

# Getting Started with Hospice CASPER Quality Measure Reports

*This fact sheet contains information about the two Certification and Survey Provider Enhanced Reporting (CASPER) Quality Measure (QM) reports available to hospice providers. Additionally, this fact sheet includes one potential model hospices could employ to use the QM reports for quality improvement.*

## I. Understanding the Hospice CASPER Quality Measure Reports

Two Confidential Provider Feedback Reports are available in the CASPER reporting application:

**Hospice-Level Quality Measure Report** and **Hospice Patient Stay-Level Quality Measure Report**.

These two reports fall under the class of CASPER reports known as “QM reports.” CASPER QM reports are on-demand and are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered. The information available in these reports in CASPER is for internal purposes only and is not for public display.

- **The Hospice-Level QM Report** includes the Hospice item Set (HIS) Comprehensive Assessment at Admission (CBE #3235), Hospice Care Index (HCI), and Hospice Visits in the Last Days of Life (HVLDL-CBE #3645) measure scores. The claims-based measures were added in September 2021. The report includes hospice specific scores, national and state averages. Details of the seven component process measures are included for the HIS Comprehensive Assessment at Admission Measure, as well as the details for the 10 individual HCI indicators.
- **The Hospice Patient-Level QM Report** identifies each patient with a qualifying HIS record used to calculate the hospice-level quality measure values for a select period. The report displays each patient’s name and indicates how/if the patient’s assessment affected the hospice’s quality measure. The details of the seven component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure. Claims-based measures are not included in these reports.

### **What measures are reported and how are these data collected?**

The Hospice Quality Reporting Program (HQRP) was established under Section 1814(i)(5) of the Social Security Act. Since 2014, Medicare-certified hospice providers are required to submit an HIS Admission record for all patient admissions and an HIS-Discharge record for their subsequent discharges. Hospices are required to submit the appropriate HIS record for each patient admission and discharge, regardless of the patient’s payer source, age, or location where hospice services are received. Hospices submit HIS data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP), or it’s replacement system.

HIS data are used to calculate one HQRP process measure, and administrative data (i.e., Medicare claims) are used to calculate two claims-based quality measures (*Table 1*). These three of the four HQRP quality measures are reported on the Hospice CASPER Quality Measure Reports. The Consumer



Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey (Consensus-Based Entity (CBE) # 2651) <sup>1</sup> measure is not included on these QM reports.

**Table 1. Quality Measures Reported on CASPER QM Reports**

Measure Title (CBE ID)	Measure Description
HIS Comprehensive Assessment at Admission (CBE #3235)	The percentage of hospice stays during which patients received a comprehensive patient assessment at hospice admission.
Hospice Visits in the Last Days of Life (HVLDL) (CBE #3645) *	A claims-based measure indicating visits in the last 3 days of life
Hospice Care Index (HCI)	A single score measure that combines the results of 10 claims-based indicators

### Hospice-Level Quality Measure Report

This report enables hospice providers to review their QM scores at the hospice-level and compare their organization’s overall performance to their state and national average scores. *Figure 1A illustrates how to read this report.*

- Use as a quality improvement tool:
  - Hospice providers can identify which QMs they perform well on and which they might develop quality improvement interventions to improve performance.
  - QM results can be trended by comparing QM scores and percentiles across multiple reporting periods. Trending QM scores enables hospice providers to monitor the progress of their quality improvement interventions.
  - For the HIS Comprehensive Assessment at Admission, providers can trend consecutive quarters, while for the claims-based measures, providers can trend by the eight quarters (2 years) of data.
- Understanding data calculations:
  - For the HIS Comprehensive Assessment at Admission, the data are calculated monthly, approximately mid-month. Any assessments submitted after the calculation date will be included in the next monthly calculation. The “Data was calculated on” date shows you the most recent calculation date.
  - For claims-based measure scores, the data is updated annually in November.

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<sup>1</sup> For information about the CAHPS® Hospice Survey, a description of the survey, its measures, and requirements visit the survey webpage, [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org).

