



# CASPER *is* a “Friendly” Ghost!

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PROGRAM FOR THE HOME CARE ALLIANCE OF MA  
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# Image of Casper the Ghost

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# Acknowledgements

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I would like to thank my friends and former co-workers from Masspro

*Margaret Johnson*

*Helen Magliozzi*

*Kathy Foss*

# Objectives

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Identify 2 – 3 of the different reports available in the CASPER system

Verbalize how to interpret the Outcome Reports (Risk Adjusted and Potentially Avoidable Events)

Describe how the reports can be used to enhance quality initiatives

Obtain answers to other questions you may have

# Disclaimer

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Keeping up with all the updates can be overwhelming.

Trust reliable resources.

Ask for references!

*Note: If I do not know the answer to your question, I will research it and get back to you with a source.*

# Acronyms

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ASPEN: Automated Survey Processing Environment

CASPER: Certification and Survey Provider Enhanced Reports

CMS: Centers for Medicare & Medicaid Services

HIS: Hospice Item Set

OASIS: Outcome Assessment and Information Set

OBQI: Outcome Based Quality Improvement

PBQI: Performance Based Quality Improvement

QIES: Quality Improvement and Evaluation System

QTSO: QIES Technical Support Office

# Changes are coming this month!

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Message from the QIES Technical Support Office February 28<sup>th</sup> regarding system changes:

Introduction of iQIES Internet Quality Improvement and Evaluation System.

Enhancements will allow the system to be more user-friendly.

Will begin with Long Term Care Hospitals.

# Questions for consideration

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Who runs the reports?

How often do you run the reports?

Which ones should you pay attention to?

Who is responsible for reviewing the reports?

Who should receive copies?

How often and when should you check Home Health Compare?

*What do you do with all of this information??*



# History of OASIS

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## Outcome Assessment and Information Set

OASIS-B became mandatory in October 2000

OASIS-B1 became effective December 2002

- Removed a number of OASIS items
- Added M0245 in October 2003: V-codes

## OBQI/OBQM

OASIS-C became effective January 1, 2010

OASIS-C1 required as of October 1, 2015

OASIS-C2 required as of January 1, 2017

OASIS-D required as of January 1, 2019

# Important Links

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[www.cms.gov](http://www.cms.gov)

Home Health Agency (HHA) Center

<https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>

Home Health Quality Initiative

<http://www.homehealthquality.org/Home.aspx>

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/cms-quality-strategy.html>

<https://www.youtube.com/watch?v=eaMLA2Yi-1I>

# Contact Information (as of 01/07/2019)

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## State OASIS Automation Coordinator

- Andrew Sinatra
- 617-753-8188
- [Andrew.sinatra@state.ma.us](mailto:Andrew.sinatra@state.ma.us)

## State OASIS Educational Coordinator

- Maureen Waitt
- 617-753-8047
- [Maureen.Waitt@MassMail.state.ma.us](mailto:Maureen.Waitt@MassMail.state.ma.us)

# Considerations

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Agencies can and should designate two individuals who can have access to the reports.

Home Health

Hospice

Follow the guidance to access the links through the Pulse Connect Secure link.

You will need to have Java installed.

Be sure to update passwords when prompted to do so.

# CASPER & QIES

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**C**ertification **A**nd **S**urvey **P**rovider  
**E**nhanced **R**eport system

QIES

**Q**uality **I**mprovement and **E**valuation  
**S**ystem

# Welcome to the CMS OASIS System!

**Reminder: The State QIES System may be down for maintenance the third Sunday of each month.**

**If you experience any problems submitting or retrieving reports, please try again on Monday.**

**●[OASIS Submissions](#)●**

**ALERT: Do not submit 'test files' to check validation edits. Use your HAVEN software. (1/23/04)**

**[Bulletins](#)**

**[Online Reports \(OBQI, OBQM, and HHA Reports\)](#)**

**[Home Health Quality Initiative - National Rollout](#) Last Update: 10/01/2003**

**[HHA Satellite Broadcast - November 22, 2002](#)**

**[Patient Tally Workbook Template now available](#)**

**[Download CASPER reporting access manual](#)**

Address <https://32.80.199.201:8081/Casper/home.html> Internet



## Welcome to the CMS QIES Systems for Providers - OASIS

**Systems Maintenance downtime begins at 8:00 PM (ET) on Friday, March 1st and ends at 8:00 PM (ET) on Saturday, March 2nd.**

**The QIES scheduled downtime begins Sunday, March 3rd at 6:00 AM (ET) and ends at 6:00 PM (ET)**

**Systems Maintenance downtime begins at 8:00 PM (ET) on Friday, March 8th and ends at 6:00 PM (ET) on Sunday, March 10th.**

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The transition to <https://qtso.cms.gov> site included a redirect process designed to help ensure all users with bookmarks saved to the original qtso address would have time to update their bookmarks. Please note that this redirect process **will be discontinued effective 11:59 PM on December 31, 2018**. As a result, any bookmarks saved which include qtso.com will cease to redirect the user to <https://qtso.cms.gov>. Please take a moment to resave your bookmarks to ensure you retain quick access to the QTSO site.

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### [OASIS User Registration](#)



### [OASIS Submissions](#)

OASIS Submission User's Guide

**[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.**

CASPER Reporting User's Guide:

### [Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

### [OASIS Forms](#)

# Opening Page

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Pay attention to messages and updates.

## OASIS Submission User's Guide

- Last updated in 12/2018
- Section 5 "Error Messages" (115 pages)

## CASPER Reporting User's Guide

- Last updated in 12/2018
- Section 6 "OASIS Quality Improvement Reports" (50 pages)

Click on CASPER Reporting to access the Final Validation and Provider Reports





## CASPER Login

- [Logout](#)
- [Folders](#)
- [Reports](#)
- [Queue](#)
- [Options](#)
- [Maint](#)
- [Upload](#)
- [Home](#)

Welcome!  
Please enter your User ID and Password.  
Select Login

User ID:

Password:

**Login**

- NETSCAPE Users: [Click here](#) for details on required plug-in.
- MDS/HHA Providers - Please remember your User ID/Password is the same that you use in your submission process.
- After 3 consecutive unsuccessful attempts, your User ID may be locked out of the system. If this happens, you must have your User ID and Password reset:
  - \* QIES (OASIS, MDS) users contact the QTSO Help Desk at 1-800-339-9313, or e-mail [OASIS\\_help@ifmc.org](mailto:OASIS_help@ifmc.org) or [MDS\\_help@ifmc.org](mailto:MDS_help@ifmc.org)
  - \* SDPS users contact their Internal Point of Contact, who may contact the SDPS Help Desk.

