Inpatient Rehabilitation Facility (IRF) Provider Preliminary Review Report Guide

The IRF Provider Preliminary Review Report gives each IRF an opportunity to view their quality measure-specific data in a facility-specific report. This guide provides an explanation of terms used in the IRF Provider Preliminary Review Report and informs users about how to access their facility-specific report.

The IRF Provider Preliminary Review Report allows users to review their data prior to public display of the data contained on the report, to be posted in accordance with Section 3004 of the Affordable Care Act, Pub. L. 111-148. Stat.124-119. 23 March 2010, available on the U.S. Government Publishing Office website (2.41MB-pdf).

The IRF Provider Preliminary Review Report will be available in March 2015 within the Certification and Survey Provider Enhanced Reporting (CASPER) application.

Sample IRF Provider Preliminary Review Report

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IRF Provider Preliminary Review Report

Review of Quality Measure data for time period 01/01/2014 to 06/30/2014

         State: XX

 Provider Name: ABC Provider

           CCN: 123456

Street Address: 123 Address

          City: Anytown

      ZIP Code: XXXXX

         Phone: 111-222-3333


                              NQF      Numerator/   Denominator/
                              Measure  Reported     Device Days    Reported  National  Expected
Quality Measures              Number   Infections                  %         Average   Rate

Percent of Patients with
Pressure Ulcers That Are New  0678         .             .         **        *         N/A
or Worsened (Short Stay)

Catheter Associated Urinary   0138         0             0         N/A       *         *
Tract Infection (CAUTI)



Notes:

-- Period (.) indicates data in the Numerator or Denominator field is Missing or has been excluded.

-- Double asterisk (**) in the reported percent (%) column indicates that the data could not be
   computed because of missing or excluded information.

-- Asterisk (*) indicates pending data.

-- Expected Rate pertains to the CAUTI measure only.

-- N/A indicates that the value is not applicable.

-- The Quality Measure data is not Risk Adjusted for Percent of Patients with Pressure Ulcers that
   are New or Worsened.

-- To review your submitted HAI rates, visit the CDC NHSN website:
   http://www.cdc.gov/nhsn/inpatient-rehab/index.html.
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Explanation of Provider Preliminary Review Report Fields

NQF Measure Number

The National Quality Forum (NQF) identification number associated with the Quality Measure.

Pressure Ulcer Percentage Measure Calculation

Numerator: The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2 - 4 pressure ulcers.

Denominator: The number of patients with a qualifying assessment with target dates between 1/01/2014 and 6/30/2014 inclusive.

Reported Percent (%): Reported percent (%) is equal to the numerator divided by the denominator multiplied by one hundred (100). This percentage is not risk adjusted.

CAUTI Measure Calculation

Reported Infections: The number of observed infections for quality reporting.

Device Days: The number of urinary catheter days reported for quality reporting.

Reported Percent (%): Displays on the report as N/A (not applicable), because CAUTI data is a rate, not a percentage. These data are reported for the time period 1/01/2014 to 6/30/2014.

National Average

The National Average is derived by summing the numerators for all cases in the nation divided by the sum of the denominators in the nation.

Expected Rate

The number of expected infections, in the context of statistical prediction, is calculated using rates from a standard population during a baseline time period. These rates will be provided in future reports.

Frequently Asked Questions (FAQs)

When and how can I get my report?

The Provider Preliminary Review Report will be available in March 2015. The report is accessed using the CASPER Reporting Application. Please reference 'Accessing the Provider Preliminary Review Report' on the following page in this document for additional information.

Who do I contact to ask questions about my report?

Please contact the HCIS Quality Reporting Review Report Help Desk for additional information and assistance as needed at help@hcareis.com.

Where can I get additional information?

Updated IRF-PAI Training Manual (2.70MB .zip): IRF-PAI Training Manual

Quality Reporting Requirements: IRF Quality Reporting Measures Information

Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Website: CDC NHSN

Accessing the Provider Preliminary Review Report

The Provider Preliminary Review Report can be accessed using the CASPER Reporting Application. Requesting access to the CMS system is performed two steps. Details are provided on the Quality Improvement Evaluation System (QIES) Technical Support Office website.

Once successfully registered, access the CMS IRF-PAI Care System Welcome page and select the "CASPER Reporting" link.

