CASPER Reports

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CASPER
(Certification and Survey Provider Enhanced Reports)

• CASPER enables you to connect to the CMS’s National Reporting Database.
• CASPER link is on your MDS State Welcome Page
• Log in and your password for CASPER is the same as what you submit with.
• Persons that can run CASPER reports include but are not limited to MDS Coordinators, DONs and Corporate Nurses. To get access, you have to go to the QTSO website https://qtso.cms.gov.
• Ensure you have your own ID, don’t use other peoples access and don’t let other people use your access.

MDS Individual Access

All providers must register a CMSNet User ID to access secure CMS sites (e.g., submission pages/reports) unless an otherwise secure connection has been established.

Requesting access to CMS systems requires two steps to obtain two separate login IDs.

Step 1: Call CMSNet Helpdesk (888-238-2122) for questions with Step 1
Use the CMSNet Online Registration application to request a CMSNet User ID.

Step 2: Call QIES Helpdesk (800-339-9313) for questions with Step 2
Use the QIES online User Registration tool to obtain a QIES Submission ID.

Once you have registered for a CMSNet User ID, you will receive an email from MDCN.mco@palmettogba.com containing your login information. Using this information you will connect through the CMS Secure Access Service.

Once securely connected, select the ‘CMS QIES Systems for Providers’ link to access the QIES online User Registration tool. New users must utilize the online ‘User Registration’ tool to obtain a QIES Submission login ID (the only exception is Corporate/Third-Party accounts).

Please NOTE: CMS allows a total of TWO (2) Individual User accounts per facility. **Exception: CMS allows a total of FOUR (4) ePOC user accounts**

MDS / ePOC / PBJ Individual User Account Maintenance Request (Only use this form to remove individual accounts or request additional users)

CMSNet Access Request Form (Only use this form to remove individual access or request access if online registration is unavailable)

To delete an access send an email to help@qtso.com with the access you need deleted and the CCN of the facility.
Once you are logged in, focus on:

- **Reports** button: Contains categories of reports you can run.
- **Folders** button:
  - **My Inbox**: Contains reports you have run.
  - **Facility MO [Fac ID] Inbox**: Contains information automatically deposited from CMS for the facility to review.
    - **MO LTC [Fac ID] folder**: Contains reports (other than Validation Reports) such as preview reports and special notifications from CMS.
    - **MO LTC [Fac ID] VR folder**: Contains Validation Reports which are automatically deposited after MDS submissions.
Five-Star Report

A Five-Star Report is deposited monthly in the facilities MO LTC [Fac ID] folder.

Deposited 1 – 2 wks prior to updating info on NHC.

Only kept in this folder for a couple of months before it is automatically purged from the system.

CMS created to help the public compare NHs more easily.

NHC is the website the public can go to see detailed info on the Five-Star ratings.

Gives an Overall Quality Rating of 1-5 stars based on performance for Health Inspections, Staffing and QMs.

Five-Star Report

CMS put out the QSO-19-08-NH Memo on 3-5-19. The subject of the memo was “April 2019 Improvements to Nursing Home Compare and the Five Star Rating System”. The changes listed in this memo impact all three of the Five-Star domains. The Memorandum Summary of this memo included the following topics:

- Ending the Freeze on Health Inspection Star Rating;
- QM Domain Improvements;
- Staffing Domain Improvements.
Five-Star Report

Health Inspection Rating is based on:
- Outcomes from state health inspections;
- The number, scope, and severity of deficiencies identified during the three most recent annual inspection surveys;
- Substantiated findings from the most recent 36 months of complaint investigations;
- Weighted deficiency findings by scope and severity;
- The number of revisits required to ensure that deficiencies are corrected.

Five-Star Report

Health Inspection Rating:
- 3 most recent Standard Surveys:
  - Cycle 1 (weighted 50%) includes the most recent standard survey;
  - Cycle 2 (weighted 33%) includes the second most recent previous standard survey;
  - Cycle 3 (weighted 17%) includes the third most recent previous standard survey.

Five-Star Report

Health Inspection Rating:
- Last 36 months of Complaint Inspections:
  - Complaint inspections that occurred within the most recent 12 months from when the data is uploaded (weighted 50%);
  - Complaint inspections from 13-24 months ago (weighted 33%);
  - Complaint inspections from 25-36 months ago (weighted 17%).
Five-Star Report

Health Inspection Rating:
- Top 10% (with lowest health inspection weight scores) in each state receive a health inspection rating of 5 stars.
- The middle 70% of facilities receive a rating of 2, 3, or 4 stars, with an equal # (approximately 23.33%) in each rating category.
- The bottom 20% receive a one-star rating.

