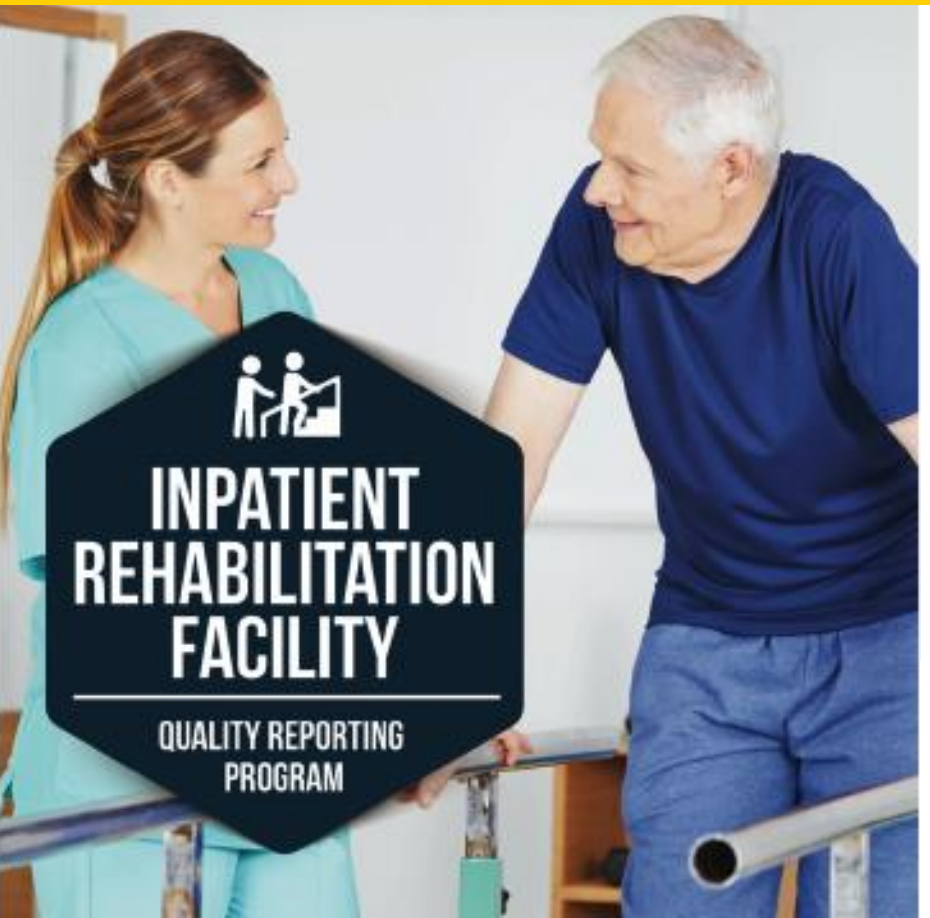
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Inpatient Rehabilitation Facility

Quality Reporting Program Provider Training



IRF Quality Reporting Program Reports

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May 9, 2019

Acronyms in This Presentation

- ASPEN – Automated Survey Processing Environment
- CASPER – Certification and Survey Provider Enhanced Reports
- CAUTI – Catheter-Associated Urinary Tract Infection
- CCN – CMS Certification Number
- CDC – Centers for Disease Control and Prevention
- CDI – *Clostridium difficile* Infection
- CEO – Chief Executive Officer
- CMS – Centers for Medicare & Medicaid Services
- CSV – Comma-Separated Values File
- FY – Fiscal Year
- iQIES – Internet Quality Improvement and Evaluation System

Acronyms in This Presentation (cont.)

- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- MRSA – Methicillin-Resistant *Staphylococcus aureus*
- NHSN – National Healthcare Safety Network
- NQF – National Quality Forum
- PAC – Post-Acute Care
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- QRP – Quality Reporting Program
- QTSO – QIES Technical Support Office
- QUMA – QIES User Maintenance Application

Objectives

- Identify the types of quality measures (QMs) by data source.
- Describe key Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) reports.
- Locate and navigate the IRF Compare website.
- Utilize IRF QRP reports to perform a quality improvement analysis.

Types of Quality Measures by Data Source

Assessment-Based Measures

	Data Collection Start Date	Public Reporting Start Date
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).*	October 1, 2016	September 2018
Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	October 1, 2016	September 2018
IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (NQF #2633).	October 1, 2016	Fall 2020
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation (NQF #2634).	October 1, 2016	Fall 2020

* National Quality Forum (NQF)

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Assessment-Based Measures (cont.)

	Data Collection Start Date	Public Reporting Start Date
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).	October 1, 2016	Fall 2020
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).	October 1, 2016	Fall 2020
Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	October 1, 2018	Future
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	October 1, 2018	Fall 2020

CDC NHSN Measures

	Data Collection Start Date	Public Reporting Start Date
NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).	October 1, 2012	December 2016
Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).	October 1, 2014	December 2017
NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717).	January 1, 2015	December 2017

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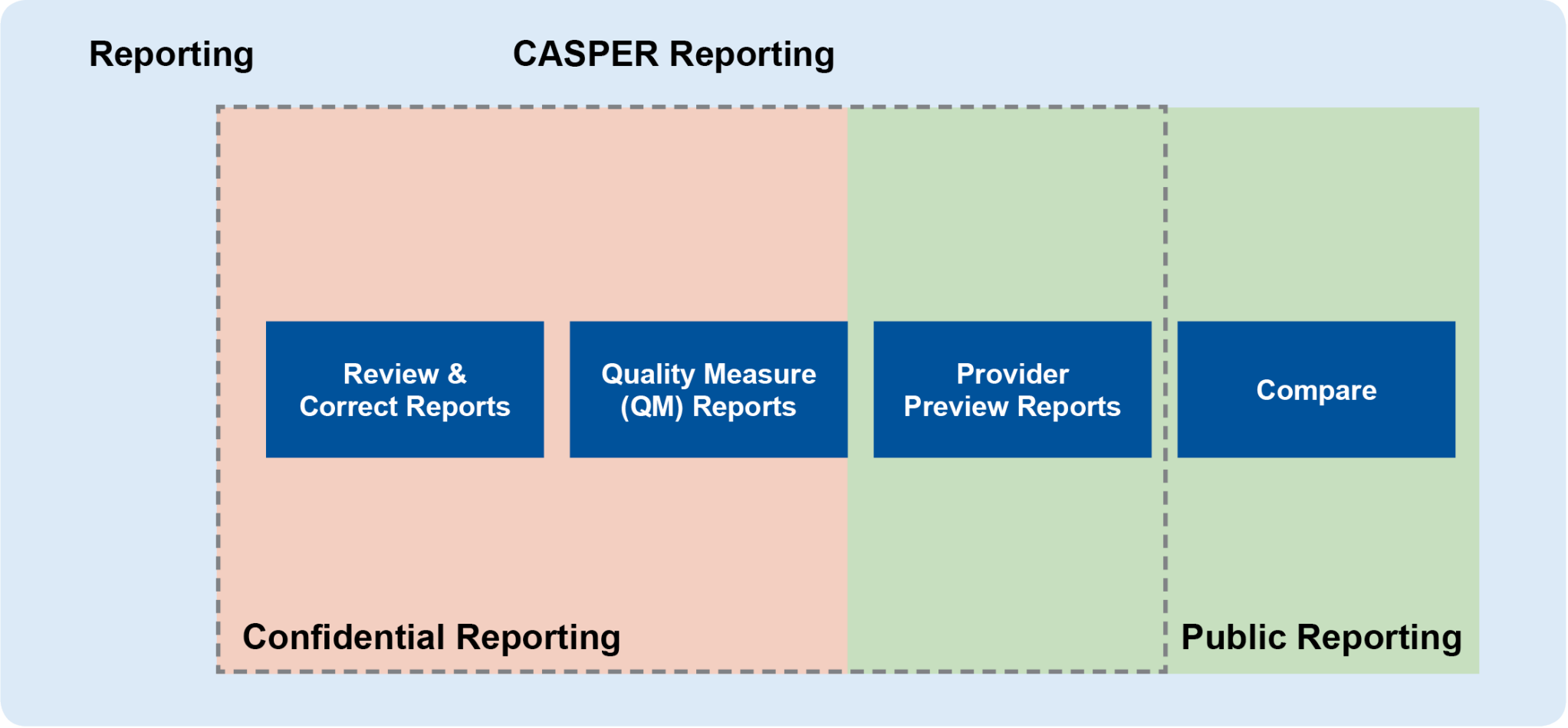
Claims-Based Measures