**Figure 1a. HIS Comprehensive Assessment at Admission (CBE #3235)**

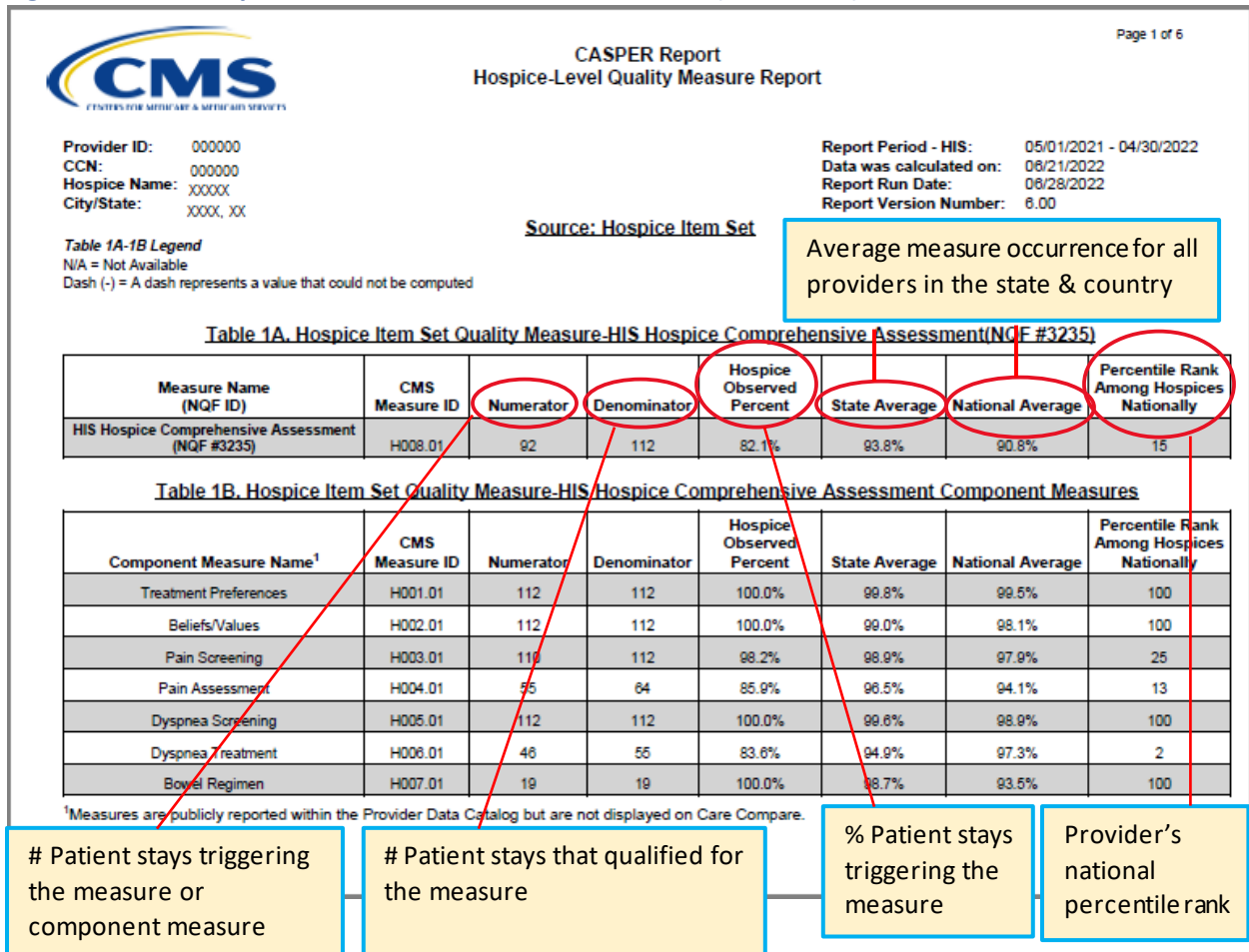


Figure 1A provides detailed explanations to help you interpret the columns in the report.