# Welcome to CASPER

Use the buttons in the toolbar above as follows:

**Logout** - End current session and exit the CASPER Application

**Folders** - View your folders and the documents in them

**Reports** - Select report categories and request reports

**Queue** - List the reports that have been requested but not yet completed

**Options** - Customize the report format, number of links displayed per page and report display size

**Maint** - Perform maintenance such as creating, renaming and/or deleting folders

**Home** - Return to this page

 **HHA Provider**

-  [HHA 0003D/0004D Package Report](#) • [HHA 0003D/0004D Package Report](#)
-  [HHA Activity Report](#) • [HHA Activity Report](#)
-  [HHA Agency List](#) • [HHA Agency List Report](#)
-  [HHA Daily Submission Statistics](#) • [HHA Daily Submission Statistics](#)
-  [HHA Discharges](#) • [HHA Discharges Report](#)
-  [HHA Duplicate Patient](#) • [HHA Duplicate Patient Report](#)

Pages [\[1\]](#) [\[2\]](#) [\[3\]](#) [\[4\]](#)

Enter Criteria To Search For A Report:  
(Hint: Leave blank to list all reports)

Search

# HHA Provider Reports

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Access these reports on a regular basis (at a minimum of quarterly)

HHA Activity Report lists patients and Medicare numbers

HHA Error Message Report depicts all examples of warnings that accompany OASIS submission and validation

Refer to the Error Message document that is part of the OASIS Submission User's Guide

Surveyors may ask to see Daily Submission Statistics (print these out at a minimum of quarterly)

# Quality Assessment Only (QAO) Report

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The purpose of the Historical **Quality Assessments Only (QAO) Performance Report** is to provide HHAs with an example of their QAO performance based on **assessment** submissions from a prior reporting period.

*Jan. 12, 2017*

The QAO Historical Performance Reports are now available in each Home Health Agency's CASPER shared folder. The new reports have been distributed into each agency's "st HHA facid" shared folder.

*Last Modified on 3/08/2018*

## GENERAL INFORMATION

OASIS Quality Improvement reports are requested on the **CASPER Reports** page (Figure 6-1).

Figure 6-1. CASPER Reports Page – OASIS Quality Improvement Category

The screenshot displays the CASPER Reports interface. At the top, there is a navigation bar with the title "CASPER Reports" and several menu items: "Logout", "Folders", "MyLibrary", "Reports", "Queue", "Options", "Maint", and "Home". Below the navigation bar, the page is divided into two main sections. On the left, under "Report Categories", the "OASIS Quality Improvement" category is selected and highlighted. On the right, under "OASIS Quality Improvement", a list of reports is displayed. Each report entry consists of a folder icon, a report name, and a bullet point. The reports listed are: Agency Patient-Related Characteristics (Case Mix) Report, Agency Patient-Related Characteristics (Case Mix) Tally Report, HHA Review and Correct Report, Outcome Report, Outcome Report - Text, Outcome Tally Report, Potentially Avoidable Event Patient Listing Report, Potentially Avoidable Event Report, Potentially Avoidable Event Report - Text, Process Measures Report, Process Measures Report - Text, Process Tally Report, and Quality Improvement Package. At the bottom of the page, there is a search bar with the text "Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)" and a "Search" button.

Skip navigation links: [Skip to Content](#)

CASPER Reports [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

**Report Categories**

- HHA Provider
- OASIS Quality Improvement**
- Utility Reports

**OASIS Quality Improvement**

- Agency Patient-Related Characteristics (Case Mix) Report
- Agency Patient-Related Characteristics (Case Mix) Tally Report
- HHA Review and Correct Report
- Outcome Report
- Outcome Report - Text
- Outcome Tally Report
- Potentially Avoidable Event Patient Listing Report
- Potentially Avoidable Event Report
- Potentially Avoidable Event Report - Text
- Process Measures Report
- Process Measures Report - Text
- Process Tally Report
- Quality Improvement Package

Agency Patient-Related Characteristics (Case Mix) Report

Agency Patient-Related Characteristics (Case Mix) Tally Report

HHA Review and Correct Report

Outcome Report

Outcome Report - Text

Outcome Tally Report

Potentially Avoidable Event Patient Listing Report

Potentially Avoidable Event Report

Potentially Avoidable Event Report - Text

Process Measures Report

Process Measures Report - Text

Process Tally Report

Quality Improvement Package

Pages (1)

Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)  [Search](#)

**Figure 6-2. CASPER Reports Submit Page – Agency Patient-Related Characteristics (Case Mix) Report**

Skip navigation links


CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Main](#) [Home](#)

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

Prior Begin Date: 03/2012 ▼  
Prior End Date: 02/2013 ▼  
Current Begin Date: 03/2013 ▼  
Current End Date: 07/2017 ▼  
Report By Branch:

Template Folder: My Favorite Reports ▼ [Submit](#) [Back](#)  
Template Name: Agency Patient-Related Characteristics (Case Mix) Report ▼ [Save & Submit](#) [Save](#)

