

# **HOME HEALTH REVIEW AND CORRECT REPORT WEBINAR**

## **QUESTIONS AND ANSWERS**

**March 2018**



#	Question Category	Question	Answer
1	Review and Correct Report	How do I access and use the Review and Correct Report?	<p>The Review and Correct Reports will be available to providers on a quarterly basis.</p> <p>Providers will not receive notification when new quarterly data are available in the Review and Correct Reports. New quarterly data will be available in the Review and Correct Reports on the first day following the end of a calendar quarter (January 1, April 1, July 1, and October 1).</p> <p>To identify whether new quarterly data are available, providers should follow these steps:</p> <ul style="list-style-type: none"> <li>• Login to the Centers for Medicare &amp; Medicaid Services (CMS) Network using the CMSNet User ID and password.</li> <li>• Access the Welcome to the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers web page.</li> <li>• Select the Certification and Survey Provider Enhanced Reports (CASPER) link. Enter your QIES User ID and password on the QIES National System Login page.</li> <li>• On the CASPER Home page, select the Reports button from the menu bar. A list of report categories will display in the left frame of the page.</li> <li>• Select the Home Health Agency link, and a list of quality measure reports will display in the right frame of the page.</li> <li>• Select the Home Health Review and Correct Report link, and the CASPER Report Submit page will display.</li> <li>• Verify the quarter and year option that displays in the End Date field. The quarter and year End Date option will automatically be updated on the first day following the end of the previous calendar quarter. The most current quarter and year option will display by default; however, older quarter and year options will also be available for selection.</li> </ul> <p>Review and Correct Reports will remain in CASPER folders for 60 days. However, it is important that providers use the Review and Correct Reports while the Data Correction Period is still open so that they can correct information if needed. Therefore, obtaining and using the reports shortly after they become available is advised.</p>

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2	Review and Correct Report	I cannot access our agency's Review and Correct Report. Where do I go for help?	If you have any technical issues requesting or accessing the reports, please contact the QIES Technical Support Office Help Desk by email at <a href="mailto:Help@qtso.com">Help@qtso.com</a> or by phone at (800) 339-9313.
3	Review and Correct Report	If there is a dash listed in the report, is there an issue?	When you see a dash in the report, please review the table legend on the report. The dash indicates that the data are either not available or not applicable. However, providers should confirm that all required data have been submitted, if applicable.
4	Review and Correct Report	Are these reports available in CASPER already? I have not been able to find them.	The Review and Correct report is currently available in CASPER for all agencies that have submitted a minimum of 100 complete quality episodes. A complete quality episode requires both a Start of Care (initial assessment) or Resumption of Care Outcome and Assessment Information Set (OASIS) assessment and a Transfer or Discharge OASIS assessment.
5	Review and Correct Report	When selecting a timeframe for the Review and Correct Report, can I view data for only one particular quarter?	<p>The initial Review and Correct Report contains data for only one quarter, Q1 2017. With each subsequent calendar quarter, the report includes another quarter of quality measure data. For 2017, the report will return data based upon the following end dates:</p> <ul style="list-style-type: none"> <li>• Q1 2017: Includes data for Quarter 1 of 2017 only.</li> <li>• Q2 2017: Includes data for Quarters 1 and 2 of 2017.</li> <li>• Q3 2017: Includes data for Quarters 1, 2, and 3 of 2017.</li> <li>• Q4 2017: Includes data for Quarters 1, 2, 3, and 4 of 2017.</li> <li>• Q1 2018: Includes data for Quarters 2, 3, and 4 of 2017 and Quarter 1 of 2018.</li> </ul> <p>Providers will be allowed to request the report for older quarters, but requesting the report with an End Date for Q1 2017 is the only time that data will display for only one quarter.</p> <p>Any new or corrected records accepted by the Assessment Submission and Processing (ASAP) system for open quarters will be included in the next weekly quality measure calculations.</p> <p><b>NOTE:</b> New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.</p>