Figure 1b. HVLDL (CBE #3645)

CMS		CASPER Report Hospice-Level Quality Measure Report				Page 2 of 6	
Provider ID:	000000	Report Period - Claims:	10/01/2019 - 09/30/2021				
CCN:	000000	Data was calculated on:	05/19/2022				
Hospice Name:	XXXXX	Report Run Date:	08/28/2022				
City/State:	XXXX, XX	Report Version Number:	6.00				
<u>Source: Medicare Fee-For-Service Hospice Claims</u>							
<i>Table 2 Legend</i>							
N/A = Not Available							
Dash (-) = A dash represents a value that could not be computed							
<b>Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)</b>							
Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	State Average	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	HD11.01	65	69	94.2%	68.3%	48.8%	99

Figure 1b displays a sample of the HVLDL measure on Table 2 of the report. This table includes the same columns of information as HIS Comprehensive Assessment at Admission.

Figure 1c. HCI Overview

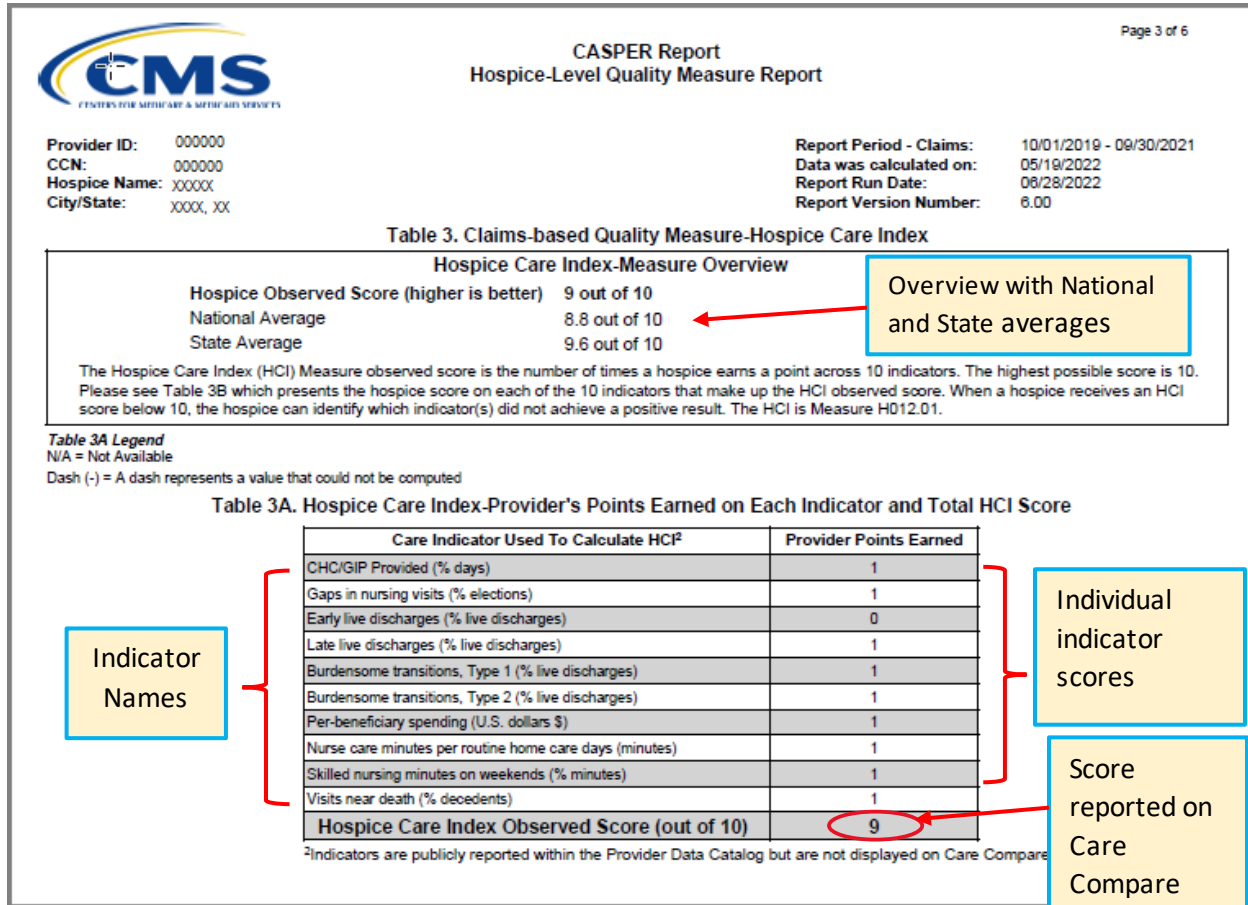



Figure 1c. depicts Table 3 and 3A of the report for the HCI claims-based measure. The top box highlighted in blue displays the hospice's score, 9 out of 10. For reference, the national and state averages are also given; (8.8 out of 10), and (9.6 out of 10) respectively. For this measure, a higher observed score is better; a hospice with a 10 out of 10 would have the highest score. Since the HCI score is an index reflecting multiple indicators, the report also contains indicator-level data in the chart shown at the bottom. Table 3A shows that the provider earned 1 point for 9 of the ten indicators, resulting in the 9 out of 10 Hospice Observed Score. This provider did not meet the criteria for one of the indicators, thus did not earn a point for that indicator.