Figure 6-3. Agency Patient-Related Characteristics (Case Mix) Report\*

 <b>CASPER Report</b> Agency Patient-Related Characteristics (Case Mix) Report			Page 1 of 4			
<b>Agency Name:</b> ██████████ <b>Agency ID:</b> ██████████ <b>Location:</b> ██████████ <b>CCN:</b> ██████████ <b>Branch:</b> All <b>Medicaid Number:</b> ██████████ <b>Report Run Date:</b> 11/14/2018			<b>Requested Current Period:</b> 09/2016 - 01/2018 <b>Request Prior Period:</b> 09/2015 - 08/2016 <b>Actual Current Period:</b> 09/2016 - 07/2017 <b>Actual Prior Period:</b> 09/2015 - 08/2016 <b># Cases: Curr</b> 302 <b>Prior</b> 318 <b>Number of Cases (National):</b> 6,404,479			
<b>Definitions:</b> <b>HHA Obs</b> - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy% 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. <b>HHA Prior Obs<sup>1</sup></b> - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy% 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. <b>Natl Obs</b> - National Observed Rate/Value is the actual rate (e.g., xx.yy% 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. <b>Asterisks</b> - Represents significant difference between the current (HHA Obs) and national observed (Natl Obs) values. * The probability is 1% or less that this difference is due to chance, and 99% or more that the difference is real. ** 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 Prior Obs <sup>1</sup>	Natl Obs	HHA Obs	HHA Prior Obs <sup>1</sup>	Natl Obs
<b>PATIENT HISTORY</b>						
<b>Demographics</b>						
Age (years)	72.31	72.45	74.88 **	74.88 **	74.88 **	74.88 **
Gender: Female (%)	50.95%	57.68%	60.87% **	60.87%	60.87%	60.87%
Race: Black (%)	1.05%	0.94%	13.65% **	13.65%	13.65%	13.65%
Race: White (%)	97.98%	98.12%	76.24% **	76.24%	76.24%	76.24%
Race: Other (%)	0.96%	0.94%	10.47% **	10.47%	10.47%	10.47%
<b>Payment Source</b>						
Any Medicaid (%)	74.50%	84.64%	93.41% **	93.41%	93.41%	93.41%
Any HMO (%)	25.50%	15.90%	9.12% **	9.12%	9.12%	9.12%
Medicare HMO (%)	33.44%	13.79%	30.41% **	30.41%	30.41%	30.41%
Other (%)	12.91%	10.34%	25.77% **	25.77%	25.77%	25.77%
<b>Episode Start</b>						
Episode timing: Early (%)	88.41%	88.55%	88.62% **	88.62%	88.62%	88.62%
Episode timing: Later (%)	1.20%	1.45%	6.72% **	6.72%	6.72%	6.72%
Episode timing: Unknown (%)	0.40%	0.00%	4.66% **	4.66%	4.66%	4.66%
<b>Inpatient Discharge</b>						
Long-term nursing facility (%)	1.32%	0.83%	0.60%	0.60%	0.60%	0.60%
Skilled nursing facility (%)	12.91%	18.30%	14.80%	14.80%	14.80%	14.80%
Short-stay acute hospital (%)	61.59%	67.08%	51.29% **	51.29%	51.29%	51.29%
Long-term care hospital (%)	0.00%	0.00%	0.57%	0.57%	0.57%	0.57%
Inpatient rehab hospital/unit (%)	13.91%	7.84%	5.92% **	5.92%	5.92%	5.92%
Psychiatric hospital/unit (%)	0.89%	0.00%	0.40%	0.40%	0.40%	0.40%
<b>Therapies</b>						
IV/infusion therapy (%)	9.80%	8.46%	3.42% **	3.42%	3.42%	3.42%
Parenteral nutrition (%)	0.86%	0.94%	0.23%	0.23%	0.23%	0.23%
Enteral nutrition (%)	2.65%	2.82%	1.57%	1.57%	1.57%	1.57%
<b>GENERAL HEALTH STATUS</b>						
<b>Hospitalization Risks</b>						
Recent decline mental/emot/behav (%)	23.51%	17.87%	16.90% *	16.90%	16.90%	16.90%
Multiple hospitalizations (%)	43.09%	42.63%	32.11% **	32.11%	32.11%	32.11%
History of falls (%)	38.08%	37.62%	32.39% **	32.39%	32.39%	32.39%
5 or more medications (%)	93.71%	90.91%	90.81% **	90.81%	90.81%	90.81%
Frailty factors (%)	68.28%	55.80%	40.90% **	40.90%	40.90%	40.90%
Other (%)	94.44%	68.05%	48.88% **	48.88%	48.88%	48.88%
None (%)	0.99%	0.94%	1.96%	1.96%	1.96%	1.96%
<b>Body Mass Index</b>						
Low Body Mass Index (%)	5.22%	—	6.24%	6.24%	6.24%	6.24%
<b>LIVING ARRANGEMENT / ASSISTANCE</b>						
Current Situation						
Lives alone (%)	31.79%	29.15%	23.69% **	23.69%	23.69%	23.69%
Lives with others (%)	63.25%	63.95%	65.23% **	65.23%	65.23%	65.23%
Lives in congregated situation (%)	4.97%	6.90%	11.10% **	11.10%	11.10%	11.10%
<b>Availability</b>						
Around the clock (%)	64.57%	80.25%	74.21% **	74.21%	74.21%	74.21%
Regular daytime (%)	4.97%	2.51%	4.28%	4.28%	4.28%	4.28%
Regular nighttime (%)	7.28%	4.70%	5.39%	5.39%	5.39%	5.39%
Occasional (%)	20.98%	12.54%	15.21% *	15.21%	15.21%	15.21%
None (%)	2.32%	0.00%	0.91%	0.91%	0.91%	0.91%
<b>CARE MANAGEMENT</b>						
<b>Supervision / Safety</b>						
None needed (%)	16.56%	21.94%	21.52%	21.52%	21.52%	21.52%
Caregiver provides (%)	32.12%	54.23%	49.51% **	49.51%	49.51%	49.51%
Caregiver training needed (%)	39.07%	18.60%	26.38% **	26.38%	26.38%	26.38%
Uncertain/Unlikely to be provided (%)	7.62%	1.57%	2.19% **	2.19%	2.19%	2.19%
Needed, but not available (%)	4.64%	3.78%	1.43% **	1.43%	1.43%	1.43%
<b>SENSORY STATUS</b>						
<b>Sensory Status</b>						
Vision impairment (0-2)	0.25	0.14	0.31	0.31	0.31	0.31
Pain interfering with activity (0-4)	2.47	2.30	2.46	2.46	2.46	2.46
<b>INTEGUMENTARY STATUS</b>						
<b>Pressure Ulcers/Injuries</b>						
Pressure ulcer/injury present (%)	7.28%	9.09%	5.13%	5.13%	5.13%	5.13%
Stage II pressure ulcer count (#)	0.05	0.05	0.04	0.04	0.04	0.04
Stage III pressure ulcer count (#)	0.03	0.03	0.01	0.01	0.01	0.01
Stage IV pressure ulcer count (#)	0.01	0.00	0.01	0.01	0.01	0.01
Unstageable PU: Non-remove: dsq. count (#)	—	—	6.88	6.88	6.88	6.88
Unstageable PU: Slough/eschar count (#)	—	—	2.61	2.61	2.61	2.61
Unstageable PU: Deep tissue inj. count (#)	—	—	2.64	2.64	2.64	2.64
Stage I pressure injuries count (0-4)	0.02	0.01	0.02	0.02	0.02	0.02
Stage most problematic PU/injury (1-4)	2.40	2.38	2.11	2.11	2.11	2.11
<b>Stasis Ulcers</b>						
Stasis ulcer indicator (%)	2.32%	4.08%	1.80%	1.80%	1.80%	1.80%
Stasis ulcer count (0-4)	0.07	0.11	0.03	0.03	0.03	0.03
Status most problematic stasis (0-3)	0.07	2.12	0.05	0.05	0.05	0.05
<b>Surgical Wounds</b>						
Surgical wound indicator (%)	28.15%	30.72%	26.21% *	26.21%	26.21%	26.21%
Status most problematic surg. (0-3)	0.57	1.96	0.39 *	0.39	0.39	0.39

<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.

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

\* Fictitious, sample data are depicted.



