:** 07/2011 - 06/2012  
**Actual Current Period:** 07/2012 - 06/2013  
**Actual Prior Period:** 07/2011 - 06/2012  
**# Cases: Curr** 227      **Prior** 289  
**Number of Cases (National):** 24,335

**Definitions:**

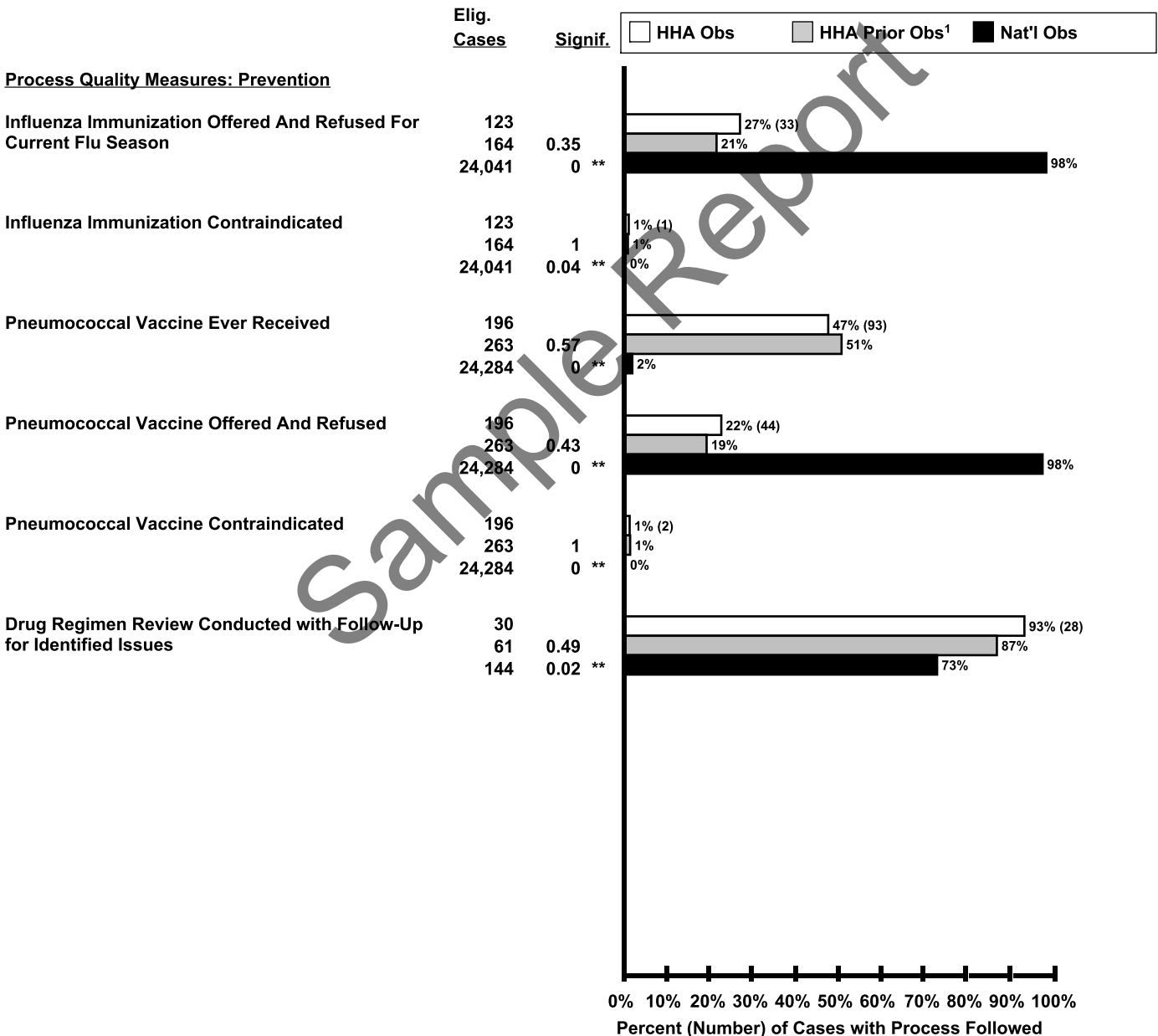
**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Prior Obs** - Home Health Agency's Observed Rate from the Prior Period is the HHA's prior performance for the measure for the selected period. This rate is not risk adjusted.

**Nat'l Obs** - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]

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NOTE: When a measure value is calculated using less than 10 Episodes of Care, the statistical significance level will not be displayed on the report.

1 NOTE: Home Health Agencies that are newly certified will not have available data in the "HHA Prior Obs" fields until they have 12-months of data.

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## **4. Agency Patient-Related Characteristics (Case Mix) Report**

# CASPER Report

## Agency Patient-Related Characteristics (Case Mix) Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY,XZ  
**CCN:** 012345 **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 01/2011 - 12/2011  
**Request Prior Period:** 01/2010 - 12/2010  
**Actual Current Period:** 01/2011 - 12/2011  
**Actual Prior Period:** 01/2010 - 12/2010  
**# Cases: Curr** 232 **Prior** 202  
**Number of Cases (National):** 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**HHA Prior Obs<sup>1</sup>** - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**Nat'l Obs** - National Observed Rate/Value is the actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

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\*\* The probability is 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.