	Initial Performance Period	Public Reporting Start Date
Medicare Spending Per Beneficiary – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	Fiscal Year (FY) 2016 and FY 2017	September 2018
Discharge to Community – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	FY 2016 and FY 2017	September 2018
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	FY 2016 and FY 2017	September 2018
Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (IRFs).	FY 2016 and FY 2017	September 2018

Measures Removed from the IRF QRP

	Notes
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).	Replaced by a modified version of the measure, “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury,” beginning with the FY 2020 IRF QRP.
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680).	Beginning 10/01/2018, enter a dash (–) or any valid code for O0250A, O0250B, and O0250C until IRF-PAI Version 3.0 becomes effective on October 1, 2019.
NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716).	Data collection for this measure ended October 1, 2018.
All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502).	This measure was removed beginning with the FY 2019 IRF QRP and is no longer publicly reported on IRF Compare.

Public Reporting Graphic



Q1 “Medicare Spending Per Beneficiary” is an example of which type of quality measure?

A. CDC NHSN Measures.

B. Assessment-Based Measures.

C. Claims-Based Measures.

D. None of the above.

Q1 "Medicare Spending Per Beneficiary" is an example of which type of quality measure? (cont.)

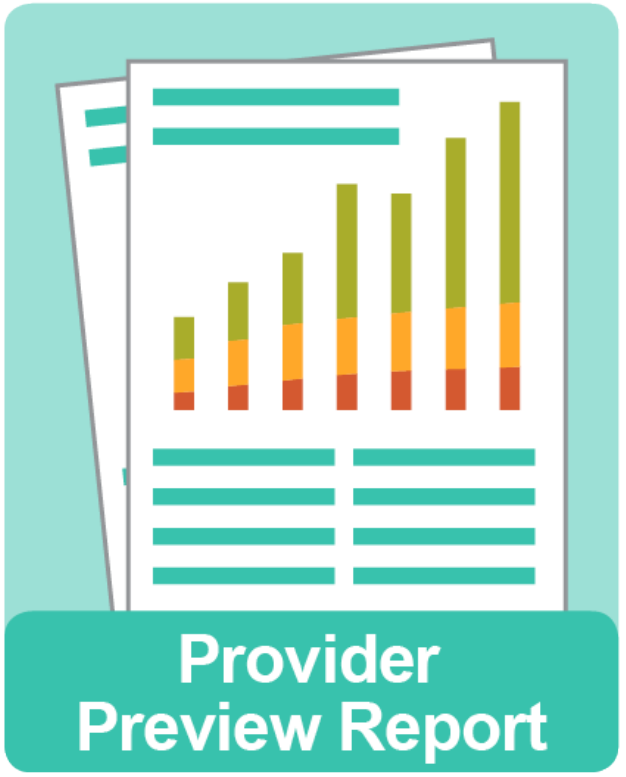
A. CDC NHSN Measures.

B. Assessment-Based Measures.

C. Claims-Based Measures.

D. None of the above.

Overview of Reports



Review and Correct Report

Review and Correct Report

- User-requested, on-demand Certification and Survey Provider Enhanced Reports (CASPER) report.
- Confidential to providers.
- Provides quarterly and cumulative performance rates for assessment-based publicly reported quality measures.
- Displays four most recent quarters.
  - Rolling quarters: once a new quarter is added, the oldest quarter is dropped.

Review and Correct Report (cont.)

- Only observed (raw) data are provided; risk-adjusted rates are not shown.
- Available for providers to run with updated data weekly (until the data correction deadline).
- When reporting quarter ends, data for that reporting quarter is available the next calendar day.
- Displays data correction deadlines and whether the data correction period is open or closed.

Data Collection Periods

Calendar Year Data Collection Quarter	Data Collection/ Submission QRP	Quarterly Review and Correction Periods*
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

* Data correction deadlines are for data that are used to calculate the publicly reported measures and are not applied to the confidential QM reports.

Recent Enhancements to the Review and Correct Report

- Addition of a patient-level data table to supplement facility-level data effective April 1, 2019.
- Patient-level data will also be available as comma-separated values (CSV) flat file.
- Ability to sort patient-level data by fields such as:
  - Patient last name.
  - Patient first name.
  - Patient status.
  - Discharge date
  - Admission date.
- Ability to request report by individual quality measure.

Review and Correct Report: Facility-Level Data

CASPER Report
IRF Review and Correct Report

Facility ID:		**Requested Quarter End Date:**	Q4 2018
CCN:		**Report Release Date:**	01/01/2019
Facility Name:		**Report Run Date:**	03/27/2019
City/State:		**Data Calculation Date:**	03/25/2019
		Report Version Number:	2.0

IRF-PAI Quality Measure: Application of Functional Assessment

Table Legend

Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of IRF Stays that Triggered the Quality Measure	Number of IRF Stays Included in the Denominator	Facility Percent
Q4 2018	I008.02	10/01/2018	12/31/2018	05/15/2019	Open	88	92	95.7%
Q3 2018	I008.01	07/01/2018	09/30/2018	02/15/2019	**Closed**	65	82	79.3%
Q2 2018	I008.01	04/01/2018	06/30/2018	11/15/2018	**Closed**	67	72	93.1%
Q1 2018	I008.01	01/01/2018	03/31/2018	08/15/2018	**Closed**	74	80	92.5%
Cumulative	**-**	**01/01/2018**	**12/31/2018**	**-**	**-**	**294**	**326**	**90.2%**

Patient-Level Data

Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2018		45882179	12/18/2018	12/28/2018	05/15/2019	Open	X
Q4 2018		29229726	12/13/2018	12/28/2018	05/15/2019	Open	X
Q4 2018		107546	12/04/2018	12/28/2018	05/15/2019	Open	X
Q4 2018		33448155	12/07/2018	12/27/2018	05/15/2019	Open	NT
Q4 2018		43529391	12/06/2018	12/26/2018	05/15/2019	Open	X

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

Review and Correct Report: Patient-Level Data

CASPER Report
IRF Review and Correct Report

Patient-Level Data (continued)

Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2018	[illegible]	22043060	12/05/2018	12/24/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45826008	12/06/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45826007	11/23/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45826006	12/17/2018	12/20/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45826005	12/13/2018	12/20/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45794497	12/10/2018	12/19/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	44546755	12/04/2018	12/15/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45794496	12/08/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45762268	12/03/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	37783182	11/30/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45794495	12/10/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	20974040	11/28/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45762267	11/28/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	27703658	11/27/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45762266	12/05/2018	12/12/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45762265	11/26/2018	12/12/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	40494092	11/28/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45726339	11/27/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45726338	11/20/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45726337	11/16/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45676981	11/20/2018	12/05/2018	05/15/2019	Open	NT
Q4 2018	[illegible]	45676979	11/26/2018	12/04/2018	05/15/2019	Open	NT

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Quality Measure (QM) Reports

QM Reports (Confidential Feedback Reports)

Also referred to as **Confidential Feedback Reports**.

- User-requested, on-demand CASPER reports.
- Include process and outcome QM result data at the patient and facility levels for a single reporting period.
- Measure data are risk-adjusted where applicable.
- Available to providers prior to public reporting for internal purposes only (not for public display).
- Claims-based and CDC NHSN quality measures are not included in patient-level reports.
- Providers are able to select the data collection end date and obtain aggregate performance data.