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6	Review and Correct Report	How often are Review and Correct Reports refreshed? How soon are corrections/edits reflected on the report?	<p>Data for the Review and Correct Reports are updated or refreshed as follows:</p> <ul style="list-style-type: none"> <li>• <b>Weekly measure calculations:</b> Performed in the early morning hours every Monday.</li> <li>• <b>Quarterly measure calculations:</b> To allow a quarter to be displayed on the CASPER Review and Correct Report as soon as that quarter is completed, the Review and Correct quality measures are calculated and updated in the early morning hours of the first day of the following quarter. (This is essentially an extra weekly run that occurs on the first day of a new quarter.)</li> <li>• <b>End-of-quarter calculations:</b> To “close” a quarter, the Review and Correct quality measures are calculated and updated 4.5 months after that quarter is completed; on the 16th day of February, May, August, and October, the quarter will be processed and marked as “closed.”</li> </ul> <p><b>NOTE:</b> New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.</p>
7	Review and Correct Report	Is there a reoccurring day of the week that reports are refreshed?	Weekly quality measure data calculations for the Review and Correct Report are performed in the early morning hours every Monday.

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8	Review and Correct Report	How will I know that my Review and Correct Report is available for download? Will I receive a notification when reports are added to my CASPER folder?	<p>Providers do not receive notification when the reports are available in their CASPER folder.</p> <p>As with other user-requested CASPER reports, the completed reports will be automatically saved into the requester's My Inbox folder in the CASPER Reporting application. Here are the steps to locate the completed report:</p> <p>Following a report submission request, users receive verification that the report request was placed into the queue for processing. If desired, users can select the <b>Queue</b> button from the CASPER toolbar to view the status of a requested report. Select the <b>Refresh</b> button to refresh the CASPER Report Queue page so that you can monitor the progress of your report. When your report is no longer listed on the CASPER Report Queue page, it is done processing. Select the <b>Folders</b> button, and a list of folders associated to the user will be displayed in the left frame of the web page. Select the <b>My Inbox</b> link, and a list of the completed report links will display in the right frame of the web page, with the newest report at the top. The report link names identify the type of report in the folder. For example, the link for the Home Health Review and Correct Report is titled, "HHA Review and Correct Report."</p>
9	Review and Correct Report	You said that Review and Correct Reports would be available on a quarterly basis, but that they would be updated weekly. Can you please clarify? If the reports are updated weekly, how are they only available quarterly?	The Review and Correct Reports are available on a quarterly basis for up to the past four full quarters as the data are available. The reports include information regarding whether the Data Correction Period is open or closed, which means whether assessments can be corrected. The reports are refreshed or updated weekly to reflect any changes made to the OASIS assessment data.
10	Review and Correct Report	Where can I find the quarterly data submission deadline?	The data submission deadlines can be found on the CMS Home Health Quality Initiative web page: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines.html</a>
11	Review and Correct Report	On what dates do the Review and Correct reports come out?	The Review and Correct Report is a user on-demand report accessed via CASPER. When a reporting quarter ends, an updated Review and Correct Report for that quarter is made available on the next business day.