	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b><u>PATIENT HISTORY</u></b>							
<b>Demographics</b>							
Age (years)	72.45	70.83	76.38 **	Multiple hospitalizations (%)	57.33%	56.93%	38.41% **
Gender: Female (%)	48.71%	49.50%	62.73% **	History of falls (%)	46.12%	45.54%	28.83% **
Race: Black(%)	0.00%	0.00%	21.22% **	5 or more medications (%)	84.05%	83.17%	81.29%
Race: White(%)	95.69%	96.04%	71.97% **	Frailty factors (%)	43.53%	43.56%	27.22% **
Race: Other(%)	6.03%	5.94%	7.08%	Other (%)	7.33%	7.92%	13.98% *
<b>Payment Source</b>				None (%)	5.17%	5.94%	5.53%
Any Medicare(%)	90.09%	90.10%	91.62%	<b>Overall Status</b>			
Any Medicaid(%)	13.36%	13.86%	13.13%	Overall Status (0-3)	1.74	1.76	1.21 **
Any HMO(%)	0.86%	0.99%	13.41% **	Unknown / Unclear (%)	0.86%	0.99%	0.27%
Medicare HMO(%)	0.00%	0.00%	9.97% **	<b>Other Risk Factors</b>			
Other(%)	6.03%	5.94%	8.35%	Smoking (%)	29.46%	30.61%	14.86% **
<b>Episode Start</b>				Obesity (%)	20.54%	20.41%	19.14%
Episode timing: Early(%)	90.09%	92.08%	91.48%	Alcohol dependency (%)	5.80%	6.12%	3.08%
Episode timing: Later(%)	7.76%	6.44%	7.08%	Drug dependency (%)	0.89%	1.02%	1.91%
Episode timing: Unknown(%)	2.16%	1.48%	1.44%	None (%)	51.79%	51.02%	66.98% **
<b>Inpatient Discharge / Medical Regimen</b>				<b>Body Mass Index</b>			
Long-term nursing facility(%)	0.86%	0.99%	1.15%	Low Body Mass Index (%)	3.02%	3.01%	3.03% **
Skilled nursing facility(%)	5.60%	4.95%	18.35% **	<b>LIVING ARRANGEMENT / ASSISTANCE</b>			
Short-stay acute hospital (%)	72.84%	71.29%	54.62% **	<b>Current Situation</b>			
Long-term care hospital (%)	0.86%	0.99%	2.05%	Lives alone(%)	19.40%	20.79%	27.44% *
Inpatient rehab hospital/unit(%)	0.00%	0.00%	5.21% **	Lives with others (%)	70.26%	69.80%	62.64%
Psychiatric hospital/unit(%)	0.00%	0.00%	0.27%	Lives in congregate situation (%)	10.34%	9.41%	9.92%
Medical Regimen Change(%)	99.14%	99.01%	88.49% **	<b>Availability</b>			
<b>Prior Conditions</b>				Around the clock (%)	86.64%	85.15%	77.40% **
Urinary incontinence(%)	38.67%	39.29%	30.07% *	Regular daytime(%)	5.60%	5.94%	5.28%
Indwelling/suprapubic catheter(%)	7.11%	7.14%	3.04% *	Regular nighttime(%)	0.86%	0.99%	4.31% *
Intractable pain(%)	20.44%	20.92%	13.06% *	Occasional (%)	5.17%	5.94%	11.70% *
Impaired decision-making(%)	16.44%	16.33%	16.69%	None(%)	1.72%	1.98%	1.32%
Disruptive/Inappropriate behav. (%)	3.56%	4.08%	1.37% *	<b>CARE MANAGEMENT</b>			
Memory loss (%)	24.00%	21.94%	11.02% **	<b>ADLs</b>			
None listed (%)	28.44%	28.57%	49.06% **	None needed (%)	6.03%	6.93%	16.73% **
No inpatient de/ No med. regimen chg.(%)	0.86%	0.99%	6.14% **	Caregiver currently provides(%)	85.34%	84.16%	63.23% **
<b>Therapies</b>				Caregiver training needed(%)	7.76%	7.92%	13.10%
IV/infusion therapy(%)	10.34%	10.89%	2.90% **	Uncertain/Unlikely to be provided(%)	0.86%	0.99%	3.44%
Parenteral nutrition (%)	0.00%	0.00%	0.30%	Needed, but not available(%)	0.00%	0.00%	3.50% **
Enteral nutrition (%)	1.72%	1.98%	1.66%	<b>IADLs</b>			
<b>GENERAL HEALTH STATUS</b>				None needed (%)	1.72%	1.98%	4.38%
<b>Hospitalization Risks</b>				Caregiver provides(%)	97.41%	97.03%	84.57% **
Recent decline mental/emot/behav (%)	18.97%	18.81%	15.32%	Caregiver training needed(%)	0.00%	0.00%	5.80% **
				Uncertain/Unlikely to be provided(%)	0.86%	0.99%	2.22%
				Needed, but not available(%)	0.00%	0.00%	3.03% *

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Prior Obs" column until they have 12 months of data.

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## CASPER Report Agency Patient-Related Characteristics (Case Mix) Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY,XZ  
**CCN:** 012345 **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 01/2011 - 12/2011  
**Request Prior Period:** 01/2010 - 12/2010  
**Actual Current Period:** 01/2011 - 12/2011  
**Actual Prior Period:** 01/2010 - 12/2010  
**# Cases: Curr** 232 **Prior** 202  
**Number of Cases (National):** 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**HHA Prior Obs<sup>1</sup>** - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**Nat'l Obs** - National Observed Rate/Value is the actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

**Asterisks** - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.

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	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b>ADLs</b>							
Frequency of AOL/ IADL (1-5)	1.11	1.13	1.45 **	..... " " " " " (%)	39.57%	41.00%	29.46% **
<b>Medication Administration</b>							
None needed (%)	18.10%	19.80%	34.87% **	..... " " " " " - n l	9.05%	9.41%	5.14%
Caregiver provides(%)	74.57%	73.27%	51.57% **	Stage I pressure ulcer unt	0.09	0.09	0.05
Caregiver training needed(%)	6.47%	5.94%	9.93%	Stage III p, e s s, g #)	0.01	0.01	0.01
Uncertain/Unlikely to be provided(%)	0.00%	0.00%	1.74%	Stage IV pressu leer unt (#)	0.02	0.01	0.01
Needed, but not available(%)	0.86%	0.99%	1.89%	U n s t a g e a a cer count(#)	0.03	0.04	0.02
<b>Medical Procedures</b>							
None needed (%)	57.76%	59.41%	61.01%	Status mo l a U (0-3)	2.90	2.89	2.85
Caregiver provides(%)	38.79%	36.63%	25.20% **	Stage I pres cers count (0-4)	0.09	0.11	0.04
Caregiver training needed(%)	0.86%	0.99%	8.810 : a s i s ulcer count (0-4)	Stage most problematic PU (1-4)	2.17	2.10	2.01
Uncertain/Unlikely to be provided(%)	1.72%	1.98%	8.810 : a s i s ulcer count (0-4)	<b>Stasis Ulcers</b>			
Needed, but not available(%)	0.86%	0.99%	8.810 : a s i s ulcer count (0-4)	Stasis ulcer indicator(%)	0.86%	0.99%	1.85%
<b>Management of Equipment</b>							
None needed (%)	56.90%	57.43%	*	8.810 : a s i s ulcer count (0-4)	0.02	0.02	0.03
Caregiver provides(%)	40.09%	39.60%	22.34% **	" " " " most pmb malic " " " (0-3)	2.00	2.00	2.22
Caregiver training needed(%)	3.02%	2.97%	4.71%	<b>rgical Wounds</b>			
Uncertain/Unlikely to be provided(%)	0.00%	0.00%	0.75%	Surgical wound indicator(%)	33.62%	32.18%	28.77%
Needed, but not available(%)	0.00%	0.00%	0.88%	Status most problematic surg. (0-3)	1.37	1.35	1.61
<b>Supervision / Safety</b>							
None needed (%)	39.66%	40.59%	41.28%	<b>Other</b>			
Caregiver provides(%)	58.62%	57.43%	49.09% *	Skin lesion with intervention (%)	1.29%	0.99%	19.55% **
Caregiver training needed(%)	0.86%	0.99%	6.74% **	<b>PHYSIQLQGICAL STATUS</b>			
Uncertain/Unlikely to be provided(%)	0.00%	0.00%	1.45%	<b>Respiratory</b>			
Needed, but not available(%)	0.86%	0.99%	1.44%	Dyspnea (0-4)	1.29	1.31	1.21
<b>Advocacy</b>							
None needed (%)	10.34%	10.89%	13.28%	Oxygen therapy (%)	25.86%	26.24%	18.48% *
Caregiver provides(%)	87.07%	86.14%	79.33% *	Ventilator therapy(%)	0.00%	0.00%	0.12%
Caregiver training needed(%)	0.86%	0.99%	4.04% *	CPAP / BPAP therapy(%)	6.47%	6.44%	2.76% *
Uncertain/Unlikely to be provided(%)	1.72%	1.98%	1.70%	<b>Elimination Status</b>			
Needed, but not available(%)	0.00%	0.00%	1.65%	Urinary Tract Infection(%)	20.87%	20.50%	10.18% **
<b>SENSQBY STATUS</b>							
<b>Sensory Status</b>							
Vision impairment (0-2)	0.30	0.28	0.20 *	Urinary incontinence/catheter(%)	61.21%	60.89%	45.30% **
Hearing impairment (0-2)	0.31	0.29	0.33	Urinary incontinence frequency (0-4)	2.46	2.41	2.68
Verbal content understanding (0-3)	0.50	0.49	0.45	Bowel incontinence (0-5)	0.40	0.37	0.32
Speech/language (0-5)	0.66	0.67	0.52	Bowel ostomy (%)	2.59%	1.98%	2.09%
Pain interfering with activity (0-4)	3.03	3.02	1.91 **	<b>NEURQ! EMQTIQNAL I BEHAVIQRAL</b>			
<b>INTEGUMENTARY STATUS</b>							
<b>Pressure Ulcers</b>							
				Cognition			
				Cognitive deficit (0-4)	0.73	0.70	0.60
				Confusion frequency (0-4)	0.98	0.95	0.77
				Emotional			
				Anxiety level (0-3)	0.97	0.98	0.60 **
				Depression evaluation indicator(%)	23.47%	22.41%	9.79% **
				PHQ-2: Interest/Pleasure (0-3)	0.61	0.59	0.34 **
				PHQ-2: Down/Depressed (0-3)	0.64	0.61	0.38 **
				Behavioral			
				Memory deficit (%)	34.91%	34.65%	15.59% **