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QM Report: Facility-Level Example

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CASPER Report
IRF Facility-Level Quality Measure Report

Facility ID:
CCN:
Facility Name:
City/State:

Report Period: 01/01/2018 - 12/31/2018
Data was calculated on: 03/01/2019
Comparison Group Period: 01/01/2018 - 12/31/2018
Report Run Date: 03/27/2019
Report Version Number: 2.01

Table Legend

[a]: Measures the percentage of IRF patients who had an observed discharge score that met or exceeded the expected discharge score.
Note: Dashes represent a value that could not be computed
N/A = Not Available

Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)	I008.01	294	326	90.2%	99.8%
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)[a]	I011.01	166	281	59.1%	56.1%
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)[a]	I012.01	125	281	44.5%	51.2%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	I013.01	0	326	0.0%	0.2%

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INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

QM Report: Patient-Level Example

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CASPER Report
IRF Patient-Level Quality Measure Report

Facility ID:
CCN:
Facility Name:
City/State:

Report Period: 01/01/2018 - 12/31/2018
Report Run Date: 03/27/2019
Report Version Number: 2.01

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Table Legend
[a]: Triggered if the patient had an observed discharge score that met or exceeded the expected discharge score.

Quality Measures: Desirable Outcomes/Processes Performed
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients[a] (NQF #2635)	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients[a] (NQF #2636)
	31841563	09/12/2018	09/27/2018	X	X	X
	43191326	02/02/2018	02/12/2018	X	X	X
	7204305	07/20/2018	08/13/2018	NT	NT	NT
	7204305	04/03/2018	04/10/2018	X	X	X

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QM Report Patient-Level Falls with Major Injury Example

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
- The Quality Measures Legend presents each measure included in the report and the following information about each:
  - Measure interpretation.
  - Report period.
  - CMS ID.
  - CMS ID Discharge Dates.
- Using the Legend to identify the Falls with Major Injury measure column (i.e., QM 2), you can view measure information for each patient including whether they triggered the numerator.

INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM

QM Report Patient-Level Falls with Major Injury Example (cont.)

CASPER Report
IRF Patient-Level Quality Measure (QM) Report

Facility ID: 123456
CCN: 123456
Facility Name: MY IRF
City/State: WALTHAM, MA

Requested Report End Date: 09/30/2019
Report Run Date: 10/10/2019
Data Calculation Date: 10/01/2019
Report Version Number: 3.00

IRF-PAI Quality Measures Legend

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	*Undesirable Outcomes*	10/01/2018 – 09/30/2019	I022.01	10/01/2018 – 09/30/2019
2	Application of Falls (NQF #0674)		10/01/2018 – 09/30/2019	I013.01	10/01/2018 – 09/30/2019
3	Application of Functional Assessment (NQF #2631)	*Desirable Outcomes or Processes Performed*	10/01/2018 – 09/30/2019	I008.02	10/01/2018 – 09/30/2019
4	Discharge Self-Care Score (NQF #2635)		10/01/2018 – 09/30/2019	I011.02	10/01/2018 – 09/30/2019
5	Discharge Mobility Score (NQF #2636)		10/01/2018 – 09/30/2019	I012.02	10/01/2018 – 09/30/2019
6	DRR		10/01/2018 – 09/30/2019	I021.01	10/01/2018 – 09/30/2019
7	Change in Self-Care (NQF #2633)	*Change in Function Scores*	10/01/2018 – 09/30/2019	I009.02	10/01/2018 – 09/30/2019
8	Change in Mobility (NQF #2634)		10/01/2018 – 09/30/2019	I010.02	10/01/2018 – 09/30/2019

Table Legend

Dash (-): Data not available or not applicable
X: Triggered (Bold indicates an undesirable outcome)
NT: Not Triggered (Bold indicates a desirable outcome did not occur or process was not performed)
E: Excluded from analysis based on quality measure exclusion criteria
Change in Function Scores: Values are observed change in function scores from admission to discharge

				Undesirable Outcomes		*Desirable Outcomes or Processes Performed*				*Change in Function Scores*	
Patient Name	**Patient ID**	**Admission Date**	**Discharge Date**	**QM 1**	**QM 2**	**QM 3**	**QM 4**	**QM 5**	**QM 6**	**QM 7**	**QM 8**
DOE, MOLLY	23345435	09/17/2019	09/27/2019	NT	NT	X	X	X	E	E	E
DOE, EILEEN	33543452	09/09/2019	09/17/2019	NT	**X**	X	**NT**	X	X	15	21
DOE, GRETCHEN	38735455	09/02/2019	09/14/2019	NT	NT	X	**NT**	E	**NT**	E	22
DOE, OLIVIA	23437563	08/27/2019	09/12/2019	NT	NT	**NT**	**NT**	**NT**	E	1	E
DOE, TOM	27454543	08/24/2019	09/08/2019	NT	E	X	X	**NT**	X	7	27
DOE, ARTHUR	32112334	08/14/2019	09/07/2019	NT	NT	X	X	X	**NT**	5	E
DOE, JOSEPH	37654734	08/11/2019	09/05/2019	NT	NT	X	**NT**	**NT**	**NT**	3	26
DOE, ANGELA	28875345	08/09/2019	09/04/2019	NT	NT	X	E	E	E	4	E
DOE, GUSTAV	27854653	08/02/2019	09/01/2019	NT	NT	X	X	X	X	8	22

How QM Reports May Be Helpful to Providers

- Refreshed **monthly**; updates providers about facility- and patient-level results for a single reporting period.
- Snapshot of performance for quality improvement purposes based on data submitted and measures risk-adjusted as applicable.
- The Review and Correct Report and QM Reports are not static and do not “match.”

Provider Preview Report

Provider Preview Report

- Automatically generated and saved into your provider's shared folder in CASPER.
- Displays facility-level quality measure results that will be posted on IRF Compare.
- Available approximately 5 months after the end of each data collection quarter.
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders.

Provider Preview Report (cont.)

- After the data collection period has ended, providers are unable to correct the underlying data in these reports.
- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date).
- Providers will not have the opportunity to request the correction of underlying publicly reported data if the data correction deadline has passed.

Provider Preview Report: Important Notes

- Please review the data about your facility.
- Providers may email the CMS Public Reporting Help Desk at IRFPRquestions@cms.hhs.gov if they have questions related to the report.
- The order of the measures may not represent the order in which they will be displayed on the Compare websites.
- The titles of the measure(s) are not the consumer language titles that will appear on the Compare websites.
- The crosswalk between these titles will be available on the Compare websites.

Provider Preview Report Example

Report Run Date: 03/04/2019 Page 1

IRF Provider Preview Report

Reporting Period for:

IRF-PAI Data Set Quality Measures (NQF #0678):	July 1, 2017 through June 30, 2018
IRF-PAI Data Set Quality Measures (NQF #2631, #0674):	October 1, 2017 through September 30, 2018
IRF-PAI Data Set Quality Measure (NQF #0680):	July 1, 2016 through June 30, 2017
CDC NHSN Measures (NQF #0138, #1716, #1717):	July 1, 2017 through June 30, 2018
CDC NHSN Measures (NQF #0431):	July 1, 2016 through June 30, 2017
Medicare Fee-For-Service Claims-Based Measures:	October 1, 2015 through September 30, 2017

CMS Certification Number:
Facility Name:
Street Address Line 1:
Street Address Line 2:
City:
State:
ZIP Code:
County Name:
Telephone Number:
Type of Ownership:
Date of Medicare Certification:

IRF-PAI QUALITY MEASURES

CMS Measure ID: I001.02
IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

- Number of IRF Stays Included in the Numerator:	1
- Number of IRF Stays Included in the Denominator:	281
- Facility Observed Percent:	0.4%
- Facility Risk-Adjusted Percent:	0.3%
- National Average:	0.6%

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How the Provider Preview Report May Be Helpful to Providers

- Refreshed **quarterly**; CASPER reports are delivered to providers via CASPER; not “on demand” reports.
- Allow 30 day-review period prior to posting on Compare websites.
- Provides results of performance for quality improvement purposes.