Figure 1d. HCI - Details for the 10 Indicators

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

Technical Details on the Hospice Care Index's Observed Score

*Table 3B Legend*  
N/A = Not Available  
Dash (-) = A dash represents a value that could not be computed

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

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Average*	State Average*	Percentile Rank Among Hospices Nationally	Index Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	481	6,491	7.4%	0.6%	1.1%	99	Hospice Score Above 0%	Yes	1
2	Gaps in nursing visits (% electons)	13	45	28.9%	54.8%	43.0%	13	Below 90 Percentile Rank	Yes	1
3	Early live discharges (% live discharges)	2	7	28.6%	7.5%	6.5%	99	Below 90 Percentile Rank	No	0
4	Late live discharges (% live discharges)	3	7	42.0%	39.2%	37.5%	62	Below 90 Percentile Rank	Yes	1
5	Burdensome transitions, Type 1 (% live discharges)	0	7	0.0%	8.4%	4.1%	19	Below 90 Percentile Rank	Yes	1
6	Burdensome transitions, Type 2 (% live discharges)	0	7	0.0%	2.4%	1.1%	39	Below 90 Percentile Rank	Yes	1
7	Per-beneficiary spending (U.S. dollars \$)	\$1,457,119	193	\$7,550	\$16,359	\$10,413	6	Below 90 Percentile Rank	Yes	1
8	Nurse care minutes per routine home care days (minutes)	1,612,530	5,901	273.3	13.7	19.8	100	Above 10 Percentile Rank	Yes	1
9	Skilled nursing minutes on weekends (% minutes)	438,735	1,612,530	27.2%	9.4%	8.9%	99	Above 10 Percentile Rank	Yes	1
10	Visits near death (% decedents)	180	181	99.4%	89.7%	93.7%	95	Above 10 Percentile Rank	Yes	1
<b>Hospice Care Index Total Observed Score (out of 10)</b>										<b>9</b>

Figure 1d depicts an example of Table 3B in the report. This table presents the detail for each indicator of the HCI measure. Each row represents one of the ten indicators.