CMS IRF-PAI System – "CASPER Reporting" Link

The "CASPER Reporting" link connects you to the QIES National System Login page for CASPER Reporting.
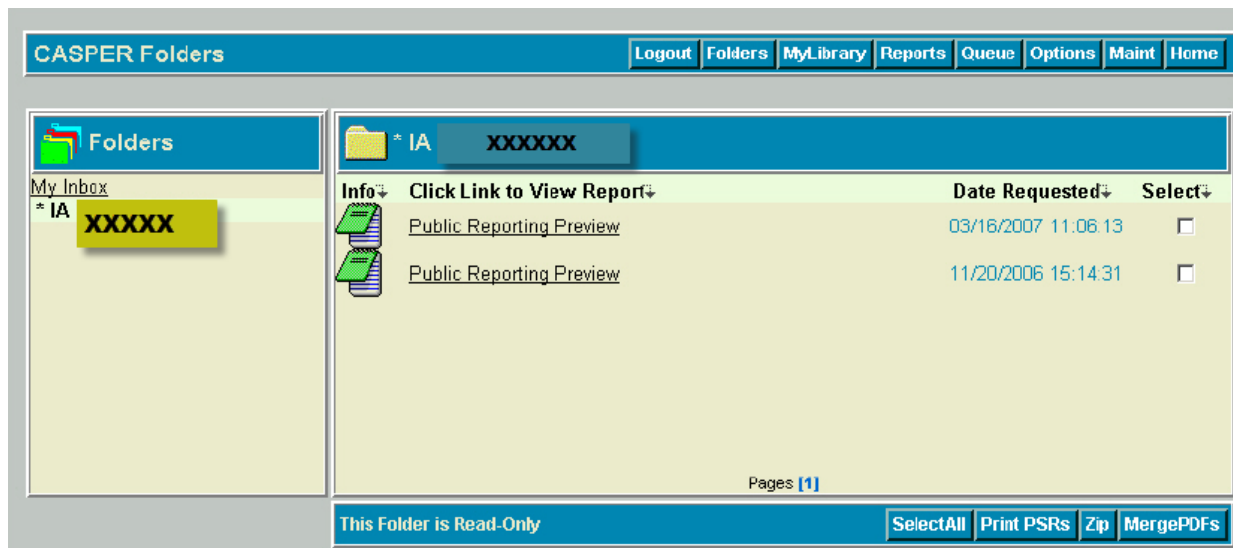
After logging in, the CASPER Topics (Home) page displays, as shown on the following page.

Welcome to CASPER Screen – [Folders] button
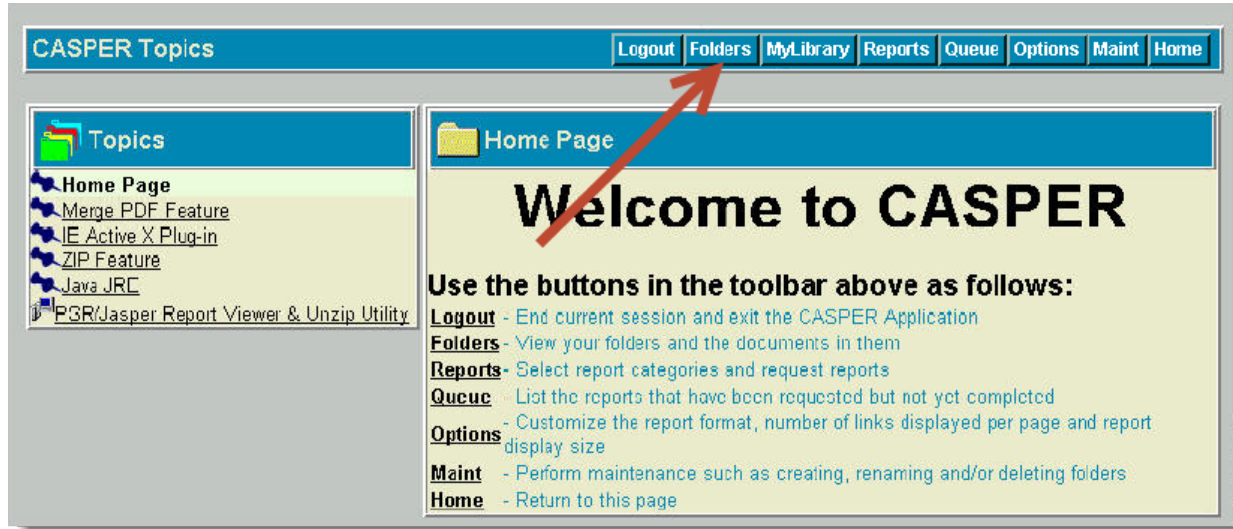
Select the **[Folders]** button from the CASPER toolbar to access the CASPER Folders page and view the folders that are available to you.