Requesting CMS Review of Preview Report Data

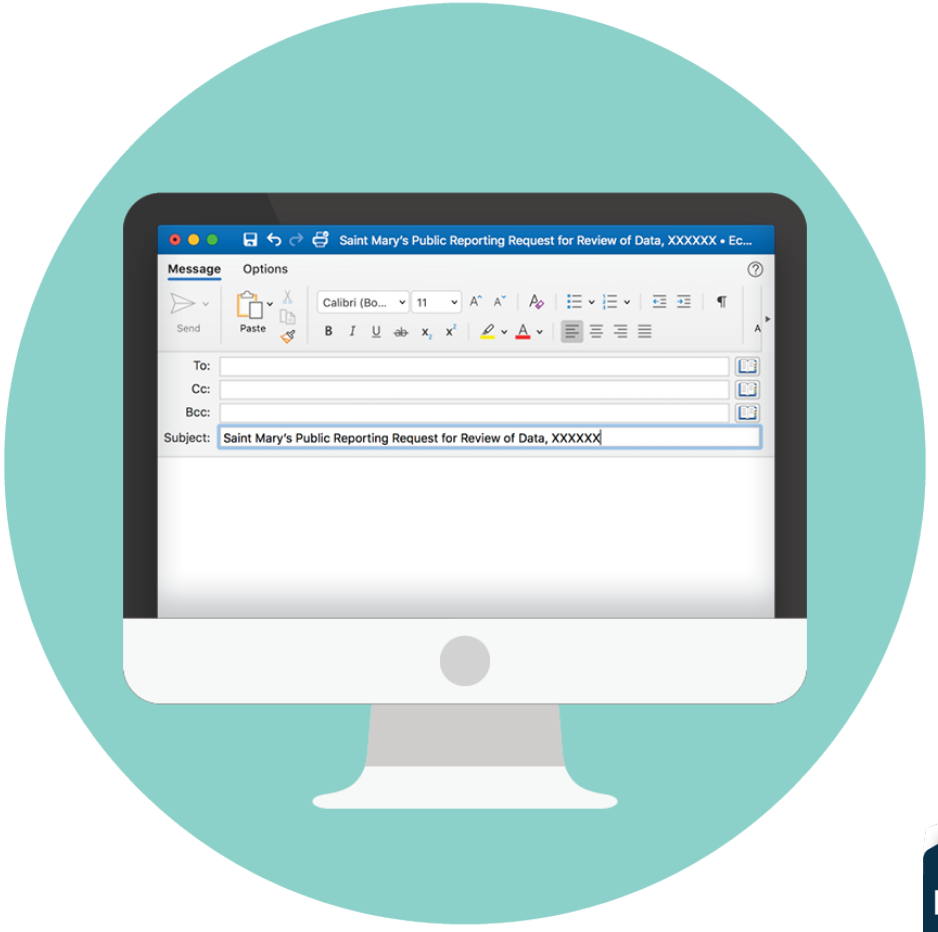
- CMS encourages providers to review data in the Provider Preview Report each quarter, prior to public display.
- If a provider disagrees with the accuracy of performance data (numerator, denominator, or other QM result) contained within its report, the provider can request review of that data by CMS.

Requesting CMS Review of Preview Report Data (cont. 1)

- Requests for CMS review of Provider Preview Report data must be submitted during the 30-day review period.
  - The 30-day review period begins the day the Provider Preview Reports are issued in the provider's CASPER folders.
- Providers will not have the opportunity to request the correction of underlying data if the data correction deadline has passed.

Requesting CMS Review of Preview Report Data (cont. 2)

- IRFs are required to submit their request to CMS via email at the following addresses:
  - IRFPRquestions@cms.hhs.gov
- Include the following subject line: "[Provider/Facility Name] Public Reporting Request for Review of Data" and CMS Certification Number (CCN).
  - e.g., Saint Mary's Public Reporting Request for Review of Data, XXXXXX.



Requesting CMS Review of Preview Report Data (cont. 3)

- The email request must include the following information:
  - CCN.
  - Business name.
  - Business address.
  - Chief Executive Officer (CEO) or CEO-designated representative contact information, including name, email address, telephone number, and physical mailing address.
  - Information supporting the provider's belief that the data contained within the Provider Preview Report are erroneous (numerator, denominator, or QM result), including, but not limited to, the following:
    - QMs affected, and aspects of QM affected (numerator, denominator, or other QM result).

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Requesting CMS Review of Preview Report Data (cont. 4)

- CMS will review all requests and provide a response with a decision via email.
- Data that CMS agrees to correct will be reflected with the subsequent quarterly release of quality data on the Compare websites.
- **CMS will not review any email requests that include protected health information.**

Q2 The Review and Correct Report provides information for which type of quality measure?

A. CDC NHSN Measures.

B. Claims-Based Measures.

C. Assessment-Based Measures.

D. All of the above.

Q2 The Review and Correct Report provides information for which type of quality measure? (cont.)

A. CDC NHSN Measures.

B. Claims-Based Measures.

C. Assessment-Based Measures.

D. All of the above.

Q3 Which report(s) provide both facility and patient level data?

A. Review and Correct Report.

B. Provider Preview Report.

C. QM Reports.

D. Both A and C.

E. All of the above.

Q3 Which report(s) provide both facility and patient level data? (cont.)

A. Review and Correct Report.

B. Provider Preview Report.

C. QM Reports.

D. Both A and C.

E. All of the above.

Q4 Which report displays results that will be posted on the IRF Compare website?

A. Provider Preview Report.

B. QM Reports.

C. Review and Correct Report.

D. Confidential Feedback Report.

Q4 Which report displays results that will be posted on the IRF Compare website? (cont.)

A. Provider Preview Report.

B. QM Reports.

C. Review and Correct Report.

D. Confidential Feedback Report.

Obtaining CASPER Reports

CMS QIES Systems for Provides Website

Welcome to the CMS QIES Systems for Providers

Reminder: When an existing IRF receives a new Medicare provider number, the IRF must discontinue submitting data under the old provider number.

IRF User Registration

IRF-PAI Submissions

IRF-PAI Submission User's Guide [Choose a Section] Select

CASPER Reporting - Select this link to access the Final Validation and Provider reports.