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12	Review and Correct Report	How many staff can have access to CASPER?	A designated number of staff may have access to the CASPER system. Please contact the QIES Technical Support Office Help Desk by email at <a href="mailto:Help@qtso.com">Help@qtso.com</a> or by phone at (800) 339-9313 for further information regarding access.
13	Review and Correct Report	Is the user ID for CASPER same as the one we use for CMS submission?	Yes, the QIES system contains the links for both OASIS submission and the CASPER system, so both are accessed using the same user ID.
14	Review and Correct Report	If we modify an OASIS assessment for correction, and this record is retrieved from CMS and resubmitted, will this affect our timelines for submission in regards to payment?	The payment system enforces the requirement that an assessment that is due has been received before the claim. If the resubmitted assessment is present when the claim is received, payment will not be affected.
15	Review and Correct Report	On slide 75, can the Process and Tally Report be downloaded to an Excel file to allow for data sorting and mining?	Yes, all reports can be exported into other file formats, including Microsoft Excel.
16	Review and Correct Report	Concerning slide 81, are we allowed to correct data for Q4 2017, which ends on May 15, 2018?	The data submission deadline for Quarter 4 of 2017 is May 15, 2018. Data corrections can be submitted up until that date.
17	Review and Correct Report	Is there a penalty for submitting a correction more than 30 days after the initial assessment date?	The initial assessment must be submitted within 30 days of the completion date (MO0090). Corrections may be submitted up until the data submission deadline. There are no penalties for submitting corrected data before the Review and Correct Report data correction deadline.
18	Review and Correct Report	I'm still unclear about the report that is completed on the second Saturday of the month.	On the second Saturday of each month, a Tally Report is generated that displays <b>new</b> OASIS records with a complete episode of care that ended during the month that was 3 months prior to the calculation month. For example, an April 14, 2018, calculation includes records with a complete episode of care that ended in January 2018.

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19	Review and Correct Report	How often do you recommend that an agency pull and review its reports?	It is important that providers use the Review and Correct Reports while the Data Correction Period is still open so that they can correct information, if necessary. Therefore, obtaining and using the reports shortly after they become available is advised.  In addition, your agency's policies and procedures may inform the frequency of review.
20	Review and Correct Report	What happens if the data resubmission is greater than 30 or 40 days? Can the data be resubmitted if the claim has been paid?	The timing of the resubmission will not affect payment.  Yes, data can be resubmitted after the claim has been paid, but the agency should be aware that if the change to the assessment would change the payment group on the claim, then they would need to subsequently adjust their claim as well.
21	Review and Correct Report	If an assessment is sent with corrections based on the deadline for this QRP, what will that do to the submission date within 30 days of completion if you file that correction after the 30-day window from the date the assessment was completed? Will that result in failure to meet the 30-day submission window?	The initial assessment must be submitted within 30 days of the completion date (MO0090). Corrections may be submitted up until the data submission deadline. There are no penalties for submitting corrected data before the Review and Correct Report data correction deadline.
22	Review and Correct Report	Are State and national benchmarks available for the Review and Correct Reports?	At this time, the Review and Correct Report only contains agency-specific data.
23	Review and Correct Report	Are all process measures included in the Review and Correct Report?	No, they are not. Please refer to slides 25 and 26 in the Review and Correct Report presentation for a list of the 16 process and outcome measures that are included on the Review and Correct Report. For a complete list of all Home Health quality measures, please refer to the following web page: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html</a> .
24	Review and Correct Report	How long is the correction period?	The correction period for the Review and Correct Report is approximately 4.5 months.

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25	Review and Correct Report	I printed out a review and correct report are these reports, ARE these usable or do we wait for the 1st quarter of 2018	
26	Review and Correct Report	If we have a large volume of submissions, how do you suggest we review our sample for best outcomes?	Strategies and best practices for reviewing agency outcome data should be guided by your agency's policies and procedures.
27	Review and Correct Report	If you are the agency, when would be the best time to check the CASPER report? And how often should we check it so that we can catch errors on time and make the necessary corrections?	It is important that providers use the Review and Correct Reports while the Data Correction Period is still open so that they can correct information, if necessary. Therefore, obtaining and using the reports shortly after they become available is advised.  In addition, your agency's policies and procedures may inform the frequency of review.
28	Review and Correct Report	Can you give an example of an investigative process for an outcome OASIS question? What resources assist with identifying why an individual was not in the numerator—is it the User Guide?	For examples of how to utilize an investigative process, please refer to slides 74 to 116 in the Review and Correct presentation.
29	Review and Correct Report	Could this be a vehicle by which agencies could manipulate outcomes by changing OASIS responses to a best, but perhaps not an accurate, response?	Agencies are expected to accurately report assessment data. Medicare Home Health Care Conditions of Participation §484.20(b) Standard: Accuracy of Encoded OASIS Data stipulates that encoded OASIS data must accurately reflect the patient's status at the time of assessment.  To remain consistent with the SNF, LTCH and IRF QRPs, as well as to comply with the requirements of section of section 1899B(g) of the Act, we ensure that a home health provider has the opportunity to review and submit corrections to the data and information that is to be made public with respect to the provider prior to such data being made public.