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## CASPER Report

### Agency Patient-Related Characteristics (Case Mix) Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY,XZ  
 CCN: 012345 Branch: All  
 Medicaid Number: HH1234  
 Report Run Date: 03/31/2017

Requested Current Period: 01/2011 - 12/2011  
 Request Prior Period: 01/2010 - 12/2010  
 Actual Current Period: 01/2011 - 12/2011  
 Actual Prior Period: 01/2010 - 12/2010  
 # Cases: Curr 232 Prior 202  
 Number of Cases (National): 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**HHA Prior Obs<sup>1</sup>** - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**Nat'l Obs** - National Observed Rate/Value is the actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

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	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b>Behavioral</b>				Prior mgmt. injected medications: NA (%)	78.88%	79.70%	78.17%
Impaired decision-making(%)	10.78%	9.90%	17.60% *	<b>THERAPY / PLAN OF CARE</b>			
Verbal disruption(%)	0.86%	0.99%	1.42%	<b>Therapy Visits</b>			
Physical aggression (%)	2.59%	1.98%	0.75% *	# Therapy visits indicated (#)	3.57	3.57	6.83 **
Disruptive/Inappropriate behavior(%)	0.00%	0.00%	0.64%	<b>PATIENT DIAGNOSTIC INFORMATION</b>			
Delusional, hallucinatory, etc.(%)	3.45%	2.97%	1.12% *	<b>Acute Conditions</b>			
None demonstrated (%)	58.19%	59.41%	73.38% **	Orthopedic (%)	32.33%	31.19%	39.60%
Frequency of behavioral problems (0-5)	0.86	0.90	0.60	Neurologic (%)	12.93%	13.86%	12.42%
Psychiatric nursing(%)	0.00%	0.00%	0.66%	Open wounds/lesions (%)	4.31%	4.95%	6.47%
				Cardiac/peripheral vascular (%)	15.95%	16.34%	40.83% **
<b>ACTIVITIES OF DAILY LIVING</b>				(%)	21.98%	21.78%	20.41%
<b>SOC / ROC Status</b>				Imonary abetes mellttu, (%)	3.02%	2.97%	15.07% **
Grooming (0-3)	1.21	1.20	0	astrointestinal disorder (%)	13.79%	13.86%	12.91%
Dress upper body (0-3)	1.34	1.34		Contagious/communicable (%)	1.72%	1.49%	2.82%
Dress lower body (0-3)	1.75	1.73		Urinary incontinence/catheter(%)	17.67%	16.83%	12.68%
Bathing (0-6)	3.08	3.07		Mental/emotional (%)	0.00%	0.00%	0.66%
Toilet transfer (0-4)	0.97	0.96	0.84	Oxygen therapy (%)	25.86%	26.24%	18.48% *
Toileting hygiene (0-3)	1.22	1.21	0.94 **	IV/infusion therapy(%)	10.34%	10.89%	2.90% **
Bed transferring (0-5)	1.14	1.14	1.20	Enteral/parenteral nutrition(%)	1.72%	1.98%	1.89%
Ambulation (0-6)	2.54	2.52	2.20 **	Ventilator(%)	0.00%	0.00%	0.12%
Eating (0-5)	0.82	0.82	0.50 **	<b>Chronic Conditions</b>			
Mobility (01-06)	1.21	1.20	0.98 **	Dependence in living skills(%)	40.52%	40.10%	32.97%
<b>Status Prior to SOC/ROC</b>				Dependence in personal care(%)	48.28%	48.02%	43.05%
Prior Self Care (0-2)	0.81	0.79	0.67 *	Impaired ambulation/mobility(%)	47.41%	46.53%	46.25%
Prior Ambulation (0-2)	0.71	0.69	0.62	Urinary incontinence/catheter(%)	43.53%	44.06%	32.62% **
Prior Transfer (0-2)	0.52	0.51	0.52	Dependence in med. admin. (%)	55.60%	54.95%	52.30%
<b>IADLs, MEDICATIONS, OTHER</b>				Chronic pain(%)	18.94%	19.70%	13.98%
<b>IADLs</b>				Cognitive/mental/behavioral (%)	25.55%	23.74%	18.34% *
Light meal prep (0-2)	1.34	1.32	1.10 **	Chronic pt. with caregiver(%)	79.74%	79.21%	65.68% **
Phone use (0-5)	0.97	0.97	0.74	<b>Home Care Diagnoses</b>			
Prior Household (0-2)	1.38	1.36	1.07 **	Infections/parasitic diseases(%)	5.17%	4.95%	3.60%
<b>Falls Risk</b>				Neoplasms (%)	20.69%	21.78%	9.03% **
At risk of falls (%)	85.09%	84.85%	75.41% **	Endocrine/nutrit./metabolic (%)	35.78%	35.64%	41.56%
<b>Medication Status</b>				Blood diseases(%)	33.62%	32.67%	11.01% **
Drug regimen: problem found(%)	23.48%	23.50%	24.46%	Mental diseases(%)	46.55%	47.52%	22.39% **
Mgmt. oral medications (0-3)	1.44	1.42	1.17 **	Nervous system diseases(%)	43.10%	43.56%	22.45% **
Mgmt. oral medications: NA (%)	0.00%	0.00%	0.41%	Circulatory system diseases(%)	72.41%	70.30%	76.53%
Mgmt. injected medications (0-3)	1.38	1.48	1.39	Respiratory system diseases(%)	31.90%	31.68%	24.61% *
Mgmt. injected medications: NA(%)	75.86%	76.24%	75.61%	Digestive system diseases(%)	33.62%	33.66%	16.82% **
Prior mgmt. oral medications (0-2)	0.76	0.75	0.71	Genitourinary sys. diseases(%)	15.95%	15.35%	15.70%
Prior mgmt. oral medications: NA(%)	0.00%	0.00%	0.92%	Skin/subcutaneous diseases (%)	25.43%	26.73%	10.78% **
Prior mgmt. injected medications (0-2)	0.86	0.83	0.88				