Five-Star Report

Health Inspection Rating changes are the result of:
- A new health inspection;
- New complaint deficiencies;
- A second, third, or forth revisit;
- Resolution of an IDR or IIDR resulting in changes to the scope and/or severity of deficiencies;
- The “aging” of complaint deficiencies.

• Health inspection rating updated when survey data is updated in the CMS database. Timing can vary by state and depends on when the SA uploads the info to the national database.

Five-Star Report

Staffing Rating is based on:
- RN hours per resident day;
- Total Nurse Staffing (the sum of RN, LPN, and nurse aide hours);
- Data submitted each quarter through the PBJ system. Data is due 45 days after the end of each reporting period. Only data submitted and accepted by the deadline is used;
- Daily resident census data derived from MDS records which are case-mix adjusted based on RUGs.
**Five-Star Report**

**Staffing Rating:**

- RN hours: Includes RN director of nursing (job code 5), registered nurses with administrative duties (job code 6), and registered nurses (job code 7);
- LPN hours: Includes licensed practical/licensed vocational nurses with administrative duties (job code 8) and licensed practical/vocational nurses (job code 9);
- Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medications aides/technicians (job code 12).

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**Five-Star Report**

**Staffing Rating:**

- NHs that fail to submit any staffing data by deadline will receive a one-star rating for overall staffing and RN staffing for the quarter.
- NHs reporting four or more days in the quarter with no RN staffing (job codes 5-7) will receive a one-star rating for overall staffing and RN staffing for the quarter.

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**Five-Star Report:**

**Staffing Rating** Changes:

- New staffing measures and ratings will be calculated quarterly.
- Changes in the staffing rating may be due to:
  - Differences in the # of hours submitted for staff;
  - Changes in the daily census;
  - Changes in risk adjustment from the previous quarter.
Five-Star Report

The QM rating is based on performance of 17 QMs using the 4 most recent quarters of data:
- 12 MDS-based (8 long-stay & 4 short-stay)
- 5 Claims-based (2 long-stay & 3 short-stay)

• Short-Stay QMs: For residents in the facility for 100 days or less
• Long-Stay QMs: For residents in the facility for 101 days or greater.

Five-Star Report

QM rating improvements:
• Separate short-stay and long-stay ratings will be listed. The overall QM rating will be equally based on these ratings.
• New QM rating thresholds. The last revision was February 2015.
• Every 6 months, QM thresholds will be increased by 50% of the average rate of improvement in QM scores.

Five-Star Report

QM rating improvements:
• QM weightings and scoring: Some QMs have a maximum score of 150 points and others have a maximum score of 100 points.
• Other QM updates:
  - Incorporating the long-stay hospitalizations QM into the rating;
  - Adding a long-stay ER transfer QM to NHC and incorporating it into the rating;
  - Physical restrains will no longer be included in the rating system.
Five-Star Report

QM Rating Changes:
• Data for the MDS-based QMs and the claims-based hospitalization and ED visit measures are updated quarterly, and the QM rating is updated at the same time.
• The updates typically occur in January, April, July, and October at the time of the Nursing Home Compare website refresh.
• Changes in the QMs may change the star ratings.

Five-Star Report

Overall Rating Calculation:
Step 1: Start with the health inspection rating.
Step 2: Add one star to the Step 1 result if the staffing rating is four or five stars and greater than the health inspection rating; subtract one star if the staffing rating is one star.
Step 3: Add 1 star to the Step 2 result if the QM rating is 5 stars; subtract 1 star if the QM rating is 1 star.
Five-Star Report

• The overall rating cannot be more than 5 stars of less than 1 star.
• If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and QM ratings.
• NHs that are current participants in the Special Focus Facility (SFF) program will not be assigned overall ratings or ratings in any domain. A yellow warning sign is displayed instead of the overall rating and “Not Available” is displayed in place of the ratings for all other domains.

CASPER Reports You Run

• Once you highlight a report category on the left of the screen, the available reports you can run within that report category will show in the center of the screen.
  – Click on the report you want to request.
• Some reports must be requested by entering dates or Submission ID. Then click submit. After submitting, the reports you run will be deposited in the Folders tab under My Inbox.