Figure 1e. HCI Definitions



CASPER Report  
Hospice-Level Quality Measure Report

Table 3C. Hospice Care Index-Individual Indicators' Definitions<sup>3</sup>

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/GIP Provided (% days)	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
2	Gaps in nursing visits (% elections)	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between skilled nursing visits exceeding 7 days.	Below 60 Percentile Rank
3	Early live discharges (% live discharges)	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 60 Percentile Rank
4	Late live discharges (% live discharges)	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 60 Percentile Rank
5	Burdensome transitions, Type 1 (% live discharges)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospice readmission within two days of hospital discharge.	Below 60 Percentile Rank
6	Burdensome transitions, Type 2 (% live discharges)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 60 Percentile Rank
7	Per-beneficiary spending (U.S. dollars \$)	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 60 Percentile Rank
8	Nurse care minutes per routine home care days (minutes)	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.	Above 10 Percentile Rank
9	Skilled nursing minutes on weekends (% minutes)	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death (% decedents)	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).	Above 10 Percentile Rank

<sup>3</sup>All indicators are defined within the reporting period for the HCI measure, as listed in the header on page 3.

Figure 1e depicts Table 3c, which includes the definition for each HCI indicator along with the corresponding Index Earned Point Criterion.

**Note:** For more information on how the numerator and denominator are determined and how quality measures are calculated, see the QM User's Manual ("Current Measures" link provided in Resources section, below)

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

This report enables hospice providers to review the quality measure outcomes for the HIS Comprehensive Assessment at Admission for all patient stays during the reporting period. The report shows which patient stays triggered each quality measure. Figure 2 illustrates how to read this report.

- As a companion report to the Hospice-Level Quality Measure Report, this report drills down to patient-stay level information for each of the seven component quality measures that comprise the HIS Comprehensive Assessment at Admission.
- Use as a quality improvement tool:
  - This report can assist a hospice to review the individual components for the HIS Comprehensive Assessment at Admission measure, should results on the Hospice-Level Quality Measure Report be less favorable than anticipated. Providers can quickly assess which patient stays contributed to the unfavorable results. Hospices can then implement process improvements to address the issues identified.

- Quality of care concerns for specific patient populations can also be assessed (e.g., based upon length of stay). For example, to look at short stay patients, a hospice provider could review cases in which the admission and discharge date were within the same month and year. It can then be determined which patients did not achieve three or more of the component process measures. Thus, the hospice could decide whether there are general quality of care concerns for patients with a short length of stay.
- Missing records: This report indicates when an admission record was not submitted with a corresponding HIS discharge record (Type 2 Stay). This information could assist a provider to identify when a missing admission record should be submitted to the QIES ASAP system. A link to the HIS Manual is provided in the Resources section below.
- Claims-based measures are not included in these reports.

Figure 2. Patient Stay-Level QM Report

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

Provider ID: 000000  
CCN: 000000  
Hospice Name: XXXXX  
City/State: XXXX, XX

Report Period: 05/01/2019 - 04/30/2022  
Data was calculated on: 08/21/2022  
Report Run Date: 08/23/2022  
Report Version Number: 4.10

**Table Legend**  
**b** = not triggered  
**e** = excluded from the QM denominator  
**X** = triggered  
**c** = admission date extracted from the discharge record because admission record is missing  
**d** = measure not implemented based on patient's admission and/or discharge date(s)  
**N/A** = not available because the patient stay is either active or the discharge record is missing

Patient Name	Patient ID	Admission Date	Discharge Date	Hospice Comprehensive Assessment	Treatment Preferences <sup>1</sup>	Beliefs/Values <sup>1</sup>	Pain Screening <sup>1</sup>	Pain Assessment <sup>1</sup>	Dyspnea Screening <sup>1</sup>	Dyspnea Treatment <sup>1</sup>	Bowel Regimen <sup>1</sup>	Quality Measure Count
DOE, ANN	12345678	02/16/2022	02/17/2022	X	X	X	X	X	X	e	e	6
DOE, BARRY	08842975	11/11/2021	11/19/2021	b	X	X	X	e	X	b	e	4
DOE, CAROL	87654321	12/18/2021	12/19/2021	X	X	X	X	e	X	X	e	6
DOE, DARREN	45678901	09/19/2019	N/A	X	X	X	X	X	X	d	e	8
DOE, ERIC	13579246	09/24/2020	03/28/2022	b	X	X	X	e	X	b	e	4
DOE, FELICIA	76543219	12/26/2021 <sup>c</sup>	01/13/2022	X	X	X	X	e	X	X	e	6