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## CASPER Report

### Agency Patient-Related Characteristics (Case Mix) Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY,XZ  
**CCN:** 012345 **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 01/2011 - 12/2011  
**Request Prior Period:** 01/2010 - 12/2010  
**Actual Current Period:** 01/2011 - 12/2011  
**Actual Prior Period:** 01/2010 - 12/2010  
**# Cases: Curr** 232 **Prior** 202  
**Number of Cases (National):** 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**HHA Prior Obs**<sup>1</sup> - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

**Nat'l Obs** - National Observed Rate/Value is the actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

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	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b>Home Care Diagnoses</b>				Injury from fall (%)	8.06%	7.27%	4.35%
Musculoskeletal sys. diseases(%)	50.86%	50.00%	46.16%	Respiratory infection (%)	11.29%	10.91%	8.95%
Ill-defined conditions(%)	43.53%	43.56%	35.75%	Other respiratory (%)	30.65%	30.91%	11.14% **
Fractures(%)	3.45%	3.96%	6.39%	Heart failure (%)	6.45%	7.27%	7.61%
Intracranial injury(%)	0.00%	0.00%	0.35%	Cardiac dysrhythmia (%)	3.23%	3.64%	3.02%
Other injury(%)	1.29%	0.99%	3.68%	Myocardial infarction (%)	0.00%	0.00%	4.13%
Adverse reactions and complications(%)	3.02%	2.97%	3.92%	Other heart disease (%)	0.00%	0.00%	1.70%
<b>Active Diagnoses</b>				Stroke (CVA) or TIA (%)	0.00%	0.00%	2.22%
Diabetes Mellitus (%)	3.02%	3.01%	3.03% **	Hypo/Hyperglycemia (%)	3.23%	3.64%	2.38%
Peripheral vascular disease or peripheral arterial disease(%)	3.02%	3.01%	3.03% **	GI bleeding, obstruction, etc. (%)	0.00%	0.00%	3.30%
<b>PATIENT DISCHARGE INFORMATION</b>				Dehydration, malnutrition (%)	3.23%	3.64%	4.49%
<b>Length of Stay</b>				Urinary tract infection (%)	0.00%	0.00%	4.65%
LOS until discharge (in days)	40.29	39.05	36.38	IV catheter-related infection (%)	0.00%	0.00%	0.36%
LOS from 1 to 30 days(%)	46.12%	46.53%	57.25% **	Wound infection (%)	9.68%	10.91%	4.47%
LOS from 31 to 60 days(%)	39.22%	40.10%	30.65% *	Uncontrolled pain (%)	3.23%	3.64%	4.27%
LOS from 61 to 120 days(%)	11.21%	10.89%	7.97%	Acute mental/behav. Problem (%)	3.23%	3.64%	2.38%
LOS from 121 to 180 days(%)	3.45%	2.48%	3.59%	Deep vein thrombosis (%)	0.00%	0.00%	1.84%
LOS more than 180 days(%)	0.00%	0.00%	0.53%	Scheduled visit (%)	3.23%	1.82%	5.71%
<b>Reason for Emergent Care</b>				Other (%)	30.65%	30.91%	37.59%
Improper medications(%)	0.00%	0.00%	1.64%	No hospitalization (%)	68.69%	68.02%	70.79%
Injury from fall(%)	8.62%	7.84%	6.22%				
Respiratory infection (%)	18.97%	19.61%	8.91%				
Other respiratory(%)	34.48%	35.29%	12.51% **				
Heart failure(%)	10.34%	11.76%	8.38%				
Cardiac dysrhythmia (%)	0.00%	0.00%	3.15%				
Myocardial infarction(%)	0.00%	0.00%	4.60%				
Other heart disease (%)	0.00%	0.00%	1.80%				
Stroke (CVA) or TIA(%)	0.00%	0.00%	2.35%				
Hypo/Hyperglycemia(%)	10.34%	9.80%	2.94% *				
GI bleeding, obstruction, etc.(%)	0.00%	0.00%	3.54%				
Dehydration, malnutrition(%)	0.00%	0.00%	4.89%				
Urinary tract infection(%)	3.45%	3.92%	5.77%				
IV catheter-related infection(%)	3.45%	3.92%	0.53%				
Wound infection(%)	3.45%	3.92%	4.10%				
Uncontrolled pain(%)	3.45%	3.92%	6.22%				
Acute mental/behav. problem(%)	3.45%	3.92%	2.43%				
Deep vein thrombosis(%)	5.17%	3.92%	2.27%				
Other(%)	18.97%	17.65%	36.79% *				
No emergent care (%)	69.70%	69.19%	78.40% *				
<b>Reason for Hospitalization</b>							
Improper medications(%)	0.00%	0.00%	1.02%				

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# CASPER Report

## Agency Patient-Related Characteristics (Case Mix) Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY,XZ  
**CCN:** 012345 **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 01/2011 - 12/2011  
**Request Prior Period:** 01/2010 - 12/2010  
**Actual Current Period:** 01/2011 - 12/2011  
**Actual Prior Period:** 01/2010 - 12/2010  
**# Cases: Curr** 232 **Prior** 202  
**Number of Cases (National):** 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