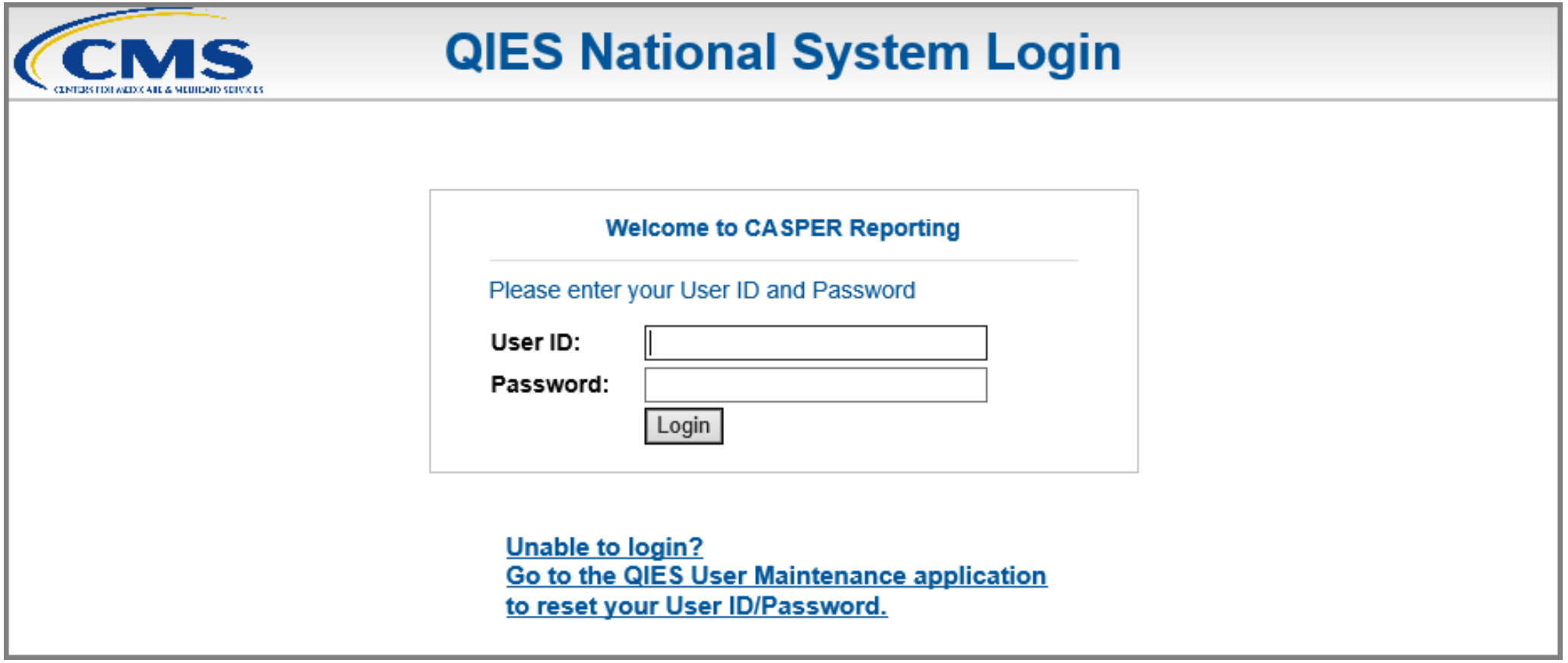
CASPER Reporting User's Manual: [Choose a Section] Select

Change Password - QIES User Maintenance Application

QIES User Maintenance Application User's Guide

IRF-PAI Forms

CMS QIES National System Login



How to Obtain Reports

Skip navigation links Skip to Content

CASPER Topics

Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Topics

- Home Page
- Merge PDF Feature
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

Logout - End current session and exit the CASPER Application
Folders - View your folders and the documents in them
Reports - Select report categories and request reports
Queue - List the reports that have been requested but not yet completed
Options - Customize the report format, number of links displayed per page and report display size
Maint - Perform maintenance such as creating, renaming and/or deleting folders
Home - Return to this page

Welcome: [illegible]

EREN 1.3 powered by jasperreports

How to Obtain Reports (cont.)

Skip navigation links Skip to Content

CASPER Reports

Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Report Categories

IRF Quality Reporting Program

IRF-PAI Provider

IRF Quality Reporting Program

IRF Facility-Level Quality Measure Report

IRF Patient-Level Quality Measure Report

IRF Review and Correct Report

- IRF Facility-Level Quality Measure Report
- IRF Patient-Level Quality Measure Report
- IRF Review and Correct Report

Pages [1]

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

Search

How to Obtain Reports: Review and Correct Report

Skip navigation links

CASPER Reports Submit | Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Report: IRF Review and Correct Report

Begin Date: Q1 2018
End Date: Q4 2018

***Quality Measures:** Select All
- Application of Falls
- Patient Influenza Vaccine
- Application of Functional Assessment
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score

☑ Include Patient-Level Data
☐ Generate Patient-Level Data CSV

***Status:**
- Triggered
- Not Triggered
- Excluded

***Reporting Quarter:**
- Q4 2018
- Q3 2018
- Q2 2018
- Q1 2018

Data Correction Status: ◉ Both ○ Open ○ Closed
Primary Sort By: Discharge Date ☐ Reverse Default Sort Order

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports
Template Name: IRF Review and Correct Report

Submit | Back | Save & Submit | Save

INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM

How to Obtain Reports: Review and Correct Report (cont.)

Skip navigation links Skip to Content

CASPER Folders

Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Folders

My Inbox

* IA IRF [redacted] VR

* IA IRF [redacted]

My Inbox

Info	Click Link to View Report	Date Requested	Select
PDF	IRF Patient-Level Quality Measure Report	03/27/2019 10:22:57	☐
PDF	IRF Facility-Level Quality Measure Report	03/27/2019 10:22:15	☐
PDF	IRF Review and Correct Report	03/27/2019 10:20:43	☐

Pages [1]

SelectAll | Print PSRs | Zip | MergePDFs | Move | Delete

How to Obtain Reports: Provider Preview Report

Skip navigation links Skip to Content

CASPER Folders

Logout | Folders | MyLibrary | Reports | Queue | Options | Maint | Home

Folders

My Inbox

* IA IRF [redacted] VR

* IA IRF [redacted]

* IA IRF [redacted]

Info	Click Link to View Report	Date Requested	Select
	Provider Preview 2019 03	03/04/2019 14:22:13	☐

Pages [1]

This Folder is Read-Only

SelectAll | Print PSRs | Zip | MergePDFs

INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM

CASPER Resources

- Refer to the *CASPER Reporting User's Guide* for detailed information.
  - Welcome to the CMS QIES Systems for Providers web page.
  - The guide is also available for download in the following location:
    - IRF Providers – Reference & Manuals page on the QIES Technical Support Office (QTSO) website: https://qtso.cms.gov/providers/inpatient-rehabilitation-facility-irf-pai-providers/reference-manuals.

iQIES Updates

- IRFs scheduled for transition to the internet-based Quality Improvement and Evaluation System (iQIES) this fall.
- Policy Change for Assessment Submission Timeframe:
  - The current CMS policy for submission of patient assessment records allows providers to submit records for up to 36 months from the assessment target date.
  - Effective October 1, 2019, the CMS policy for patient assessment submission will be changed to **24 months** from the assessment target date. The policy change applies to new, modified, and inactivated records.

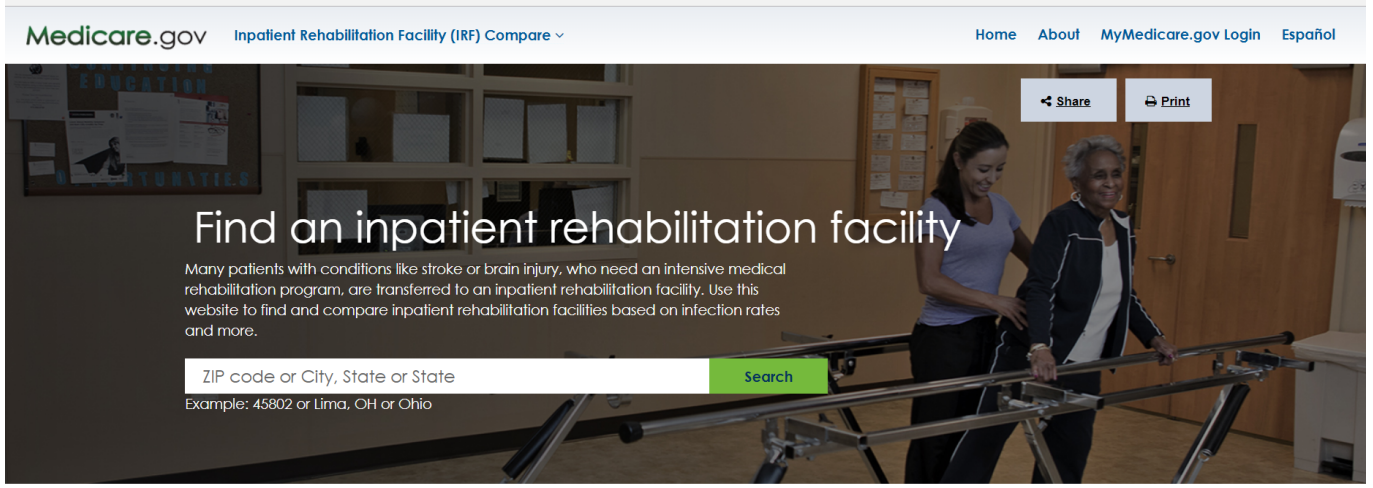
iQIES Updates: Stay Informed

- QTSO webpage: https://qtso.cms.gov/.
- Sign up for the Post-Acute Care (PAC) Listserv: https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265.
- Ensure email address associated to your QIES user ID is up-to-date in the QIES User Maintenance Application (QUMA).