“c” = admission record is missing – this admission date is extracted from the discharge record

Triggers/outcomes for HIS Comprehensive Assessment at Admission (CBE #3235)

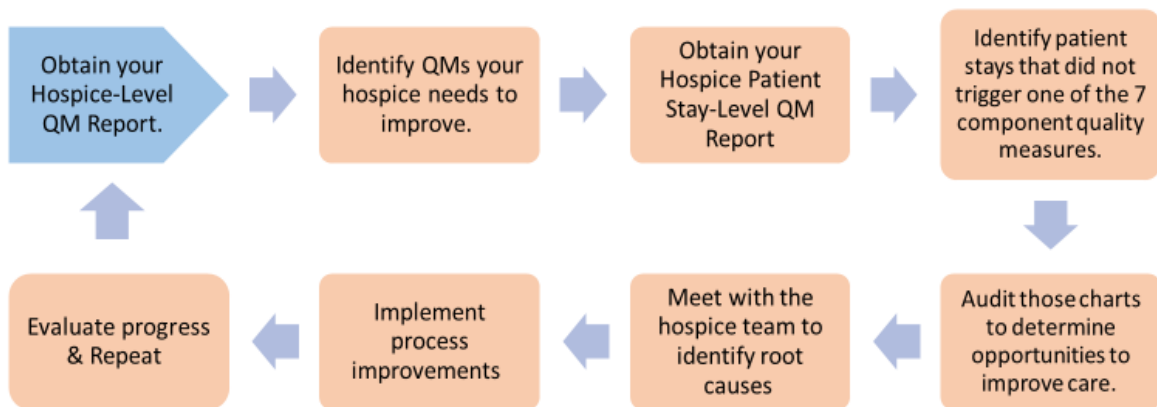
# outcomes triggered during the patient stay



## II. Sample Process for Using the Measure Reports for Quality Improvement

- 1) Obtain your Hospice-Level QM Report.
- 2) Use this report to identify which QMs need improvement.
- 3) Obtain the Hospice Patient Stay-Level QM Report for the same report period that was selected for the Hospice-Level QM Report to analyze the details for the HIS Comprehensive Assessment at Admission.
- 4) Analyze your Hospice Patient Stay-Level QM Report.
- 5) Identify a sample of patient stays that did not trigger (i.e., did not meet the numerator criteria) for one of the seven component quality measures for the HIS Comprehensive Assessment at Admission. This may reflect opportunities for quality improvement.
- 6) Audit the medical records for those patient stays that did not trigger the measure. This will help to determine where the opportunities are to improve care and where a defined care process may not have been followed.
- 7) Meet with your hospice team to identify root causes. Ask why these care processes were not followed? This may require looking beyond chart data.
  - a) For example, if all patient stays in a poor-performing component measure were found to be under the care of one nurse, explore with the nurse why this occurred and why sub-optimal care may have been delivered.
  - b) In cases where excellent care was identified (patient stays triggered the measure), explore with the hospice team how those processes could be replicated.
- 8) Implement process improvements related to the findings of the chart audits.
- 9) Repeat this cycle regularly to drive quality improvement

### Process Improvement Using Hospice QM Reports



### III. Resources Available to Hospice Providers

- For more detailed instruction on accessing CASPER reports, please view the [CASPER Reporting Hospice Provider User's Guide](#).
- For Training on all topics related to the HQRP, including how to use provider reports, visit the [HQRP Training and Education Library](#).
- For more information, resources, and updates related to HIS data submission specifications and other technical information, visit the [HIS Technical Information](#) webpage on the CMS HQRP website.
- For more information on the QMs and how the measures are calculated review the current HQRP QM User's Manual located in the Downloads section of the [Current Measures](#) webpage on the CMS HQRP website.

### IV. Help Desk Resources