CASPER

• Some CASPER reports give you the item values in A0310. These values tell you what type of MDS record it is.
• Some CASPER Reports refer to a “Target Date”. The Target Date is:
  - Entry Date (A1600) for an Entry MDS;
  - Discharge Date (A2000) for a Discharge MDS;
  - Or the Assessment Reference Date (ARD) (A2300) for other MDS records.
CASPER Reports Categories
Some Report Categories for Nursing Homes (NH):
• MDS 3.0 NH Final Validation
• MDS 3.0 NH Provider
• MDS 3.0 QM Provider
• SNF Quality Reporting Program
• Payroll Based Journal (PBJ)

Some Report Categories for Swing Beds (SB):
• MDS 3.0 SB Final Validation
• MDS 3.0 SB Provider
• SNF Quality Reporting Program

CASPER Report Categories

MDS 3.0 NH Provider Report Category
### MDS 3.0 NH Provider Reports

**MDS 0003D/0004D Package Report:**
- **0003D Provider History Profile:** Lists information from the last four annual surveys including census, deficiencies, and complaint information. Surveyors look at prior to annual survey.
- **0004D Provider Full Profile:** Lists information from the last annual survey including census, deficiencies, and resident characteristics.

**MDS 3.0 Activity:** Lists accepted assessments, tracking records and inactivations submitted for facility during a specified timeframe.

**MDS 3.0 Admission/Reentry:** Lists accepted resident names who were admitted or reentered during a specified timeframe.

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### MDS 3.0 NH Provider Reports

**MDS 3.0 Assessments with Error number XXXX:** Lists assess submitted with specified error/errors a specified timeframe.

**MDS 3.0 Discharges:** Lists residents with accepted OBRA DC assess during specified timeframe.

**MDS 3.0 Error Detail by Facility:** Lists errors for each MDS that is successfully submitted during specified timeframe.

**MDS 3.0 Error Number Summary by Facility by Vendor:** Summarizes errors on assess submitted during specified timeframe.

**MDS 3.0 Error by Field by Facility:** Lists how many errors occurred in each MDS field/item for successful submissions during specified timeframe.

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### MDS 3.0 NH Provider Reports

**MDS 3.0 Missing Assessment Reports:** Lists residents that CMS is expecting an OBRA assess on. Will show type and date of last assess transmitted.

**MDS 3.0 NH Assessment Print:** Details the assess submitted for a selected assess ID.

**MDS 3.0 RFA Statistics:** Lists reason for assess for accepted assess submitted during specified timeframe.

**MDS 3.0 Roster:** Lists res that latest accepted assess is not a DC assess and the target date (ARD) is less than 36 months prior to run date.

**Submission Statistics by Facility:** Summarizes submissions made during specified timeframe.

**MDS 3.0 Vendor List:** List of current software vendors for select states.
MDS 3.0 Error Number Summary by Facility by Vendor

NH Provider report that summarizes errors on MDS records.

- You select the time frame
- Lists the error numbers that occurred during selected time frame, # of records with each error, and % of records with each error.
- Indicator of how well the facility is performing regarding the timeliness of assessments/care planning and automation.
- Errors are listed from most frequent to least frequent.

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MDS 3.0 Missing Assessment Report

NH Provider report that lists residents for whom the target date of the most recent accepted OBRA assessment (other than DC/death record) is more than 138 days. Also lists residents for whom no OBRA assessments were submitted for a current episode that began greater than 60 days prior.

Run this report monthly to ensure there are no names on it.
MDS 3.0 Missing Assessment Report

If you have names on this report, you may need to:

• Ensure DC assess accepted into system for former res;
• Ensure the last assess for the res was really accepted into the system by checking the VR;
• Call the State Automation Coordinator for a merge. If 2 res identifiers in Section A differ from previous assess, system will create a second res when there is only 1 actual res;
• Bring the issue to higher ups and QA if the facility is behind in assess.

MDS 3.0 Roster

NH Provider report that lists residents that latest accepted assess is not a DC assess and the target date is less than 36 months/3 years prior to run date.

- Helpful to ensure the list of current residents in CASPER (reflective of the facilities MDS transmissions) matches the list of residents that are actually in the facility.
- This report is assorted alphabetically by last name.
MDS 3.0 Quality Measure Reports
Can assist with quality improvement. You specify dates for these reports (defaults to past 6 months).