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	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b><u>PATIENT HISTORY</u></b>							
<b>Demographics</b>							
Age (years)	72.45	70.83	76.38 **	Multiple hospitalizations (%)	57.33%	56.93%	38.41% **
Gender: Female (%)	48.71%	49.50%	62.73% **	History of falls (%)	46.12%	45.54%	28.83% **
Race: Black(%)	0.00%	0.00%	21.22% **	5 or more medications (%)	84.05%	83.17%	81.29%
Race: White(%)	95.69%	96.04%	71.97% **	Frailty factors (%)	43.53%	43.56%	27.22% **
Race: Other(%)	6.03%	5.94%	7.08%	Other (%)	7.33%	7.92%	13.98% *
<b>Payment Source</b>				None (%)	5.17%	5.94%	5.53%
Any Medicare(%)	90.09%	90.10%	91.62%	<b>Overall Status</b>			
Any Medicaid(%)	13.36%	13.86%	13.13%	Overall Status (0-3)	1.74	1.76	1.21 **
Any HMO(%)	0.86%	0.99%	13.41% **	Unknown / Unclear (%)	0.86%	0.99%	0.27%
Medicare HMO(%)	0.00%	0.00%	9.97% **	<b>Other Risk Factors</b>			
Other(%)	6.03%	5.94%	8.35%	Smoking (%)	29.46%	30.61%	14.86% **
<b>Episode Start</b>				Obesity (%)	20.54%	20.41%	19.14%
Episode timing: Early(%)	90.09%	92.08%	91.48%	Alcohol dependency (%)	5.80%	6.12%	3.08%
Episode timing: Later(%)	7.76%	6.44%	7.08%	Drug dependency (%)	0.89%	1.02%	1.91%
Episode timing: Unknown(%)	2.16%	1.48%	1.44%	None (%)	51.79%	51.02%	66.98% **
<b>Inpatient Discharge / Medical Regimen</b>				<b>Body Mass Index</b>			
Long-term nursing facility(%)	0.86%	0.99%	1.15%	Low Body Mass Index (%)	3.02%	3.01%	3.03% **
Skilled nursing facility(%)	5.60%	4.95%	18.35% **	<b>LIVING ARRANGEMENT / ASSISTANCE</b>			
Short-stay acute hospital (%)	72.84%	71.29%	54.62% **	<b>Current Situation</b>			
Long-term care hospital (%)	0.86%	0.99%	2.05%	Lives alone(%)	19.40%	20.79%	27.44% *
Inpatient rehab hospital/unit(%)	0.00%	0.00%	5.21% **	Lives with others (%)	70.26%	69.80%	62.64%
Psychiatric hospital/unit(%)	0.00%	0.00%	0.27%	Lives in congregate situation (%)	10.34%	9.41%	9.92%
Medical Regimen Change(%)	99.14%	99.01%	88.49% **	<b>Availability</b>			
<b>Prior Conditions</b>				Around the clock (%)	86.64%	85.15%	77.40% **
Urinary incontinence(%)	38.67%	39.29%	30.07% *	Regular daytime(%)	5.60%	5.94%	5.28%
Indwelling/suprapubic catheter(%)	7.11%	7.14%	3.04% *	Regular nighttime(%)	0.86%	0.99%	4.31% *
Intractable pain(%)	20.44%	20.92%	13.06% *	Occasional (%)	5.17%	5.94%	11.70% *
Impaired decision-making(%)	16.44%	16.33%	16.69%	None(%)	1.72%	1.98%	1.32%
Disruptive/Inappropriate behav. (%)	3.56%	4.08%	1.37% *	<b>CARE MANAGEMENT</b>			
Memory loss (%)	24.00%	21.94%	11.02% **	<b>ADLs</b>			
None listed (%)	28.44%	28.57%	49.06% **	None needed (%)	6.03%	6.93%	16.73% **
No inpatient de/ No med. regimen chg.(%)	0.86%	0.99%	6.14% **	Caregiver currently provides(%)	85.34%	84.16%	63.23% **
<b>Therapies</b>				Caregiver training needed(%)	7.76%	7.92%	13.10%
IV/infusion therapy(%)	10.34%	10.89%	2.90% **	Uncertain/Unlikely to be provided(%)	0.86%	0.99%	3.44%
Parenteral nutrition (%)	0.00%	0.00%	0.30%	Needed, but not available(%)	0.00%	0.00%	3.50% **
Enteral nutrition (%)	1.72%	1.98%	1.66%	<b>IADLs</b>			
<b>GENERAL HEALTH STATUS</b>				None needed (%)	1.72%	1.98%	4.38%
<b>Hospitalization Risks</b>				Caregiver provides(%)	97.41%	97.03%	84.57% **
Recent decline mental/emot/behav (%)	18.97%	18.81%	15.32%	Caregiver training needed(%)	0.00%	0.00%	5.80% **
				Uncertain/Unlikely to be provided(%)	0.86%	0.99%	2.22%
				Needed, but not available(%)	0.00%	0.00%	3.03% *

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# CASPER Report

## Agency Patient-Related Characteristics (Case Mix) Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY,XZ  
**CCN:** 012345 **Branch:** All  
**Medicaid Number:** HH1234  
**Report Run Date:** 03/31/2017

**Requested Current Period:** 01/2011 - 12/2011  
**Request Prior Period:** 01/2010 - 12/2010  
**Actual Current Period:** 01/2011 - 12/2011  
**Actual Prior Period:** 01/2010 - 12/2010  
**# Cases: Curr** 232 **Prior** 202  
**Number of Cases (National):** 19,160

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy/o of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