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30	Data Submission Requirements, Including Data Corrections	Our agency noticed an operational issue with our electronic medical record, but corrected the assessment data and updated inaccuracies in the QIES ASAP system prior to the 4.5-month Data Correction Deadline. We would like to confirm that the corrected data will be included in the data for public reporting.	<p>If you corrected the assessment data via the CMS QIES ASAP system prior to the submission deadline/"freeze" date, then the updates will be reflected for public reporting.</p> <p>If a provider corrects assessment data after the quarterly reporting deadline, the corrected data will only be reflected in the facility- and patient-level tally reports. Corrections will not be reflected in the Review and Correct Reports, Provider Preview Reports, or Compare website. It is important for providers to verify their assessment data via CASPER prior to the correction submission deadline. Using the CASPER system, you can monitor the assessment data entered to correct any errors.</p> <p>Please refer to the Home Health QRP web page for details related to QRP reporting data submission deadlines:  <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines.html</a>.</p>
31	Data Submission Requirements, Including Data Corrections	Please clarify the need to submit the data. Aren't the data being submitted automatically when the Outcome and Assessment Information Set (OASIS) is closed and submitted? What needs to be submitted?	Yes, the data required for the home health (HH) quality reporting program (QRP) are being submitted when you enter your OASIS assessments.
32	Data Submission Requirements, Including Data Corrections	What do you recommend that agencies should document when a change to an OASIS question is made?	You should follow your agency's policies and procedures for documenting changes to OASIS data.

#	Question Category	Question	Answer
33	Quality Measures	When calculating the number of eligible patients discharged from an agency during the reporting timeframe used for the quality measure, do you only include Medicare patients?	<p>Home health agencies (HHAs) do not need to submit OASIS data for those patients who are excluded from the OASIS submission requirements. As described in the December 23, 2005 Medicare and Medicaid Programs: Reporting Outcome and Assessment Information Set Data as Part of the Conditions of Participation for Home Health Agencies final rule (70 FR 76202), we define the exclusion as those patients:</p> <ul style="list-style-type: none"> <li>• Receiving only non-skilled services;</li> <li>• For whom neither Medicare nor Medicaid is paying for HH care (patients receiving care under a Medicare or Medicaid Managed Care Plan are not excluded from the OASIS reporting requirement);</li> <li>• Receiving pre- or post-partum services; or</li> <li>• Under the age of 18 years.</li> </ul>
34	Quality Measures	If I want to find out how to calculate a measure, where can I find this information?	<p>You can review the quality measure specifications listed in the downloads section of the Home Health Quality Measures page:</p> <p><a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html</a>.</p>
35	Quality Measures	When the report says “adjusted for risk,” how are the adjustments done? How do we verify whether the data are correct?	<p>Please refer to the home health quality measure specifications listed in the Downloads section of the CMS Home Health Quality Measures page:</p> <p><a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html</a>.</p> <p>Please note that the Review and Correct Reports contain observed results only (not risk-adjusted results). The Quality Measure Reports and Provider Preview Reports provide risk-adjusted results.</p>
36	Quality Measures	Is there a way to measure the agency’s progress in quality measures on a more frequent basis than quarterly?	<p>Providers can run the Review and Correct Reports and quality measure patient-level and facility-level data reports on a weekly basis to assist with their internal quality improvement activities.</p>