IRF Compare

IRF Compare Website

- The public Compare Website provides:
  - Access to quality measure results (tailored for the public).
  - The ability to search for a facility by geographic location:
    - City, State, ZIP Code.



www.medicare.gov/inpatientrehabilitationfacilitycompare/

IRF Compare Website (cont.)

Medicare.gov | Inpatient Rehabilitation Facility (IRF) Compare | Home | About | MyMedicare.gov Login | Españ

KANSAS CITY, MO | Distance: Within 50 miles | Search | Filter facilities | Map View | List View

14 inpatient rehabilitation facilities within 50 miles from the center of KANSAS CITY, MO

Share | Print

Showing 1 - 10 of 14 results

KANSAS UNIVERSITY REHAB

4.4 miles

3901 RAINBOW BOULEVARD
KANSAS CITY, KS 66160
(913) 588-4779

Ownership: Government

Map and Directions | Add to Favorites | Add to Compare

Conditions Treated — Show +

ST LUKES HOSPITAL KANSAS CITY

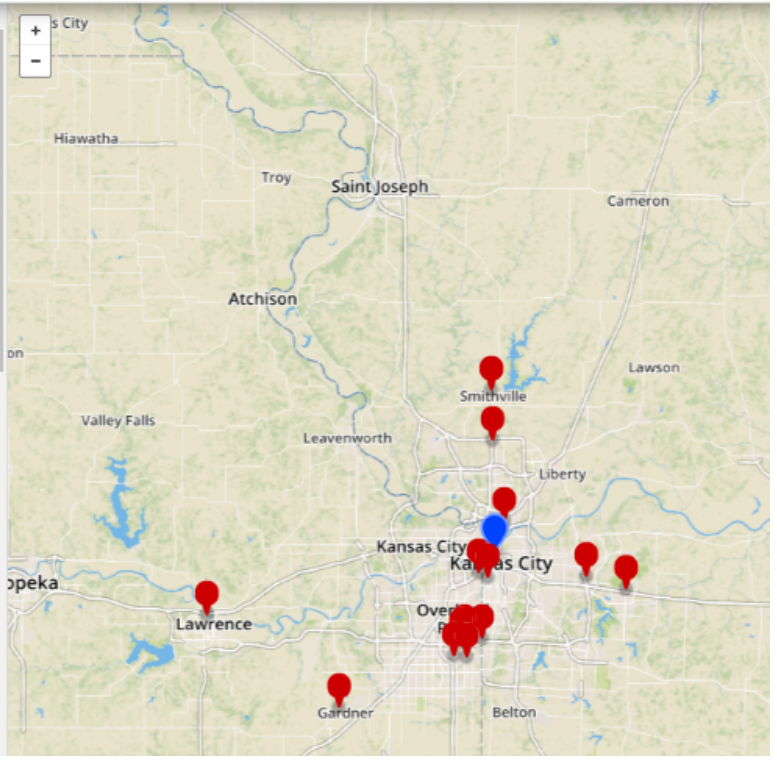
4.6 miles

4401 WORNALL RD
KANSAS CITY, MO 64111
(816) 932-2428

Ownership: Government

Map and Directions | Add to Favorites | Add to Compare

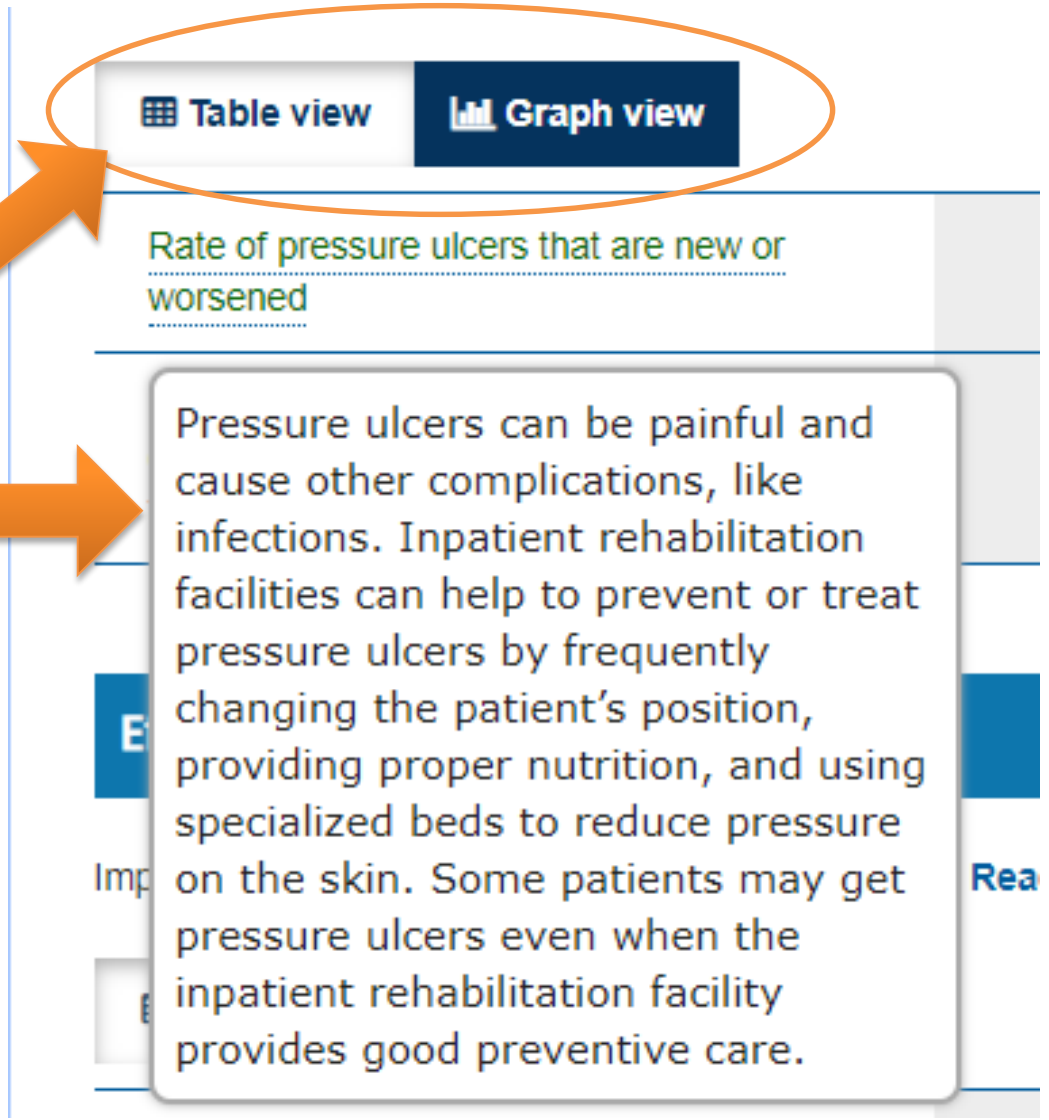
Conditions Treated — Show +



INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

IRF Compare Website: Measure Results

- Example: Rate of Pressure Ulcers that are New or Worsened on IRF Compare:
  - Option for data to be displayed as a graph or table.
  - Review definition in plain text (hover text).
  - Downloadable data from https://data.medicare.gov.