# Case Mix Tally Excerpt

Agency Name: FAIRCARE HOME HEALTH SERVICES  
 Agency ID: HHA01  
 Location: ANYTOWN, USA

Medicare Number: 007001  
 Medicaid Number: 999888001  
 Date Reported: 02/28/2002


## Case Mix Tally Report

Report Period: 01/01/2001- 12/01/2001		Demographics				Payment Source				Residence	Current Living Situation				Primary Caregiver			Inpt DC			Med Reg	Prog- noses						
Patient Name	SOC/ROC Date	Age	Gender: Female	Race: Black	Race: White	Race: Other	Any Medicare	Any Medicaid	Any HMO	Medicare HMO	Private Third party	Own Home	Family member home	Lives alone	With other family member	With friend	With paid help	Spouse/significant other	Daughter/son	Other paid help	No one person	Freq. of assistance (0-6)	From hospital	From rehab facility	From nursing home	Medical regimen change	Moderate recovery prognosis	Good rehab prognosis
		ANDERSON, -----	06/12/01	74	y	n	y	n	y	n	n	n	n	y	n	y	n	n	n	n	n	n	y	0	y	n	n	n
BROWN, -----	11/24/00	66	y	n	y	n	y	y	n	n	n	y	n	y	n	n	n	n	n	n	y	0	n	n	n	y	y	y
BYRNNE, -----	08/24/01	81	y	n	y	n	y	n	n	n	n	n	n	n	n	n	y	n	n	y	n	5	n	n	n	n	y	y

This report contains confidential information to be used only by the Home Health Agency and State Agency and is not to be shared with any other individuals, in accordance with 42 CFR 484.11 Condition of Participation: Release of patient identifiable info.



**Figure 6-5. Agency Patient-Related Characteristics Tally Report\***



**CASPER Report**  
**Agency Patient-Related Characteristics (Case Mix) Tally Report**

Page 1 of 16 - A

Agency Name: [Redacted]  
 Agency ID: [Redacted]  
 Location: [Redacted]

CCN: [Redacted]  
 Medical Number: [Redacted]  
 Report Run Date: 11/14/2018

Report Period: 09/01/2016 - 01/31/2019			Patient History																					
			Demographics				Payment Source				Episode Start			Inpatient Discharge				Therapies						
Patient Name	SOC/ROC Date	SOC/ECC Branch ID	Age (years)	Gender: Female (%)	Race: Black (%)	Race: White (%)	Race: Other (%)	Any Medicare (%)	Any Medicaid (%)	Any HMO (%)	Medicare HMO (%)	Other (%)	Episode timing: Early (%)	Episode timing: Later (%)	Episode timing: Unknown (%)	Long-term nursing facility (%)	Skilled nursing facility (%)	Short-stay acute hospital (%)	Long-term care hospital (%)	Inpatient rehab hospital unit (%)	Psychiatric hospital/unit (%)	Intensive therapy (%)	Parenteral nutrition (%)	Enteral nutrition (%)
[Redacted]	09/21/17	NN	77	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	n	y	n	n	n
[Redacted]	09/11/17	NN	59	n	n	y	n	n	y	y	n	n	y	n	n	n	n	n	n	n	n	n	n	n
[Redacted]	09/25/17	NN	59	n	n	y	n	n	y	y	n	n	-	-	-	n	n	y	n	n	n	n	n	n
[Redacted]	09/30/17	NN	59	n	n	y	n	n	y	y	n	n	-	-	-	n	n	y	n	n	n	n	n	n
[Redacted]	09/11/17	NN	60	n	n	y	n	n	y	y	n	n	-	-	-	n	n	n	n	n	n	n	n	n
[Redacted]	01/18/17	NN	74	n	n	y	n	y	n	y	y	n	y	n	n	n	n	n	n	n	n	n	n	n
[Redacted]	02/24/17	NN	74	n	n	y	n	y	n	y	y	n	y	n	n	n	n	y	n	n	n	n	n	n
[Redacted]	09/27/16	NN	86	n	n	y	n	y	n	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n
[Redacted]	01/23/17	NN	86	n	n	y	n	y	n	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n
[Redacted]	09/06/16	NN	57	y	n	y	n	n	y	y	n	n	-	-	-	n	n	n	n	n	n	n	n	n
[Redacted]	10/13/16	NN	87	y	n	y	n	n	y	y	n	n	-	-	-	n	n	y	n	n	n	n	n	n
[Redacted]	09/11/13	NN	32	y	n	y	n	n	y	n	n	n	-	-	-	n	n	n	n	n	n	n	n	n
[Redacted]	06/17/17	NN	71	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n
[Redacted]	12/07/16	NN	71	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n
[Redacted]	01/30/17	NN	83	n	n	y	n	y	n	n	n	n	y	n	n	n	n	y	y	n	n	n	n	n
[Redacted]	11/12/16	NN	74	y	n	n	y	y	n	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n

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

\* Fictitious, sample data are depicted.

# Case Mix Calculations

---

Demographics

Payment Source

Current Residence

Current Living Situation

Assisting Persons

Primary Caregiver & Assistance

Inpatient D/C

Med Regimen Change within 14 Days of SOC/ROC

Prognosis

Code	Period	Demographics	Payment Source	Residence	Current Living Situation	Assisting Persons	Primary Caregiver	Inpt DC	Med Reg	Prognosis																				
		Age	Gender: Female	Race: Black	Race: White	Race: Other	Any Medicare	Any Medicaid	Any HMO	Medicare HMO	Private third party	Own Home	Family member home	Lives alone	With family member	With friend	With paid help	Person residing in home	Person residing outside home	Paid help	Spouse/significant other	Daughter/son	Paid help	No one person	Freq. of assistance ( 0-6 )	From hospital	From rehab facility	From nursing home	Medical regimen change	Moderate recovery prognosis
TA	12/09/02	75	y	n	y	n	y	n	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	6	n	n	n	n	y	
TA	02/25/03	75	y	n	y	n	y	n	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	6	y	n	n	n	y	
UNA	03/31/03	80	y	n	y	n	y	n	n	n	n	y	n	n	y	n	n	n	y	n	n	n	n	5	y	n	n	n	y	
UNAI D	12/06/02	65	n	n	y	n	y	n	n	n	n	y	n	n	y	n	y	n	n	y	n	n	n	6	y	n	n	n	y	