- MDS 3.0 Facility Characteristics Report
- MDS 3.0 Facility Level Quality Measure Report
- MDS 3.0 Monthly Comparison Report
- MDS 3.0 Resident Level Quality Measure Report
- MDS 3.0 QM Package Report: Contains 3 reports
  - Facility Characteristics Report
  - Facility Level QM Report
  - Resident Level QM Report
**MDS 3.0 Facility Level QM Report**

- 21 QMs listed. Shows the facility percentage and how the facility compares with other facilities in their state and in the nation.
- Helps identify issues for quality improvement and issues for survey.
- Facility QM data calculated weekly.

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**MDS 3.0 Resident Level QM Report**

- Lists each resident (active and discharged) and which QMs they triggered. 21 QMs listed.
- Resident QM data calculated weekly.
- Resident listed in alphabetical order in active and discharged sections.
SNF Quality Reporting Program (QRP) QMs

SNF QRP

• As a result of the IMPACT Act, CMS began collecting standardized data from PAC providers for Traditional Med A res.

• 80% of MDS’s for Traditional Med A res must contain the info to calculate the MDS based QRP QMs or the SNF will have a 2% reduction in their APU (Annual Payment Update).
SNF QRP

• For CY2018 (1/1/18 through 12/31/18), 80% of MDS assess for Traditional Med A res must contain info to calculate QRP QMs or SNF will have a 2% reduction in their APU for FY 2020 (10/1/19 through 9/30/20).

• Any SNF found non-compliant will receive notification along with instructions for requesting reconsideration of this decision.

SNF QRP

• For CY2019 (1/1/19 through 12/31/19), 80% of MDS assess for Traditional Med A res must contain info to calculate QRP QMs or SNF will have a 2% reduction in their APU for FY 2021 (10/1/20 through 9/30/21).

• Any SNF found non-compliant will receive notification along with instructions for requesting reconsideration of this decision.

SNF QRP Outreach Available

CORMAC sends informational messages to SNFs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@cormac-corp.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.
APU Threshold Calculation

Numerator: # of required assessments submitted with 100% of the data elements necessary to calculate the QRP QMs.

Denominator: # of required assessments submitted before the submission deadline for the reporting period.

\[
\frac{\text{Numerator}}{\text{Denominator}} = \text{APU Compliance}
\]

SNF QRP APU Threshold

• Complete a 5-day and PPS DC for every traditional Med A res (unless the res died during their Med A stay, then a PPS DC is not required).
• Only submit PPS assessments that are for Traditional Med A residents (don’t submit PPS assessments for Medicare Advantage or HMOs).
• Do not dash items that are required for QRP compliance!!!

SNF QRP QM Items to NOT DASH

• Section GG Admission and Discharge Performance Items for GG0130 and GG0170.
• At least one Discharge Goal must be filled out on the 5-day, the rest of the Discharge Goals can be dashed on the 5-day.
• H0400 Bowel continence
• I0900 PVD or PAD
• I2900 DM
• J1900C Falls with Major Injury
• K0200A Height
• K0200B Weight
• M0300: B1, B2, C1, C2, D1, D2, E1, E2, F1, F2, G1, G2
• N2001, N2003, N2005
SNF QRP APU Threshold

Beginning 10/1/18, CMS is adding error codes that will show on the VR to assist providers in meeting their QRP Assessment-Based QM 80% threshold requirement.

Payment Reduction Warnings:
- Error ID 3891:
- Error ID 3897
- Error ID 3908

8 SNF QRP MDS-Based QMs as of 10-1-18
- Changes in Skin Integrity PAC: Pressure Ulcer/Injury
- Application of % of Residents Experiencing One or More Falls with Major Injury
- Application of % of LTCH Patients With an Admit and DC Functional Assessment and a Care Plan That Addresses Function
- Drug Regimen Review Conducted with Follow-Up for Identified Issues
- SNF Functional Outcome Measure: Change in Self-Care Score for SNF Residents
- SNF Functional Outcome Measure: Change in Mobility Score for SNF Residents
- SNF Functional Outcome Measure: Discharge Self-Care Score for SNF Residents
- SNF Functional Outcome Measure: Discharge Mobility Score for SNF Residents

3 SNF QRP Claims-Based QMs as of 10-1-18
- Discharge to Community – PAC SNF QRP
- Potentially Preventable 30-Days Post-Discharge Readmission Measure for SNF QRP
- Medicare Spending Per Beneficiary – PAC SNF Measure
**QM Observed Performance Calculation**

