

# Getting Started with Hospice CASPER Quality Measure Reports: February 2022

*This fact sheet contains information about the two 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 Certification and Survey Provider Enhanced Reporting (CASPER) 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 HIS Comprehensive Assessment at Admission (NQF #3235), HCl, and HVLDL measure scores. The claims-based measures were added in September 2021. The report includes hospice specific scores and national averages. State averages will be added in future reports. Details of the 7 component process measures are included for the HIS Comprehensive Assessment at Admission Measure (NQF #3235), as well as the details for the 10 individual HCl 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 measures. The details of the 7 component process measures are also included at the patient level for the HIS Comprehensive Assessment at Admission Measure (NQF #3235). Claims-based measures are not included in these reports.

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

The HQRP was established under Section 1814(i)(5) of the Social Security Act. Since 2014, Medicare-certified hospice providers are required to submit a Hospice Item Set (HIS)-Admission record for all patient admissions and a 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 its replacement system.

HIS data are used to calculate one 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. CAHPS® Hospice Survey (NQF # 2651) is not included on these QM reports.

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

Measure Title (NQF ID)	Measure Description
Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235)	The percentage of hospice stays during which patients received a comprehensive patient assessment at hospice admission.
HVLDL	A claims-based measure indicating visits in the last 3 days of life
HCI	A single score measure that combines the results of 10 claims-based indicators

*Note: HVLDL has replaced the Hospice Visits When Death is Imminent (HVWDII) measures. HVWDII is no longer part of the HQR and will be removed from the reports in 2022.*

**Hospice-Level Quality Measure Report**

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

- Use as a quality improvement tool:
  - Hospice providers can identify which quality measures they perform well on and which quality measures 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 the quality measure scores enables hospice providers to monitor the progress of their quality improvement interventions.
  - For the HIS measure, NQF #3235, 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 NQF #3235 data are calculated monthly around the middle of the 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 data will be updated annually in November.

**Hospice-Level Quality Measure Report**

**Figure 1a. NQF #3235 measure**



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

Provider ID: 00000  
CCN: 00000  
Hospice Name: XXXXXX  
City/State: TOWN, XX

Report Period - HIS: 07/01/2020 - 06/30/2021  
Data was calculated on: 08/15/2021  
Report Run Date: 11/01/2021  
Report Version Number: 5.00

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

Source: Hospice Item Set

**Table 1 Legend**

N/A = Not Available

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

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

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

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Treatment Preferences (NQF #1641)	H001.01	78	78	100.0%	98.8%	100
Beliefs/Values (NQF #1647)	H002.01	78	78	100.0%	95.5%	100
Pain Screening (NQF #1634)	H003.01	78	78	94.1%	94.0%	29
Pain Assessment (NQF #1637)	H004.01	37	37	100.0%	86.1%	100
Dyspnea Screening (NQF #1639)	H005.01	77	78	98.7%	98.0%	32
Dyspnea Treatment (NQF #1638)	H006.01	52	53	98.1%	95.7%	47
Bowel Regimen (NQF #1617)	H007.01	24	24	100.0%	93.8%	100
Hospice Comprehensive Assessment (NQF #3235)	H008.01	58	59	98.3%	84.0%	84
Hospice Visits when Death is Imminent, Measure 1*	H008.01	-	-	-	-	-

The number of patient stays that triggered the measure

The number of patient stays that could qualify for the measure

The percentage of patient stays in the hospice that triggered the measure.

The average of the measure occurrence for all providers in the country.

The provider's national rank.

Figure 1b displays a sample of the HVLDL measure on table 2 of the report. This table includes the same columns of information as NQF #3235.

**Figure 1b. HVLDLQM**


		<b>SAMPLE CASPER Report</b> <b>Hospice-Level Quality Measure Report</b>		Page 3 of 6		
		<b>Provider ID: 000000</b> <b>CCN: 000000</b> <b>Hospice Name: XXXXX</b> <b>City/State: TOWN, XX</b>		<b>Report Period - Claims (HVLDL): 10/01/2017 - 09/30/2019</b>  <b>Data was calculated on: 03/01/2021</b> <b>Report Run Date: 11/01/2021</b> <b>Report Version Number: 5.00</b>		
<u>Source: Medicare Fee-For-Service Hospice Claims</u>						
<b>Table 2 Legend</b> 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	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	207	245	84.5%	62.1%	90

Table 3 of the report is the HCI claims-based measure. An example of HCI in the report is seen in Figure 1c. The top box highlighted in yellow displays the hospice's score, 7 out of 10. For reference, the national average is also given below (8.9 out of 10). 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, highlighted in blue, (table 3A). This table shows that the provider earned 1 point for 7 of the ten indicators, resulting in the 7 out of 10 Hospice Observed Score. This provider did not meet the criteria for three of the indicators, thus did not earn a point for those indicators.

**Figure 1c. HCI QM**



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

Provider ID: 000000  
CCN: 000000  
Hospice Name: X X X X  
City/State: TOWN, XX

Report Period - Claims (HCI): 10/01/2017 - 09/30/2019  
Data was calculated on: 03/01/2021  
Report Run Date: 11/01/2021  
Report Version Number: 5.00

**Table 3. Claims-based Quality Measure-Hospice Care Index**

Hospice Care Index-Measure Overview	
<b>Hospice Observed Score (higher is better)</b>	<b>7 out of 10</b>
<b>National Average</b>	<b>8.9 out of 10</b>

The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.