# Case Mix Tally

---

Individual case mix data at SOC/ROC

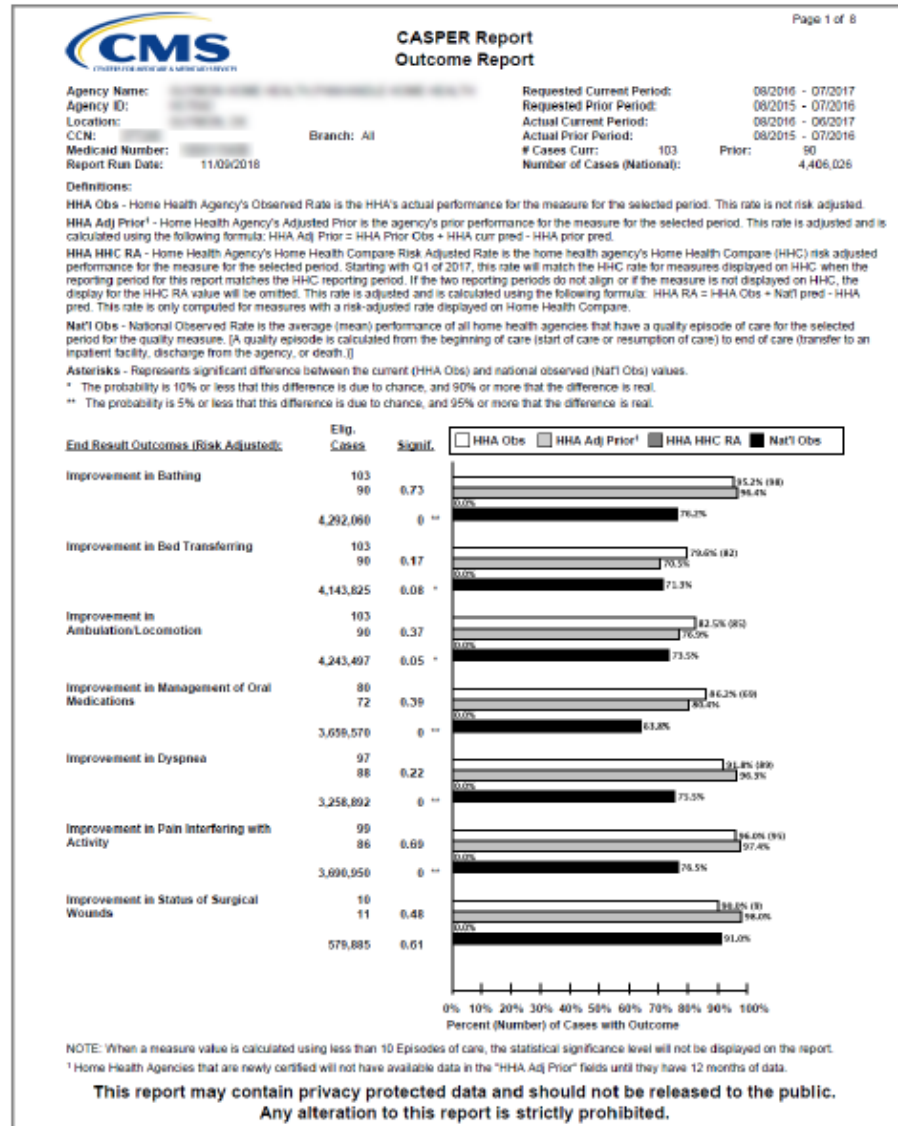
Each row corresponds to single episode

“y” if attribute present

“n” if attribute not present


“-” if data not available

Figure 6-9. Outcome Report – End Result Outcomes (Risk Adjusted)\*



\* Fictitious, sample data are depicted.

Figure 6-16. Outcome Tally Report\*



## CASPER Report Outcome Tally Report

Page 1 of 21 -A

Agency Name:		CCN:	
Agency ID:		Medicaid Number:	
Location:		Report Run Date:	11/14/2018

Report Period:	Functional Outcomes																	
	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 Management of Oral Medications	Stabilization in Management of Oral Medications	
09/01/18 - 01/01/19																		
Legend:	y = Measure achieved n = Measure not achieved - = No data available / = Excluded from this measure																	
Patient Name	SOC/ROC Date	SOC/EDC Branch ID																
	05/01/17	NN	y	y	y	y	y	y	-	y	-	y	-	y	-	-	y	
	01/18/17	NN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	03/24/17	NN	n	y	n	n	n	y	n	y	y	y	y	y	n	y	-	
	08/27/16	NN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	01/23/17	NN	y	y	y	y	y	y	y	y	y	y	y	y	-	y	-	
	09/06/16	NN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10/13/16	NN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	08/01/13	NN	-	y	-	-	-	y	-	y	-	y	-	y	-	n	y	
	06/17/17	NN	y	y	y	y	y	y	y	y	y	y	y	y	-	y	y	
	12/07/16	NN	y	y	y	y	y	y	y	y	-	y	y	y	y	y	-	
	01/30/17	NN	y	y	y	y	y	y	n	y	-	y	n	y	y	y	y	

**Footnote Legend**

<sup>1</sup> This measure has been removed from the CMS Home Health Quality Initiative. Data are provided here for agencies' internal quality monitoring and improvement efforts.

<sup>2</sup> Measure results for "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened" will be frozen as of the October 2019 Home Health Compare refresh and will include quality episodes ending January 2019-December 2018.

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

\* Fictitious, sample data are depicted.

# Outcome Tally Excerpt

## Outcome Tally Report

DATE REPORTED:

6

Report Period: 01/01/2001 - 12/01/2001		Health Status Outcomes														Utilization Outcomes			
Patient Name	SOC/ROC Date	Improv in speech or language	Stabil in speech or language	Improv in pain interfering with activity	Improv in number of surgical wounds	Improv in status surgical wounds	Improv in dyspnea	Improv in urinary tract infection	Improv in urinary incontinence	Improv in bowel incontinence	Improv in cognitive functioning	Stabil in cognitive functioning	Improv in confusion frequency	Improv in anxiety level	Stabil in anxiety level	Improv in behavioral problem frequency	Discharged to the community	Acute care hospitalization	Any emergent care
ANDERSON, -----	06/12/01	-	x	o	x	o	o	-	o	-	-	x	-	-	o	-	n	y	n
BROWN, -----	11/24/00	-	x	-	-	-	x	-	-	-	-	x	-	-	x	-	n	y	n
BYRNNE, -----	08/24/01	o	o	x	-	-	x	-	-	-	o	x	o	-	x	-	n	y	n