CASPER Folders Screen

The report will be placed in the My Inbox pane (left side) and will be titled, "Provider_Review_2014…"

Note: As reports or other documents are delivered, the list of items in the folder on the CASPER Folders page may expand to multiple pages. You may need to scroll through the pages to locate the Provider Preliminary Review Report.

How to Recreate the Numerator and Denominator of
NQF # 0678 within the Provider Preliminary Review Report

1. In CASPER, select the "IRF-PAI Final Validation" for time frame 1/1/2014 - 6/30/2014:
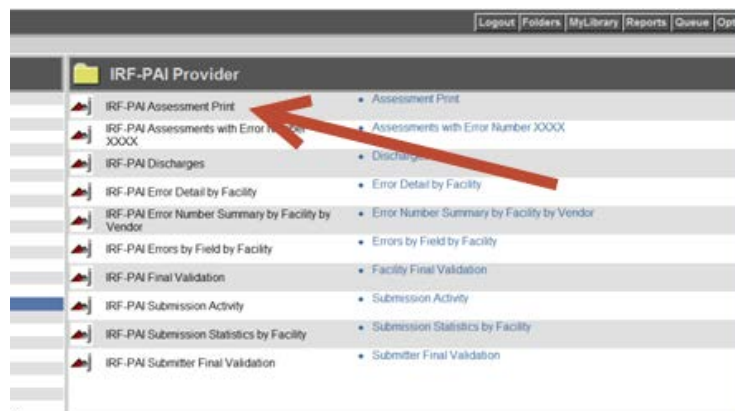
IRF-PAI Final Validation Link
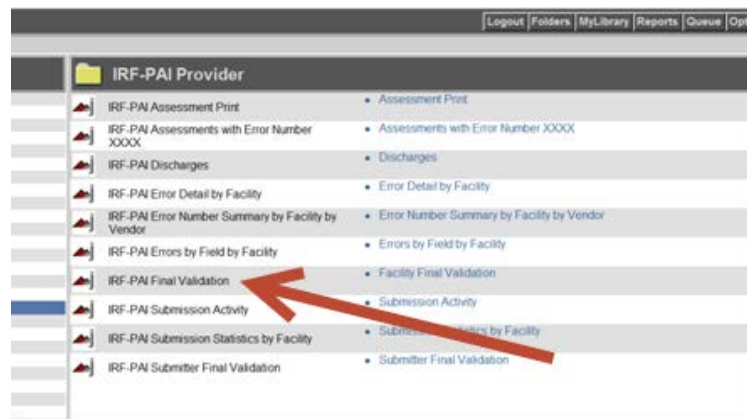
(The instructions to run the Final Validation Report are included in Appendix A of the IRF-PAI Submission User's Guide, on pages A-6 through A-13).

2. Run the "IRF-PAI Assessment Print" report for all Assessment Ids.

IRF-PAI Assessment Print

3. From that list of printed assessments, remove any that were submitted after the submission deadline for the quarter of the assessment. Next, remove all of the assessments that do not have an "accepted" status.

4. To get the Numerator and Denominator, check each assessment against these Inclusion/Exclusion measure criteria:

Denominator, Numerator, Exclusions

Denominator:

The number of patients with:

An IRF-PAI assessment with a discharge date between of 1/1/2014 and 6/30/2014 inclusive. Submission date of the assessment must be on or before 11/15/2014.

Numerator:

The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers:

Stage 2 (49A)>0 OR

Stage 3 (49B)>0 OR

Stage 4 (49C)>0

Exclusions:

Patients are excluded from the measure if the latest assessment does not have a usable response for 49A, 49B, or 49C identified below.

1. Examine each qualifying IRF-PAI assessment. For each assessment do the following:

    1.1. The response to 49A (Stage 2) is usable if 49A=[0,1,2,3,4,5,6,7,8,9,^].

    1.2. The response to 49B (Stage 3) is usable if 49B=[0,1,2,3,4,5,6,7,8,9,^].

    1.3. The response to 49C (Stage 4) is usable if 49C=[0,1,2,3,4,5,6,7,8,9,^].

    1.4. If **none** of the three items 49A, 49B or 49C is usable, the assessment is **not** usable and is discarded and the patient is excluded from the numerator and the denominator.

2. If all the assessments that are eligible are discarded and no usable assessments remain, the patient is excluded from the numerator and the denominator.

3. The assessments must have been accepted into QIES on or before the corresponding submission deadline date.