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	HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs		HHA Obs	HHA PriorObs <sup>1</sup>	Nat'l Obs
<b><u>PATIENT HISTORY</u></b>							
<b>Demographics</b>							
Age (years)	72.45	70.83	76.38 **	Multiple hospitalizations (%)	57.33%	56.93%	38.41% **
Gender: Female (%)	48.71%	49.50%	62.73% **	History of falls (%)	46.12%	45.54%	28.83% **
Race: Black(%)	0.00%	0.00%	21.22% **	5 or more medications (%)	84.05%	83.17%	81.29%
Race: White(%)	95.69%	96.04%	71.97% **	Frailty factors (%)	43.53%	43.56%	27.22% **
Race: Other(%)	6.03%	5.94%	7.08%	Other (%)	7.33%	7.92%	13.98% *
<b>Payment Source</b>				None (%)	5.17%	5.94%	5.53%
Any Medicare(%)	90.09%	90.10%	91.62%	<b>Overall Status</b>			
Any Medicaid(%)	13.36%	13.86%	13.13%	Overall Status (0-3)	1.74	1.76	1.21 **
Any HMO(%)	0.86%	0.99%	13.41% **	Unknown / Unclear (%)	0.86%	0.99%	0.27%
Medicare HMO(%)	0.00%	0.00%	9.97% **	<b>Other Risk Factors</b>			
Other(%)	6.03%	5.94%	8.35%	Smoking (%)	29.46%	30.61%	14.86% **
<b>Episode Start</b>				Obesity (%)	20.54%	20.41%	19.14%
Episode timing: Early(%)	90.09%	92.08%	91.48%	Alcohol dependency (%)	5.80%	6.12%	3.08%
Episode timing: Later(%)	7.76%	6.44%	7.08%	Drug dependency (%)	0.89%	1.02%	1.91%
Episode timing: Unknown(%)	2.16%	1.48%	1.44%	None (%)	51.79%	51.02%	66.98% **
<b>Inpatient Discharge / Medical Regimen</b>				<b>Body Mass Index</b>			
Long-term nursing facility(%)	0.86%	0.99%	1.15%	Low Body Mass Index (%)	3.02%	3.01%	3.03% **
Skilled nursing facility(%)	5.60%	4.95%	18.35% **	<b>LIVING ARRANGEMENT / ASSISTANCE</b>			
Short-stay acute hospital (%)	72.84%	71.29%	54.62% **	<b>Current Situation</b>			
Long-term care hospital (%)	0.86%	0.99%	2.05%	Lives alone(%)	19.40%	20.79%	27.44% *
Inpatient rehab hospital/unit(%)	0.00%	0.00%	5.21% **	Lives with others (%)	70.26%	69.80%	62.64%
Psychiatric hospital/unit(%)	0.00%	0.00%	0.27%	Lives in congregate situation (%)	10.34%	9.41%	9.92%
Medical Regimen Change(%)	99.14%	99.01%	88.49% **	<b>Availability</b>			
<b>Prior Conditions</b>				Around the clock (%)	86.64%	85.15%	77.40% **
Urinary incontinence(%)	38.67%	39.29%	30.07% *	Regular daytime(%)	5.60%	5.94%	5.28%
Indwelling/suprapubic catheter(%)	7.11%	7.14%	3.04% *	Regular nighttime(%)	0.86%	0.99%	4.31% *
Intractable pain(%)	20.44%	20.92%	13.06% *	Occasional (%)	5.17%	5.94%	11.70% *
Impaired decision-making(%)	16.44%	16.33%	16.69%	None(%)	1.72%	1.98%	1.32%
Disruptive/Inappropriate behav. (%)	3.56%	4.08%	1.37% *	<b>CARE MANAGEMENT</b>			
Memory loss (%)	24.00%	21.94%	11.02% **	<b>ADLs</b>			
None listed (%)	28.44%	28.57%	49.06% **	None needed (%)	6.03%	6.93%	16.73% **
No inpatient de/ No med. regimen chg.(%)	0.86%	0.99%	6.14% **	Caregiver currently provides(%)	85.34%	84.16%	63.23% **
<b>Therapies</b>				Caregiver training needed(%)	7.76%	7.92%	13.10%
IV/infusion therapy(%)	10.34%	10.89%	2.90% **	Uncertain/Unlikely to be provided(%)	0.86%	0.99%	3.44%
Parenteral nutrition (%)	0.00%	0.00%	0.30%	Needed, but not available(%)	0.00%	0.00%	3.50% **
Enteral nutrition (%)	1.72%	1.98%	1.66%	<b>IADLs</b>			
<b>GENERAL HEALTH STATUS</b>				None needed (%)	1.72%	1.98%	4.38%
<b>Hospitalization Risks</b>				Caregiver provides(%)	97.41%	97.03%	84.57% **
Recent decline mental/emot/behav (%)	18.97%	18.81%	15.32%	Caregiver training needed(%)	0.00%	0.00%	5.80% **
				Uncertain/Unlikely to be provided(%)	0.86%	0.99%	2.22%
				Needed, but not available(%)	0.00%	0.00%	3.03% *

<sup>1</sup> Home Health Agencies that are newly certified will not have available data in the "HHA Prior Obs" column until they have 12 months of data.

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## **5. Outcome Tally Report**



### CASPER Report Outcome Tally Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ

CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 03/06/2017

Report Period: 07/2012 - 06/2013			Functional Outcomes																			
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Activities of Daily Living											IADLs								
			Improvement in Grooming <sup>1</sup>	Stabilization in Grooming	Improvement in Upper Body Dressing	Improvement in Lower Body Dressing	Improvement in Bathing	Stabilization in Bathing	Improvement in Toilet Transferring	Stabilization in Toilet Transferring	Improvement in Toileting Hygiene <sup>1</sup>	Stabilization in Toileting Hygiene	Improvement in Bed Transferring	Stabilization in Bed Transferring	Improvement in Ambulation/Locomotion	Improvement in Eating <sup>1</sup>	Improvement in Light Meal Preparation <sup>1</sup>	Stabilization in Light Meal Preparation <sup>1</sup>	Improvement in Phone Use <sup>1</sup>	Stabilization in Phone Use <sup>1</sup>	Improvement in Management of Oral Medications	Stabilization in Management of Oral Medications
	11/16/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/
	03/11/13	N/N	n	-	n	n	n	-	n	/	n	-	n	/	y	y	n	/	n	-	n	/
	08/29/11	P/N	-	-	-	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	-	/
	07/08/12	N/N	-	n	-	y	y	y	-	n	-	y	n	y	n	-	y	/	-	n	n	/
	06/05/12	N/N	y	y	y	y	y	y	-	y	y	y	y	y	n	-	y	y	-	y	-	y
	10/08/12	N/N	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	-	/
	01/16/13	N/N	y	-	y	y	y	y	y	n	y	n	y	y	y	n	/	y	y	n	/	/
	07/19/12	N/N	n	n	n	n	n	y	n	/	n	-	n	y	n	n	n	y	-	y	-	y
	02/22/13	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/
	05/07/12	N/N	n	y	n	n	n	y	n	y	y	y	n	y	n	-	y	y	-	y	n	y
	04/05/12	N/N	n	y	n	n	y	-	n	y	y	y	n	y	n	n	n	y	-	y	-	y
	09/14/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/
	05/15/12	N/N	n	-	n	n	n	-	n	/	n	-	n	/	n	n	n	/	n	n	n	/
	10/18/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/
	10/23/12	N/N	n	-	n	n	y	-	n	/	n	-	n	y	n	y	n	/	-	-	n	/
	05/12/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/	-	-	-	/

**Footnote Legend**

1 This measure has been removed from the CMS Home Health Quality Initiative effective January 1, 2017. Data are provided here for agencies' internal quality monitoring and improvement efforts.