# Outcome Tally

---

Each row corresponds to single episode

## End Result Outcomes

“x” achieved outcome

“o” did not achieve

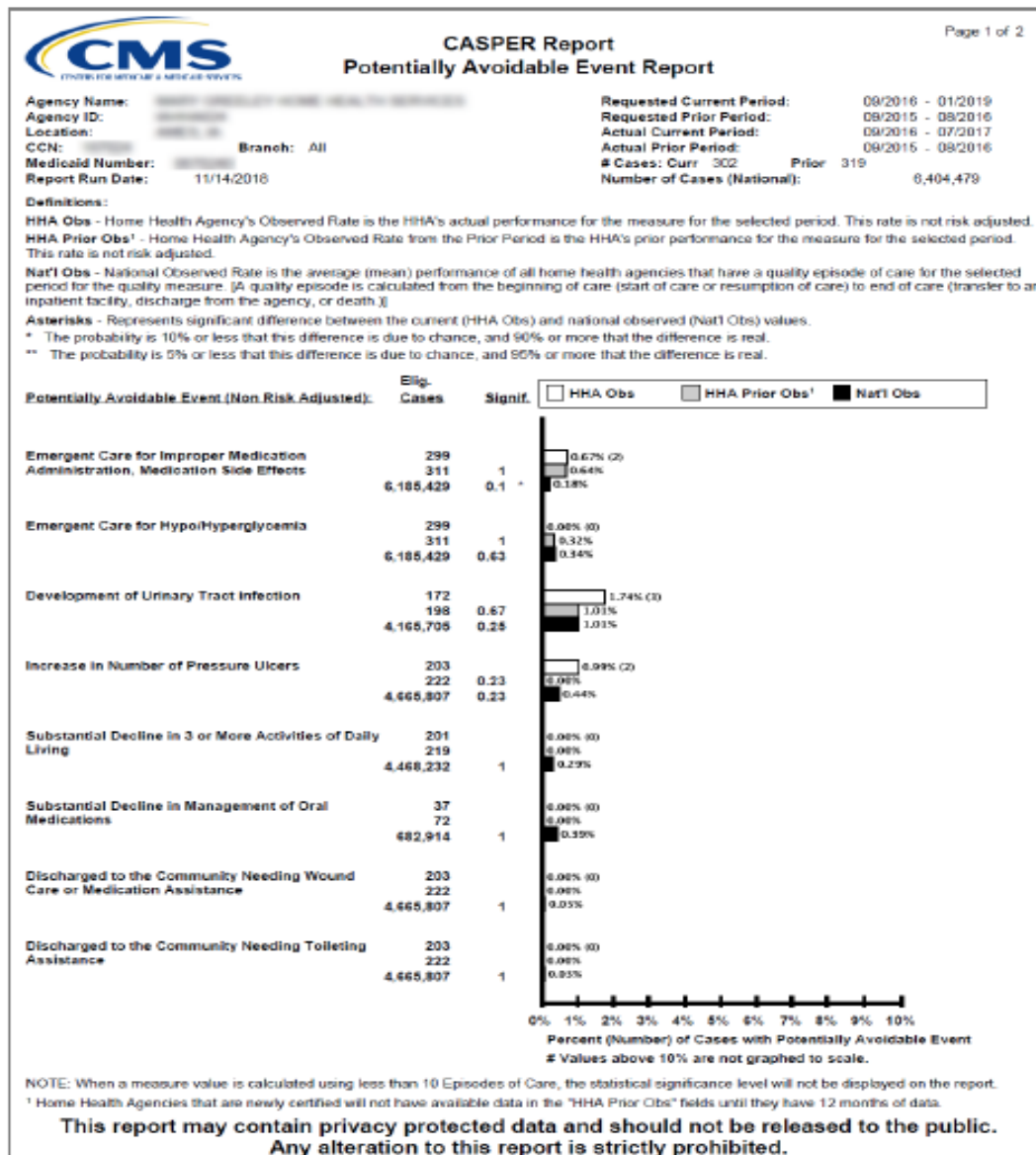
“-” not eligible to be calculated

## Utilization Outcomes

“y” means outcome occurred


“n” means outcome did not occur

Figure 6-20. Potentially Avoidable Event Report\*



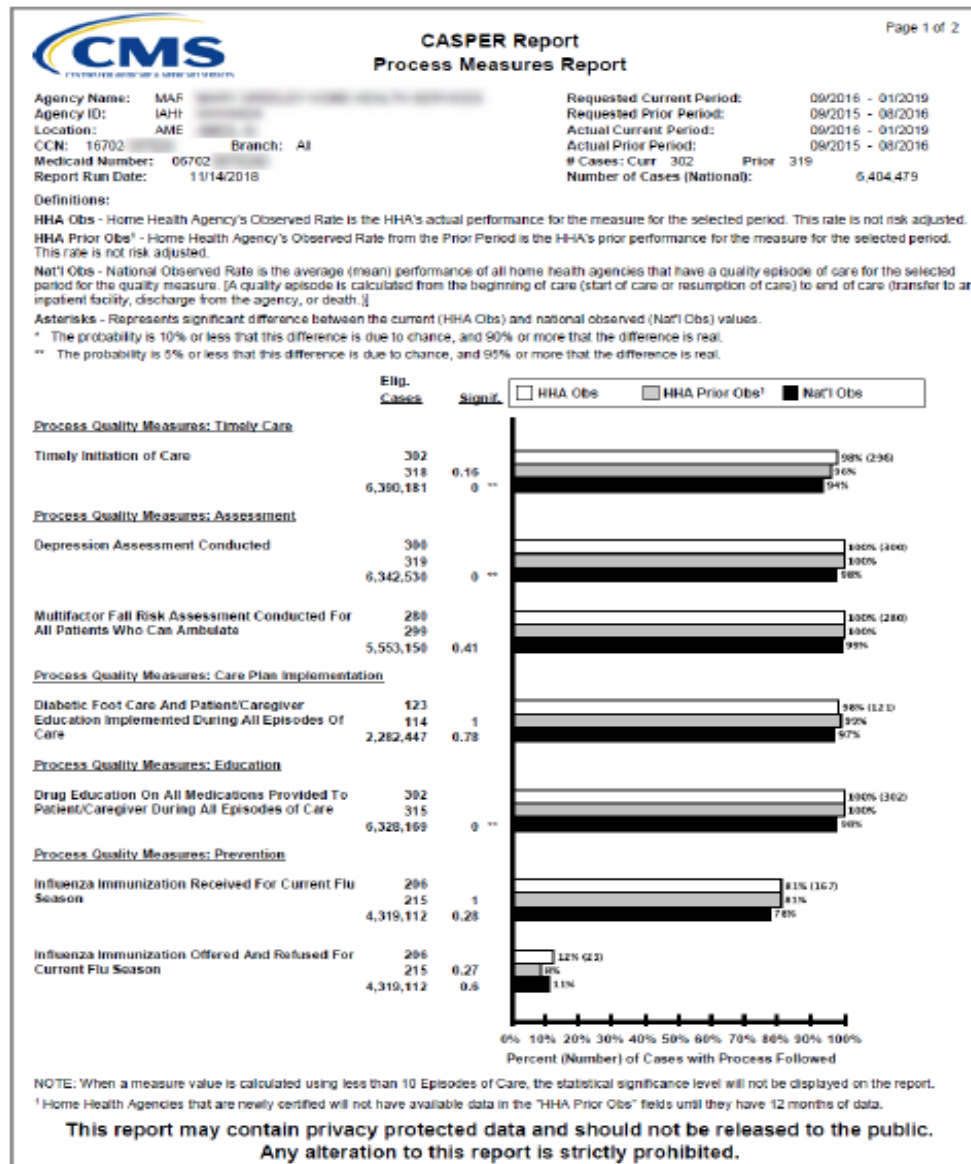
\* Fictitious, sample data are depicted.