IRF Compare Website: Other Information

SPOTLIGHT

- Why compare inpatient rehabilitation facilities?

TOOLS AND TIPS

- Learn how Medicare covers care in an inpatient rehabilitation facility
- Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more
- Compare Medicare health and drug plans

ADDITIONAL INFORMATION

- Date Updated: March 6, 2019
- Download the Database
- Important contacts for patients and providers
- View providers and suppliers that are terminated or are at risk for termination from Medicare.

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Q5 The IRF QRP reports reviewed can all be accessed through: _____

A. Automated Survey Processing Environment (ASPEN).

B. National Healthcare Safety Network (NHSN).

C. Quality Improvement and Evaluation System (QIES).

D. Certification and Survey Provider Enhanced Reports (CASPER).

Q5 The IRF QRP reports reviewed can all be accessed through: _____ (cont.)

A. Automated Survey Processing Environment (ASPEN).

B. National Healthcare Safety Network (NHSN).

C. Quality Improvement and Evaluation System (QIES).

D. Certification and Survey Provider Enhanced Reports (CASPER).

Q6 Requests for CMS to review your Provider Preview Report data must be submitted via email.

A. True.

B. False.

Q6 Requests for CMS to review your Provider Preview Report data must be submitted via email. (cont.)

A. True.

B. False.

Q7 The Provider Preview Report provides a _____ preview period prior to public reporting.

A. 15-day.

B. 30-day.

C. 60-day.

D. 90-day.

Q7 The Provider Preview Report provides a _____ preview period prior to public reporting. (cont.)

A. 15-day.

B. 30-day.

C. 60-day.

D. 90-day.

Reports Activity

Reports Activity Overview

- **Scenario:** You are the Director of Rehabilitation at Fountain City Rehabilitation Hospital, located in Kansas City, MO. On a regular basis, you access, analyze, and use CASPER reports to support your facility's quality program. During your comprehensive review of the Facility-Level Quality Measures Report, you identify an opportunity for improvement.
- **Activity Instructions:**
  - Work in groups at your table to review the sample CASPER reports provided.
  - Use the Reports Activity Worksheet to guide your review and analysis.
  - We will debrief in 20 minutes.

Activity Debrief

1. Review the **IRF Facility-Level Quality Measure Report** to identify which measure your facility should target for improvement. How does the report data support your conclusion?
2. Using the **IRF Patient-Level Quality Measure Report**, identify the patients who triggered the numerator for the quality measure identified for improvement.
3. Using the **IRF-PAI Assessment Print Report**, summarize the findings for each patient who triggered the numerator for the identified quality measure. What conclusions can you make?
4. How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?

Activity Debrief: IRF Facility-Level Quality Measure Report

CASPER Report
IRF Facility-Level Quality Measure Report

Facility ID: 1231234
CCN: 34T043
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
City/State: KANSAS CITY, MO

Report Period: 01/01/2018 - 12/31/2018
Data was calculated on: 04/26/2019
Comparison Group Period: 01/01/2017 - 12/31/2017
Report Run Date: 05/09/2019
Report Version Number: 2.01

Table Legend
[a]: Measures the percentage of IRF patients who had an observed discharge score that met or exceeded the expected discharge score.
Note: Dashes represent a value that could not be computed
N/A = Not Available

Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)	I008.01	24	24	100%	99.8%
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)[a]	I011.01	11	19	57.9%	56.1%
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)[a]	I012.01	10	19	52.6%	51.2%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	I013.01	3	24	12.5%	0.2%

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	I013.01	3	24	12.5%	0.2%

Activity Debrief: IRF Patient-Level Quality Measure Report

- **Three patients** triggered the *"Application of Percent of Residents Experiencing One or More Falls with Major Injury"* QM:
  1. Collins, Timothy.
  2. Green, Linda.
  3. Martinez, Tonya.

Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 1)

CASPER Report
IRF Patient-Level Quality Measure Report

Facility ID: 1231234
CCN: 34T043
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
City/State: KANSAS CITY, MO

Report Period:
Report Run Date:
Report Version Num

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
ADAMS, BENJAMIN	152324	06/28/2018	07/19/2018	NT
BROWN, THOMAS	7723029	03/07/2018	03/20/2018	NT
COLLINS, TIMOTHY	179345	10/26/2018	11/09/2018	X
COOK, KAREN	1865445	03/13/2018	03/27/2018	NT
DAVIS, SAMUEL	193387	12/06/2018	12/26/2018	NT
EDWARDS, NANCY	4243983	01/05/2018	01/23/2018	NT

This report contains fictional facility and patient data for demonstration purposes only.

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Patient Name	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
ADAMS, BENJAMIN	NT
BROWN, THOMAS	NT
COLLINS, TIMOTHY	X
COOK, KAREN	NT
DAVIS, SAMUEL	NT
EDWARDS, NANCY	NT

Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 2)

CASPER Report
IRF Patient-Level Quality Measure Report

Facility ID: 1231234
CCN: 34T043
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
City/State: KANSAS CITY, MO

Report Period:
Report Run Date:
Report Version Num

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
FLORES, MARIA	155935	06/28/2018	07/05/2018	NT
GARCIA, LISA	5707136	04/11/2018	04/20/2018	NT
GREEN, LINDA	135598	09/04/2018	09/13/2018	X
HUGHES, LAUREN	148875	01/25/2018	02/14/2018	NT
JOHNSON, KATHRYN	10809649	08/21/2018	08/30/2018	NT
JONES, JOHN	6652164	07/18/2018	08/03/2018	NT

This report contains fictional facility and patient data for demonstration purposes only.

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Patient Name	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
FLORES, MARIA	NT
GARCIA, LISA	NT
GREEN, LINDA	X
HUGHES, LAUREN	NT
JOHNSON, KATHRYN	NT
JONES, JOHN	NT

Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 3)

CASPER Report
IRF Patient-Level Quality Measure Report

Facility ID: 1231234
CCN: 34T043
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
City/State: KANSAS CITY, MO

Report Period:
Report Run Date:
Report Version Num

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
LEE, JOSEPH	3622581	05/24/2018	06/07/2018	NT
LEWIS, JENNIFER	72441471	02/06/2018	03/02/2018	NT
MARTINEZ, TONYA	2732535	05/01/2018	05/23/2018	X
MILLER, JEFFREY	116554	09/07/2018	10/03/2018	NT
MOORE, DOUGLAS	9020363	07/04/2018	07/17/2018	NT
PARKER, JANE	3539308	04/16/2018	05/17/2018	NT

This report contains fictional facility and patient data for demonstration purposes only.

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Patient Name	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
LEE, JOSEPH	NT
LEWIS, JENNIFER	NT
MARTINEZ, TONYA	X
MILLER, JEFFREY	NT
MOORE, DOUGLAS	NT
PARKER, JANE	NT