**Numerator:** # of SNF stays that trigger the measure

**Denominator:** # of SNF stays ended during the target period that meet the measure denominator criteria

\[
\text{Numerator} \quad = \quad \frac{\text{QM Observed Score}}{\text{Denominator}}
\]

Specifics for each QM can be found in the SNF QRP Measure Calculations and Reporting User’s Manual Version 2.0

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**SNF Quality Reporting Program (QRP) Report Category**

[Image of report categories]

- **SNF Facility-Level Quality Measure Report:** Provides facility-level QM values for a 12-month period. Includes MDS-based and claims-based QMs.
- **SNF Provider Threshold Report:** Details the status of the QMs required for the APU.
- **SNF Resident-Level Quality Measure Report:** Identifies each resident with MDS records identifying a Med A Stay used to calculate the facility-level QM values for a select 12-month period.
- **SNF Review and Correct Report:** Allows providers to review QM data to identify if corrections or changes are needed.
SNF Provider Threshold Report

QRP report that:
• Identifies facility performance on meeting the threshold compliance requirement for each SNF QRP QM.
• Allows SNF providers to review their QRP compliance data to identify if there are any corrections or changes necessary prior to the quarter’s data submission deadline.

SNF QRP Provider Threshold Report

SNF Review and Correct Report

QRP report that:
• Identifies facility-level performance data for the MDS based QRP QMs.
• Allows SNF providers to review their QRP data to identify if there are any corrections or changes necessary prior to the quarter’s data submission deadline.
• Does not identify whether or not the 80% threshold for the SNF QRP APU is met.
• **Will add the new PU QM and the DRR QM starting April 1, 2019.**
SNF Resident-Level QM Report

QRP report that:
- Identifies each resident with MDS records identifying a qualifying Med A stay used to calculate the facility-level QM values for a 12-month period.
- Displays each resident’s name and indicates how/if the resident’s MDS affected the SNF’s QMs.
- Only provides QRP QM info associated with MDS records and not claims-based QRP QMs.
- Won’t include the SNF QRP QMs newly implemented on 10-1-18 until Fall 2019.
SNF QRP Deadlines

Currently, the submission deadline for CY2018 QRP data is as follows:

- 1/1/18 – 3/31/18 MDS’s due by 8/15/18
- 4/1/18 – 6/30/18 MDS’s due by 11/15/18
- 7/1/18 – 9/30/18 MDS’s due by 2/15/19
- 10/1/18 – 12/31/18 MDS’s due by 5/15/19

PBJ Report Category

For access to submit PBJ data or run PBJ reports go to: https://www.qtso.com/access-forms/pbj-individual-access

The submission deadline for PBJ data is:

- 1/1/19 – 3/31/19 data due by 5/15/19
- 4/1/19 – 6/30/19 data due by 8/14/19
- 7/1/19 – 9/30/19 data due by 11/14/19
- 10/1/19 – 12/31/19 data due by 2/14/20
### PBJ CASPER Reports

**1700D Employee Report:** Lists the active and/or terminated employees associated with a facility during a specified time frame.

**1702D Individual Daily Staffing Report:** Details facility staffing info during specified period by Employee ID.

**1702S Staffing Summary Report:** Summarizes staffing info by Job Title for specified period.

**1703D Job Title Report:** Details be work date the staffing hours submitted for select job title(s) during a specified period.

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### PBJ CASPER Reports

**1704D Daily MDS Census Detail Report:** Lists the IDs of the residents included in daily facility census counts for a specified period.

**1704S Daily MDS Census Summary Report:** Provides daily census counts for a specified period.

**PBJ Submitter Final File Validation Report:** Provides detailed info about status of a select submission file. Indicates whether the submitted file was accepted or rejected and details the warning and fatal errors encountered.

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### References

QSO-19-08-NH Memo, dated 3-5-19

- [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html)
References
Casper Reporting User’s Guide

SNF QRP Measures and Technical Info Webpage

Five-Star Resource
• Five-Star User’s Helpline: 800-839-9290
• You can also direct inquiries to BetterCare@cms.hhs.gov

They can assist you with questions about your Five-Star rating:
- QMs;
- Staffing;
- Health Inspection.

Subscribe to Section for Long-term Care & Regulation’s weekly free LISTSERV at:
https://cntysvr1.lphamo.org/subscribe LTC.html

• Is how the state communicates information with providers.
• Includes changes/updates/educational opportunities.
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