**Table 3A Legend**

N/A = Not Available

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

**Table 3A. Hospice Care Index-Provider's Points Earned on Each Indicator and Total HCI Score**

Care Indicator Used To Calculate HCI	Provider Points Earned
CHC/GIP Provided (% days)	0
Gaps in nursing visits (% elections)	0
Early live discharges (% live discharges)	+1
Late live discharges (% live discharges)	0
Burdensome transitions, Type 1 (% live discharges)	+1
Burdensome transitions, Type 2 (% live discharges)	+1
Per-beneficiary spending (U.S. dollars \$)	+1
Nurse care minutes per routine home care days (minutes)	+1
Skilled nursing minutes on weekends (% minutes)	+1
Visits near death (% decedents)	+1
<b>Hospice Care Index Observed Score (out of 10)</b>	<b>7</b>

Score is reported on Care Compare

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 1d. HCI Report – Table 3B**



**SAMPLE 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 Score*	Percentile Rank Among Hospices Nationally	Index Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	0	6,881	0.0%	0.8%	40	Hospice Score Above 0%	No	0
2	Gaps in nursing visits (% elections)	32	42	76.2%	44.9%	91	Below 90 Percentile Rank	No	0
3	Early live discharges (% live discharges)	0	39	0.0%	7.5%	21	Below 90 Percentile Rank	Yes	+1
4	Late live discharges (% live discharges)	22	39	56.4%	37.4%	91	Below 90 Percentile Rank	No	0
5	Burdensome transitions, Type 1 (% live discharges)	1	39	2.6%	3.5%	53	Below 90 Percentile Rank	Yes	+1
6	Burdensome transitions, Type 2 (% live discharges)	0	39	0.0%	1.2%	59	Below 90 Percentile Rank	Yes	+1
7	Per-beneficiary spending (U.S. dollars \$)	\$1,323,858	75	\$17,651	\$14,572	72	Below 90 Percentile Rank	Yes	+1
8	Nurse care minutes per routine home care days (minutes)	81,060	6,880	11.8	15.9	28	Above 10 Percentile Rank	Yes	+1
9	Skilled nursing minutes on weekends (% minutes)	18,225	81,060	22.5%	9.3%	98	Above 10 Percentile Rank	Yes	+1
10	Visits near death (% decedents)	3	3	100%	90.5%	100	Above 10 Percentile Rank	Yes	+1
<b>Hospice Care Index Total Observed Score (out of 10)</b>									<b>7</b>

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

Your CASPER report will also include a Table 3c depicted in Figure 1d, which includes the definition for each HCI indicator along with the corresponding Index Earned Point Criterion.

**Figure 1c. HCI Definitions**



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

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

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

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

**Note:** 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 NQF #3235 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 Comprehensive Assessment at Admission (NQF #3235).
- Use as a quality improvement tool:
  - This report can assist a hospice to review the individual components for the NQF #3235 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 Resources section below.
- Claims-based measures are not included in these reports.

**Figure 2. Patient Stay-Level QM Report**



**Provider ID: 00000**  
**CCN: 00000**  
**Hospice Name: XXX Hospice**  
**City/State: TOWN, XX**

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

Page 1 of 1

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

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

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

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Hospice Visits when Death is Imminent, Measure 1*	Hospice Visits when Death Is Imminent, Measure 2*	Quality Measure Count
				X	X	X	X	X	X	X	X	X	X	X
DOE, ANN	123456	08/10/2020	11/10/2020	X	X	X	X	X	X	e	X	b	X	8
DOE, JOE	234567	09/04/2020 c	12/10/2020	b	X	X	X	X	X	X	b	b	X	7
DOE, CAROL	345678	08/10/2020	01/01/2021	X	X	X	X	X	X	e	d	-	-	8
DOE, ROGER	456789	09/04/2020	N/A	e	e	e	e	e	e	e	e	e	e	e

Date of most recent hospice election

'c' = the admission date was extracted from the discharge record as the admission record is missing

Date of hospice discharge (for any reason)

Triggers/outcomes for each process in the composite measure - Hospice Comprehensive Assessment (NQF #3235)

Triggers/outcomes for the composite measure (NQF #3235)

Number of patient stays triggering the measure

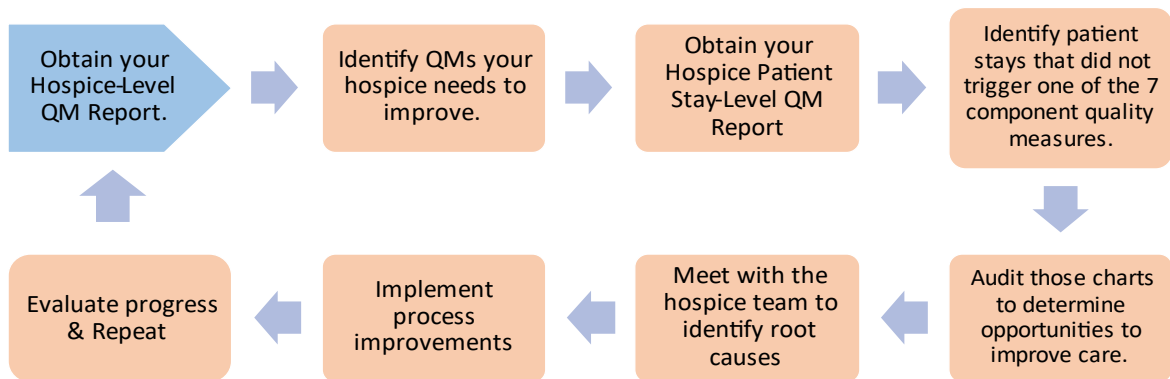
## II. Sample Process for Using the Measure Reports for Quality Improvement

- 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 NQF #3235.



- 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 7 component quality measures for NQF #3235. 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 Quality Measure (QM) Report



### 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 HQRP QM User’s Manual V1.00 located in the Downloads section of the [Current Measures](#) webpage on the CMS HQRP website.

## IV. Help Desk Resources