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37	Quality Measures	Are the quality measures for the Home Health Agency taken from the submitted OASIS assessments? How do we verify whether our data are correct?	The data for calculating the HH QRP Quality Measures are obtained from the submission of OASIS-C2 data set through CMS' QIES ASAP system. No additional reporting is required.  HHAs have opportunities to review their information and validate their data for measure calculation using other reports available through CASPER such as data submission reports, which give providers information on fatal errors and warning messages related to data submission.
38	Quality Measures	Does the Review and Correct Report reflect traditional Medicare patients, or are managed care Medicare patients included?	According to OASIS submission requirements described in the December 23, 2005, Medicare and Medicaid Programs, patients receiving care under a Medicare or Medicaid Managed Care Plan are not excluded from the OASIS reporting requirement.
39	Quality Measures	Is there a link in the CMS website that provides the measure items and correlating OASIS items?	Measure specifications for Home Health Quality Reporting Program quality measures are be found in the Downloads section of the following website: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html</a> .
40	Quality Measures	I am new to QA in my agency. I am not clear about the phrase "Patients who did not trigger the measure." What exactly does this mean?	The phrase "patients who did not trigger the measure" means that these patients did not meet the inclusion criteria for the numerator of a specific measure.
41	Quality Measures	How do you know which measures are process tally vs outcome tally measures?	Additional information regarding Tally Report measures can be found at the following web page: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html</a> .
42	Quality Measures	I missed a portion of the presentation. Please explain what the "Your Agency's Observed Performance Rate" represents. Is it the percentage of the measure that has not been met, or the percentage of the measure that has been met?	When interpreting the observed performance rate, you need to consider the quality measure. For example, if you are reviewing "Drug Regimen Review Conducted with Follow-Up for Identified Issues," a high rate (e.g., 95 percent) is good. However, for other measures, such as "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened," lower results are better. More information can be found at the following web page: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html</a> .

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43	Other	How secure are the data? What happens if someone accesses the information and changes the data on the Government system? How would you know this occurred? How would you obtain the original data again?	<p>CASPER reports are available for 60 days. However, providers can save this information per their facility guidelines. Access to QIES is granted based on request from agencies, and access is limited based on provider-type. Agencies themselves dictate which staff/vendor can access the QIES system. The QIES national systems meet the Acceptable Risk Safeguards requirements required by CMS. The CMS network is a private network where users access the Submissions systems to submit data to the ASAP system and where users access the CASPER Reporting application, which provides access to the various provider-level reports.</p> <p>One set of user ID and password credentials is required to login to the CMS Network, and a separate set of user ID and password credentials is required to login to the ASAP system and CASPER Reporting application. The QIES User ID that submitted the records to the ASAP system is associated to each assessment record and can be found at the top of the OASIS Agency Final Validation Report. Only users who have been granted access to submit data or access reports for a provider have access to that provider's data.</p>
44	Other	Is it true that only a number of staff have access to CASPER?	This is correct. Please contact the QIES Technical Support Office Help Desk by email at <a href="mailto:Help@qtso.com">Help@qtso.com</a> or by phone at (800) 339-9313.
45	Other	How can I obtain a copy of the presentation?	A copy of this presentation, as well as a recording of the webinar, will be posted on the CMS Home Health Quality Reporting Training web page under the Downloads section: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html</a> .
46	Other	Can CMS put the calendar out to the agencies so it can be incorporated into an Outlook calendar?	The calendar graphics shared in the Review and Correct presentation are for training purposes only. They demonstrate key dates based on three hypothetical scenarios. Providers may wish to create their own reminder calendars.
47	Other	When finding an error in the data in an M item that needs to be corrected, what documentation do you suggest using to prove that the assessing clinician is in agreement with the modified data?	You should follow your agency's policies and procedures for documenting changes/corrections to OASIS data.

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48	Other	Will the Q&A be posted anywhere?	The Q&A document will be posted on the CMS Home Health Quality Reporting Training web page under the Downloads section: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html</a> .