Activity Debrief: IRF-PAI Assessment Print Report Timothy Collins

Run Date: 05/09/2019

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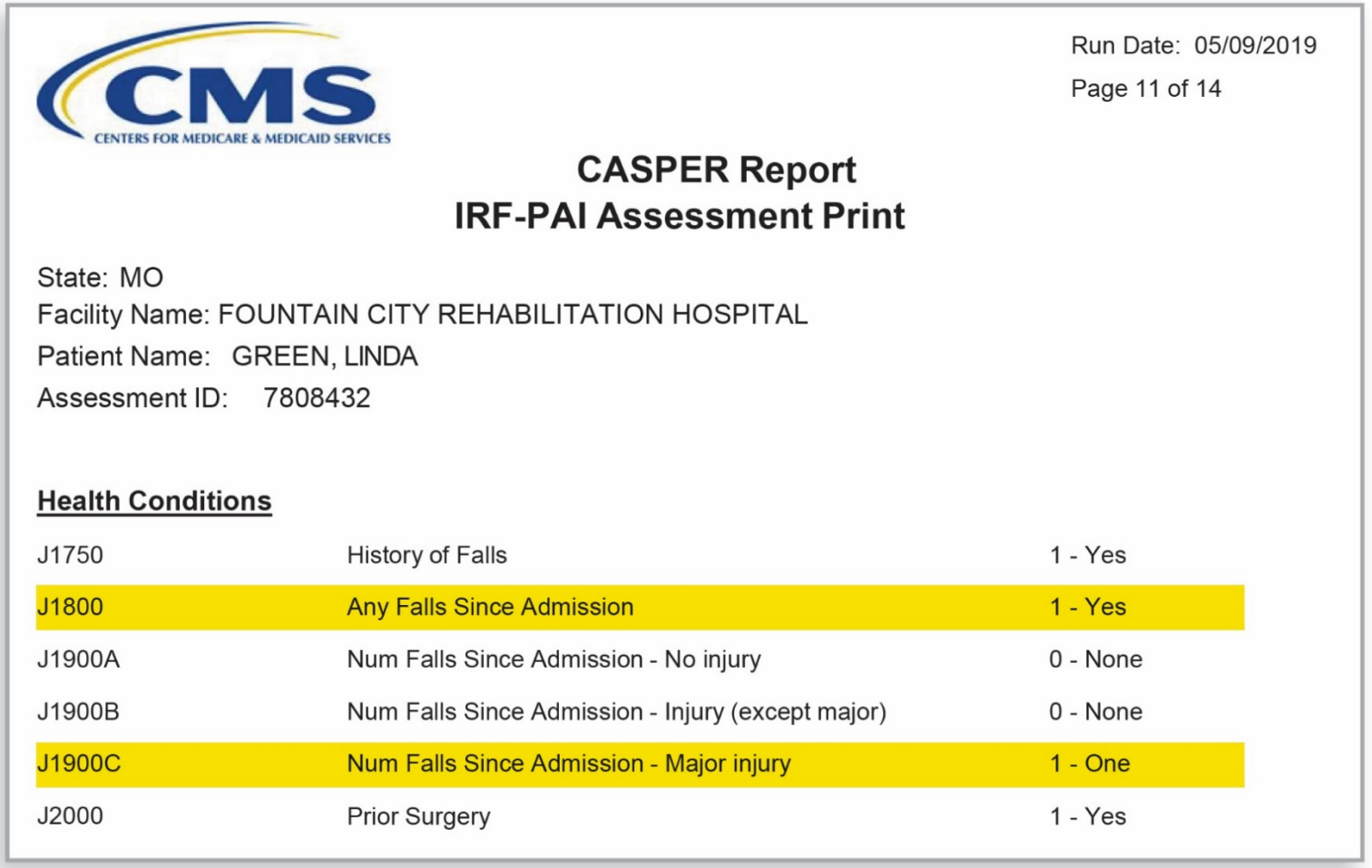
CASPER Report
IRF-PAI Assessment Print

State: MO
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
Patient Name: COLLINS, TIMOTHY
Assessment ID: 7302331

Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	1 - One
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

Activity Debrief: IRF-PAI Assessment Print Report Linda Green



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Run Date: 05/09/2019
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CASPER Report
IRF-PAI Assessment Print

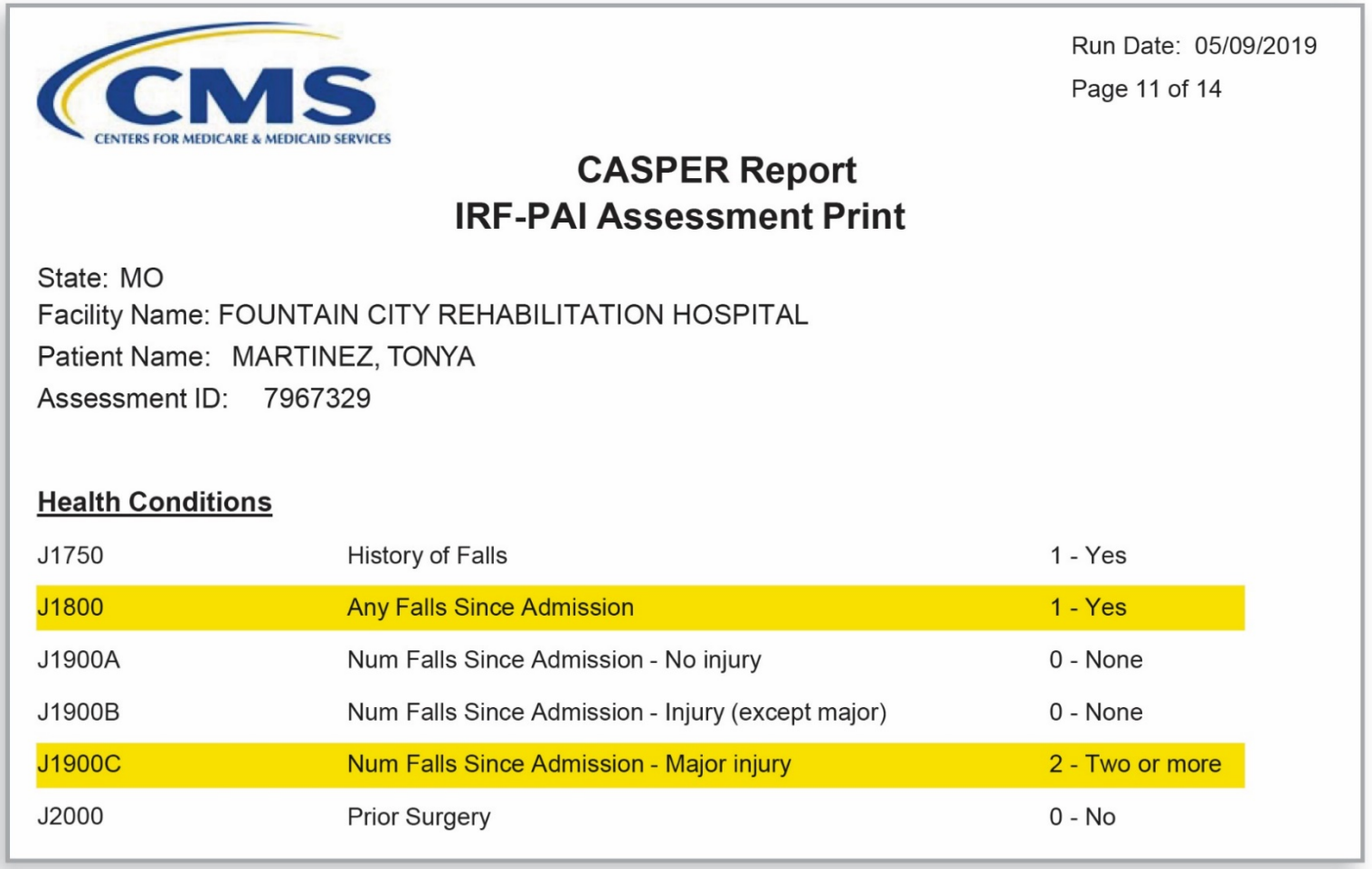
State: MO
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
Patient Name: GREEN, LINDA
Assessment ID: 7808432

Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Activity Debrief: IRF-PAI Assessment Print Report Tonya Martinez



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Run Date: 05/09/2019
Page 11 of 14

CASPER Report
IRF-PAI Assessment Print

State: MO
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
Patient Name: MARTINEZ, TONYA
Assessment ID: 7967329

Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	2 - Two or more
J2000	Prior Surgery	0 - No

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Activity Debrief: Next Steps

How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?

Summary

- There are three types of QMs based on the following data sources:
  1. Assessment-based.
  2. Claims-based.
  3. CDC NHSN.

- IRF QRP reports available in CASPER:
  1. Review and Correct Report.
  2. Quality Measure Reports.
  3. Provider Preview Report.

Record Your Action Plan Ideas

Questions?