Figure 6-18. Potentially Avoidable Event Patient Listing\*

		<b>CASPER Report</b> <b>Potentially Avoidable Event:</b> <b>Patient Listing Report</b>				Page 1 of 2	
<b>Agency Name:</b> [Redacted] <b>Agency ID:</b> [Redacted] <b>Location:</b> [Redacted] <b>CDN:</b> [Redacted] <b>Medicaid Number:</b> [Redacted]		<b>Requested Current Period:</b> 09/2016 - 01/2019 <b>Actual Current Period:</b> 09/2016 - 07/2017 <b>Number of Cases in Current Period:</b> 302 <b>Number of Cases (National):</b> 8,404,479 <b>Report Run Date:</b> 11/14/2018					
<b>Emergent Care for Improper Medication Administration, Medication Side Effects</b>							
Complete Data Cases : 299		Number of Events : 2		Agency Incidence : 0.67%		Nafl Obs : 0.18%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
<b>Emergent Care for Hypo/Hyperglycemia</b>							
Complete Data Cases : 299		Number of Events : 0		Agency Incidence : 0.00%		Nafl Obs : 0.34%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							
<b>Development of Urinary Tract Infection</b>							
Complete Data Cases : 172		Number of Events : 3		Agency Incidence : 1.74%		Nafl Obs : 1.01%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
<b>Increase in Number of Pressure Ulcers</b>							
Complete Data Cases : 203		Number of Events : 2		Agency Incidence : 0.99%		Nafl Obs : 0.44%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N/N
<b>Substantial Decline in 3 or More Activities of Daily Living</b>							
Complete Data Cases : 201		Number of Events : 0		Agency Incidence : 0.00%		Nafl Obs : 0.29%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							
<b>Substantial Decline in Management of Oral Medications</b>							
Complete Data Cases : 37		Number of Events : 0		Agency Incidence : 0.00%		Nafl Obs : 0.39%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							
<b>Discharged to the Community Needing Wound Care or Medication Assistance</b>							
Complete Data Cases : 203		Number of Events : 0		Agency Incidence : 0.00%		Nafl Obs : 0.05%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							
<b>Discharged to the Community Needing Toileting Assistance</b>							
Complete Data Cases : 203		Number of Events : 0		Agency Incidence : 0.00%		Nafl Obs : 0.03%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOCI/ROC	DC/TRANSFER	SOC/EOC Branch ID
No Patient							
This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.							

\* Fictitious, sample data are depicted.

Figure 6-22. Process Measures Report\*



\* Fictitious, sample data are depicted.

# Where do the Numbers Come From?

---

OASIS data from SOC/ROC OASIS

AND

Discharge and/or Transfer OASIS during the specified 12 month time period

*One patient may have multiple episodes*

# Where do the Numbers Come From?

---

Numerator: all eligible cases *that had the outcome*

Denominator: all eligible cases

# Home Health Compare

---

Updated Quarterly (January, April, July, October)

## General information

- Type of agency
- Services provided

## Quality of patient care

- Star ratings
- MA and National Average: 3 and 3 ½ respectively
- Quality measures

## Patient survey results

# Home Health Compare

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In MA there are 297 agencies listed.

Quality of patient care	6	5 star agencies
-------------------------	---	-----------------

Patient survey summary	11	5 star agencies
------------------------	----	-----------------



# Home Health Compare

## Home Health Results

### Contact Information:

Home Health Hot Line: 1-800-242-2626

**AMERICAN HOMEPATIENT**  
 1307 NORTH MONROE STREET  
 TALLAHASSEE , FL 32303  
 (850) 681-0080

- **Type of Ownership:** Proprietary
- **Agency's Initial Date of Medicare Certification:** 5/1/1977
- **Medicare Covered Services:**
  - Nursing Care Services: Yes
  - Physical Therapy Services: Yes
  - Occupational Therapy Services: Yes
  - Speech Pathology Services: Yes
  - Medical/Social Services: Yes
  - Home Health Aide Services: Yes

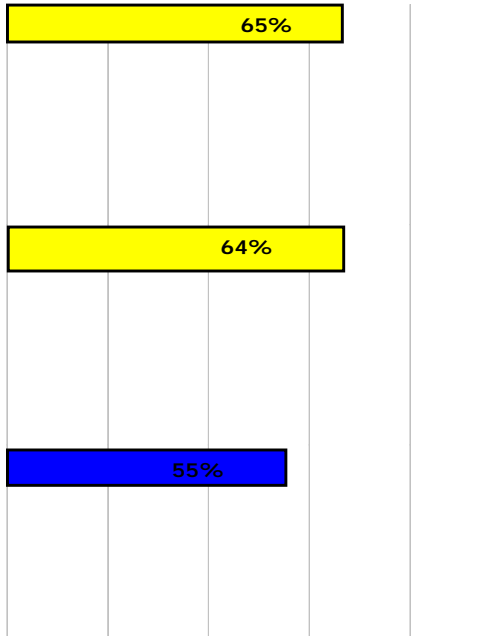
Quality Measures	Percentage for AMERICAN HOMEPATIENT	State Average	Phase 1 States Average
<a href="#">Percentage of patients who get better at getting dressed</a>	68%	61%	62%
<a href="#">Percentage of patients who get better at bathing</a>	65%	60%	58%
<a href="#">Percentage of patients who are confused less often</a>	42%	43%	41%

# Home Health Compare

---

## The Percentage of Patients Who Get Better at Bathing

THIS IS THE RATE FOR ALL PATIENTS SERVED BY HOME HEALTH AGENCIES IN THE UNITED STATES



THIS IS THE RISK-ADJUSTED RATE FOR ALL PATIENTS SERVED BY HOME HEALTH AGENCIES IN THE STATE OF MA

ABC HOME HEALTH AGENCY RISK-ADJUSTED RATE

Available to:

Consumers

Competitors

Referral sources

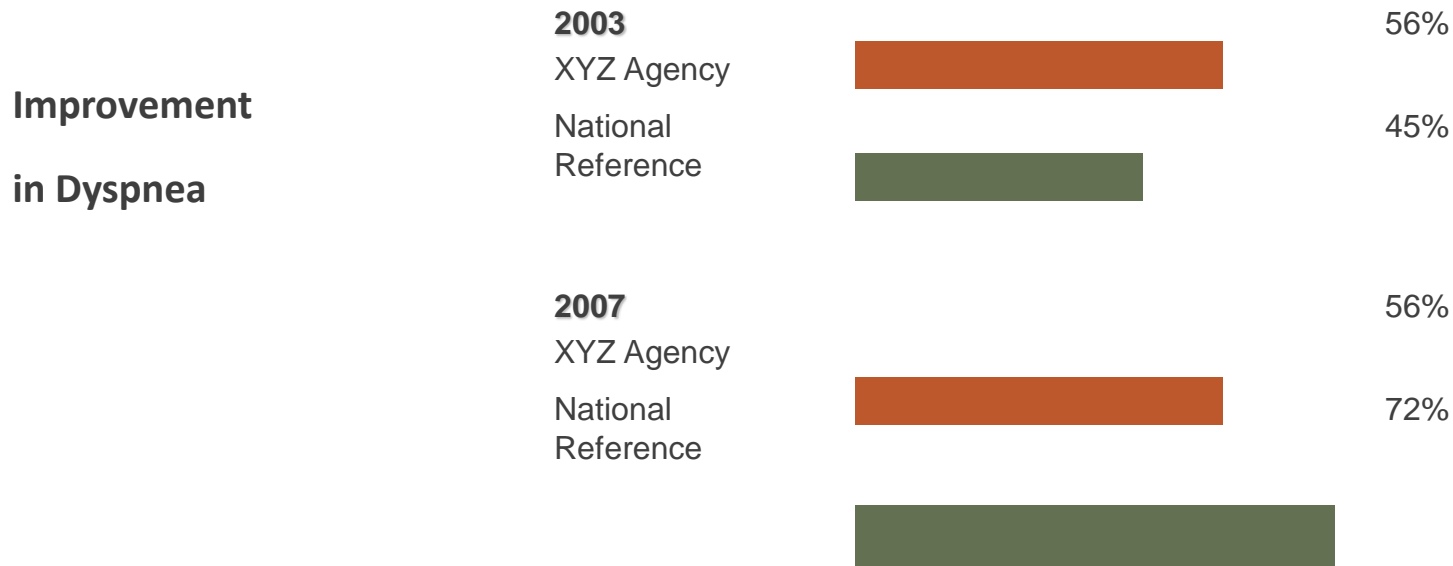
Potential Employees

Board members

# Impact on Quality of Care

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As agencies improve their quality measures, the national level of quality care raises.



# How are we doing?

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MA ACH Rate                      16.9%

National Rate                      16%

## Claims Based Data

*Based on Home Health Compare data posted as of July 11<sup>th</sup> 2016*

# Why are the Numbers Different?

The data behind Home Health Compare & the OBQI Outcome Reports are from the same source.



The “Adjusted Prior” Rate and the National Reference Rate on the Outcome Report ARE risk adjusted.

The Current Rate is NOT!

# Why are the Numbers Different?

Again, the Current Rate on the CASPER Report Outcome Report is NOT risk adjusted.

Risk adjustment helps to level the playing field for providers with higher risk or more frail patients.

It allows valid comparisons.

Home Health Compare IS risk adjusted.



# Risk Adjustment

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From CMS:

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/downloads/hhqilogisticregressionmodelsforriskadjustment.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/downloads/hhqilogisticregressionmodelsforriskadjustment.pdf).

Program from SHP found on the internet:

[http://www.hhvna.com/files/CorporateCompliance/Education2018/VNA/Demystifying\\_Home\\_Health\\_Risk\\_Adjustments\\_slides.pdf](http://www.hhvna.com/files/CorporateCompliance/Education2018/VNA/Demystifying_Home_Health_Risk_Adjustments_slides.pdf)

# Understanding Risk Adjustment

---

“A statistical technique that minimizes difference between groups of patients when making comparisons” .....creates a level playing field.

Risk adjustment will factor out differences in an agency's patients v. the reference sample

Minimizes the possibility that differences in outcomes between comparison groups are due to factors other than the care provided by the agency.



# Risk Factors

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Various characteristics or conditions of patients, existing at admission, that increase or decrease the likelihood of hospitalizations, are termed risk factors.

There are > 150 patient characteristics or risk factors.

Various combinations of these items are used to risk adjust each outcome.

20-51 risk factors are pulled for each outcome.

Your publicly reported outcomes are dependent upon an accurate initial OASIS assessment that portrays just how sick your patients really are!!

# Patient Acuity

Scenario: \_\_\_\_\_

Patient #1 is 78 years old with a poor recovery prognosis and circulatory system disease, diabetes, and HTN  
predicted hosp % is 65%

Patient # 2 is 78 years old with a good recovery prognosis and no chronic conditions  
predicted hosp % is 5 %

Who is sicker? Which scenario paints a clearer picture?

# How often are the reports updated?

---

Updated monthly on a rolling month basis

- Agency Patient-Related Characteristics Report
- Outcome Report
- All Patients' Process Quality Measures Report
- Potentially Avoidable Event Report
- Claims Based Outcomes

Updated quarterly

- Home Health Compare (January, April, July, October)

# How often should you run the reports?

---

Monthly may be overwhelming

At a minimum, quarterly particularly for the Potentially Avoidable Events

Depending upon the needs of the agency

May be used to track quality improvement initiatives

# Which reports should you track?

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? SHP

? Ability (formerly OCS)

? Home Health Gold

? Home Health Compare

## Answer:

It depends!

Be consistent!

# Claims Based Data

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NEW!

Allows us to compare “apples to apples”

Numbers are risk-adjusted

Note the time frame, it differs from other reports

May apply even after the patient is discharged

# Report Features

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## Summary of OASIS Data

### PBQImprovement

- Process Measures

- Potentially Avoidable Events

### OBQImprovement

- Outcome Report

# What is Outcome-Based Quality Improvement?

---

A continuous quality improvement process based on the use of final patient outcomes to drive agency decisions regarding clinical practice.

Uses outcomes (and outcome measures) as the focal point for continuous quality improvement.



# What is Outcome-Based Quality Improvement?

---

Quantitative way to determine what makes patients better and what doesn't

“You can't manage what you can't measure.”

# PBQI: Process Measures

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Implemented with OASIS-C

## Process Measure Domains

- Timely Care
- Care Coordination
- Assessment
- Care Planning
- Care Plan Implementation
- Education
- Prevention

Descriptive Measures are the specific OASIS items

# How do OBQI and Public Reporting Relate?

---

Use the OBQI methodology to implement continuous quality improvement

Continue to use OBQI criteria to target outcomes for improvement

Goal is improved patient outcomes

Monitor progress over time

Publicly reported agency comparisons provide context

# Outcome Measures

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13 risk-adjusted home health outcome groups that encompass 35 OASIS items

- Improvement/stabilization in ADLs and IADLs
  - e.g. dressing, bathing, preparing meals
- Improvement in physiological health status
  - e.g. dyspnea, incontinence, pain, surgical wounds
- Improvement in behavioral health
  - e.g. confusion, anxiety
- Utilization outcomes
  - e.g. discharge from home health, hospital admission

# Potentially Avoidable Events

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Formerly known as “Adverse Events”

Examples include:

- Acute care hospitalization
- Injury related to fall
- Deterioration in wound
- Hypo/Hyper –glycemia
- Development of UTI

Chart audits

- Tools are available on the NAHC website

# Public Reporting

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People who rely on Medicare and Medicaid need reliable information to help them with their health care decisions.

*“We want to measure quality, publish quality, and get people to focus on quality.”*

*Tom Scully, Former administrator CMS 8/8/02*

# Public Reporting

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Nursing Home Compare:

[www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare)

Home Health Compare:

[www.medicare.gov/HHCompare](http://www.medicare.gov/HHCompare)

Hospital Compare:

[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

Dialysis Compare:

[www.medicare.gov/Dialysis](http://www.medicare.gov/Dialysis)

# A Word of Caution

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Know your scores!

Identify strengths and weaknesses

Applaud the “good” and develop a plan to work on the “bad”

Pay attention to Potentially Avoidable Events

Save copies of your validation reports

**Surveyors have access to this information**



# Questions

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# Contact information

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[cpacella27@gmail.com](mailto:cpacella27@gmail.com)

617-756-1442