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### CASPER Report Outcome Tally Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ

CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 03/06/2017

Report Period: 07/2012 - 06/2013			Health Status Outcomes													Utilization Outcomes (OASIS-Based)		Potentially Avoidable Event Outcomes			
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Improvement in Dyspnea	Improvement in Pain Interfering with Activity	Improvement in Speech and Language <sup>1</sup>	Stabilization in Speech and Language <sup>1</sup>	Improvement in Status of Surgical Wounds	Improvement in Urinary Tract Infection <sup>1</sup>	Improvement in Urinary Incontinence <sup>1</sup>	Improvement in Bowel Incontinence	Improvement in Confusion Frequency	Stabilization in Cognitive Functioning <sup>1</sup>	Improvement in Anxiety Level <sup>1</sup>	Stabilization in Anxiety Level <sup>1</sup>	Improvement in Behavior Problem Frequency <sup>1</sup>	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	Emergency Department w/Hospitalization	Discharged to Community	Acute Care Hospitalization	Emergent Care for Wound Infections, Deteriorating Wound Status <sup>1</sup>	Emergent Care for Injury Caused by Fall <sup>1</sup>
	11/16/12	N/N	-	-	-	/	-	-	/	-	-	-	/	-	y	y	n	y	y	y	y
	03/11/13	N/N	-	-	n	n	-	n	n	n	n	n	n	y	y	n	y	n	y	y	y
	08/29/11	P/N	-	-	-	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y	y
	07/08/12	N/N	-	y	-	y	-	-	/	-	n	-	y	-	y	n	y	n	y	y	y
	06/05/12	N/N	-	y	-	y	y	-	-	/	-	y	-	y	-	y	n	y	n	y	y
	10/08/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y
	01/16/13	N/N	y	y	y	y	-	-	y	y	y	y	y	-	y	n	y	n	y	y	y
	07/19/12	N/N	-	y	-	y	-	y	n	/	-	y	y	y	-	y	n	/	n	y	y
	02/22/13	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y
	05/07/12	N/N	-	y	-	y	-	-	-	/	-	y	-	y	-	y	n	y	n	y	y
	04/05/12	N/N	-	-	-	y	-	-	y	/	-	y	-	y	-	y	n	y	n	y	y
	09/14/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y
	05/15/12	N/N	-	n	n	y	-	-	y	y	n	n	n	y	y	n	y	n	y	n	y
	10/18/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y
	10/23/12	N/N	-	-	n	y	-	-	y	n	n	n	y	y	n	y	n	y	n	y	y
	05/12/12	N/N	-	-	-	/	-	-	-	/	-	-	-	/	-	y	y	n	y	y	y

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## **6. Process Tally Report**



### CASPER Report Process Tally Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ

CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 03/06/2017

Report Period: 07/2012 - 06/2013			Process Quality Measures																
			Timely Care	Care Coordination	Assessment				Care Planning					Care Plan Implementation					
Legend:	SOC/ROC Date	SOC/EOC Branch ID	Timely Initiation Of Care	Physician Notification Guidelines Established <sup>1</sup>	Depression Assessment Conducted	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Pain Assessment Conducted <sup>2</sup>	Pressure Ulcer Risk Assessment Conducted <sup>2</sup>	Depression Interventions In POC <sup>1</sup>	Diabetic Foot Care And Patient Education In POC	Falls Prevention Steps In POC <sup>1</sup>	Pain Interventions In POC <sup>1</sup>	Pressure Ulcer Prevention In POC <sup>2</sup>	Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In POC <sup>1</sup>	Depression Interventions Implemented During All EOC <sup>1</sup>	Diabetic Foot Care And Patient/Caregiver Education Implemented During All EOC	Heart Failure Symptoms Addressed During All Episodes Of Care <sup>2</sup>	Pain Interventions Implemented During All Episodes Of Care <sup>2</sup>	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing For All EOC <sup>1</sup>
Patient Name																			
	08/29/11	P/N	n	-	y	-	y	-	-	-	/	y	y	-	-	/	-	-	
	06/05/12	N/N	y	-	y	y	y	-	y	y	y	-	-	-	-	/	y	-	
	10/08/12	N/N	-	-	-	y	y	-	-	n	/	y	-	-	-	/	-	y	
	01/16/13	N/N	y	-	y	-	y	y	-	y	y	y	y	-	n	n	/	n	y
	07/19/12	N/N	n	-	y	-	y	y	y	-	y	y	y	n	y	-	/	n	-
	04/05/12	N/N	n	-	y	-	y	y	y	-	y	/	y	y	-	-	/	y	-
	09/14/12	N/N	y	-	y	-	y	y	-	y	y	y	y	-	-	y	y	y	-
	05/15/12	N/N	n	-	y	-	y	y	n	y	y	y	y	-	-	-	/	y	-
	10/18/12	N/N	-	n	y	-	y	y	-	n	y	y	n	-	-	y	y	y	-
	05/12/12	N/N	y	y	y	-	y	y	-	-	y	y	y	-	-	/	-	-	

**Footnote Legend**

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### CASPER Report Process Tally Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ

CCN: 012345  
 Medicaid Number: HH1234  
 Report Run Date: 03/06/2017

Report Period: 07/2012 - 06/2013			Process Quality Measures										
			Education			Prevention							
Legend:			Drug Education On High Risk Medications To Patient/Caregiver At SOE <sup>1</sup>	Drug Education On All Medications Provided To Patient/Caregiver During All EOC	Fails Prevention Steps Implemented For All EOC <sup>1</sup>	Influenza Immunization Received For Current Flu Season	Influenza Immunization Offered And Refused For Current Flu Season	Influenza Immunization Contraindicated	Pneumococcal Vaccine Ever Received	Pneumococcal Vaccine Offered And Refused	Pneumococcal Vaccine Contraindicated	Pressure Ulcer Prevention Implemented During All EOC <sup>2</sup>	Drug Regimen Review Conducted with Follow-Up for Identified Issues
Patient Name	SOC/ROC Date	SOC/EOC Branch ID											
	08/29/11	P/N	-	y	/	n	n	n	n	n	n	-	y
	06/05/12	N/N	y	y	y	-	-	-	y	n	n	-	y
	10/08/12	N/N	n	y	/	n	n	n	y	n	n	-	y
	01/16/13	N/N	-	n	y	-	-	-	n	n	n	-	y
	07/19/12	N/N	-	n	y	-	-	-	n	n	n	-	y
	04/05/12	N/N	-	n	y	n	n	n	n	n	n	-	y
	09/14/12	N/N	n	y	y	n	n	n	n	n	n	-	y
	05/15/12	N/N	n	n	y	-	-	-	y	n	n	-	y
	10/18/12	N/N	y	y	y	y	n	n	y	n	n	-	y
	05/12/12	N/N	y	y	/	n	n	n	y	n	n	y	y

**Footnote Legend**

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## **7. Potentially Avoidable Event: Patient Listing Report**



# CASPER Report

## Potentially Avoidable Event: Patient Listing Report

Agency Name: HOME HEALTH 101  
 Agency ID: HHA101  
 Location: XCITY, XZ  
 CCN: 012345  
 Medicaid Number: HH1234

Requested Current Period: 07/2012 - 06/2013  
 Actual Current Period: 07/2012 - 06/2013  
 Number of Cases in Current Period: 227  
 Number of Cases (National): 24,335  
 Report Run Date: 03/03/2017

### Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases : 185	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.65%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Emergent Care for Hypo/Hyperglycemia

Complete Data Cases : 185	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.51%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Development of Urinary Tract infection

Complete Data Cases : 124	Number of Events : 1	Agency Incidence : 0.81%	Adjusted Reference Incidence : 1.45%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			N/N

### Increase in Number of Pressure Ulcers

Complete Data Cases : 137	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.52%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Substantial Decline in 3 or More Activities of Daily Living

Complete Data Cases : 132	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.67%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Substantial Decline in Management of Oral Medications

Complete Data Cases : 52	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.00%
--------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Discharged to the Community Needing Wound Care or Medication Assistance

Complete Data Cases : 137	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 35.35%
---------------------------	----------------------	--------------------------	---------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

### Discharged to the Community Needing Toileting Assistance

Complete Data Cases : 137	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.00%
---------------------------	----------------------	--------------------------	--------------------------------------

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
xxxxxxx			x	xx/xx/xxxx			

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# CASPER Report Potentially Avoidable Event: Patient Listing Report

**Agency Name:** HOME HEALTH 101  
**Agency ID:** HHA101  
**Location:** XCITY, XZ  
**CCN:** 012345  
**Medicaid Number:** HH1234

**Requested Current Period:** 07/2012 - 06/2013  
**Actual Current Period:** 07/2012 - 06/2013  
**Number of Cases in Current Period:** 227  
**Number of Cases (National):** 24,335  
**Report Run Date:** 03/03/2017

---

## Discharged to the Community with Behavioral Problems

---

Complete Data Cases : 137	Number of Events : 0	Agency Incidence : 0.00%	Adjusted Reference Incidence : 0.00%
<b>Patient ID</b>	<b>Last Name</b>	<b>First Name</b>	<b>Gender</b> <b>Birth Date</b> <b>SOC/ROC</b> <b>DC/TRANSFER</b> <b>SOC/EOC Branch ID</b>
xxxxxxx			x xx/xx/xxxx

---

## Discharged to the Community with an Unhealed Stage II Pressure Ulcer

---

Complete Data Cases : 137	Number of Events : 2	Agency Incidence : 1.46%	Adjusted Reference Incidence : 0.68%
<b>Patient ID</b>	<b>Last Name</b>	<b>First Name</b>	<b>Gender</b> <b>Birth Date</b> <b>SOC/ROC</b> <b>DC/TRANSFER</b> <b>SOC/EOC Branch ID</b>
xxxxxxx			x xx/xx/xxxx N/N
xxxxxxx			x xx/xx/xxxx N/N

Sample Report

## **8. HHA Review and Correct Report**



**CASPER Report  
HHA Review and Correct Report  
OASIS-C2 Quality Measures: Report #4 for 2017**

Run Date: 04/01/2018  
Page 1 of 16

**CMS Certification Number:** ██████████  
**Agency Name:** ██████████  
**Street Address Line 1:** ██████████  
**Street Address Line 2:** ██████████  
**City:** ██████████  
**State:** ██████████  
**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	19	20	95.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	19	20	95.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	19	20	95.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	38	40	95.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>95</b>	<b>100</b>	<b>95.0%</b>

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**CASPER Report**  
**HHA Review and Correct Report**  
**OASIS-C2 Quality Measures: Report #4 for 2017**

Run Date: 04/01/2018  
Page 2 of 16

**CMS Certification Number:** ██████████  
**Agency Name:** ██████████  
**Street Address Line 1:** ██████████  
**Street Address Line 2:** ██████████  
**City:** ██████████  
**State:** ██████████  
**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	6	27	22.2%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	6	27	22.2%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	6	27	22.2%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	15	61	24.6%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>33</b>	<b>142</b>	<b>23.2%</b>

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**CASPER Report**  
**HHA Review and Correct Report**  
**OASIS-C2 Quality Measures: Report #4 for 2017**

Run Date: 04/01/2018  
Page 3 of 16

**CMS Certification Number:** ██████████  
**Agency Name:** ██████████  
**Street Address Line 1:** ██████████  
**Street Address Line 2:** ██████████  
**City:** ██████████  
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**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Timely Initiation of Care (NQF #0526)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	27	27	100.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	27	27	100.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	27	27	100.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	61	61	100.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>142</b>	<b>142</b>	<b>100.0%</b>

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**HH Quality Measure:** Depression Assessment Conducted (NQF #0518)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	7	25	28.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	7	25	28.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	7	25	28.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	14	57	24.6%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>35</b>	<b>132</b>	<b>26.5%</b>

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**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate (NQF #0537)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	26	7.7%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	26	7.7%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	26	7.7%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	59	6.8%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>137</b>	<b>7.3%</b>

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**HH Quality Measure:** Diabetic Foot Care and Patient Education Implemented during All Episodes of Care (NQF #0519)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	25	8.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	25	8.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	25	8.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	5	54	9.3%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>11</b>	<b>129</b>	<b>8.5%</b>

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**Telephone Number:** ██████████

**HH Quality Measure:** Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	1	25	4.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	1	25	4.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	1	25	4.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	2	54	3.7%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>5</b>	<b>129</b>	<b>3.9%</b>

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**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Influenza Immunization Received for Current Flu Season

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	4	24	16.7%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	0	0	-
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	4	23	17.4%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	8	52	15.4%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>16</b>	<b>99</b>	<b>16.2%</b>

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**Telephone Number:** ██████████

**HH Quality Measure:** Pneumococcal Polysaccharide Vaccine Ever Received

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	1	24	4.2%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	1	24	4.2%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	1	24	4.2%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	2	52	3.8%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>5</b>	<b>124</b>	<b>4.0%</b>

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**State:** ██████████  
**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Improvement in Bathing (NQF #0174)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	4	50.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	4	50.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	4	50.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	8	50.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>20</b>	<b>50.0%</b>

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**ZIP Code:** ██████████  
**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Improvement in Bed Transferring (NQF #0175)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	4	50.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	4	50.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	4	50.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	8	50.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>20</b>	<b>50.0%</b>

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**County Name:** ██████████  
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**HH Quality Measure:** Improvement in Ambulation/Locomotion (NQF #0167)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	5	40.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	5	40.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	5	40.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	6	12	50.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>12</b>	<b>27</b>	<b>44.4%</b>

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**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Improvement in Management of Oral Medications (NQF #0176)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	3	66.7%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	3	66.7%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	3	66.7%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	6	66.7%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>15</b>	<b>66.7%</b>

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**HH Quality Measure:** Improvement in Pain Interfering with Activity (NQF #0177)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	4	50.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	4	50.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	4	50.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	8	50.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>20</b>	<b>50.0%</b>

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**Telephone Number:** ██████████

**HH Quality Measure:** Improvement in Dyspnea

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	4	50.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	2	4	50.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	2	4	50.0%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	4	8	50.0%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>10</b>	<b>20</b>	<b>50.0%</b>

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**County Name:** ██████████  
**Telephone Number:** ██████████

**HH Quality Measure:** Improvement in Status of Surgical Wounds (NQF #0178)

**Table Legend**

\* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.  
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	1	3	33.3%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	1	3	33.3%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	1	3	33.3%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	2	6	33.3%
<b>Cumulative</b>	<b>01/01/2017</b>	<b>12/31/2017</b>	-	-	<b>5</b>	<b>15</b>	<b>33.3%</b>

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