Welcome!

Today's Presenter

Lorraine Wickiser

Long Term Care Hospital Quality Reporting Program Coordinator

Centers for Medicare & Medicaid Services

Electronic Question Submission

1. Visit
   https://sites.google.com/site/postacutecaretraining201619com/.

2. Enter your full name, organization and email address.

May 2017 Review and Correct Reports Provider Training - Live Webcast

Complete the form below to ask the speaker a question during the session.

Name

Your answer

Organization

Your answer

Email Address

Your answer

Electronic Question Submission

3. Using the dropdown menu, choose the section of the presentation to which your question refers.

4. Type your questions and click "SUBMIT" to send your question to the presenter.

Organization

Your answer

Email Address

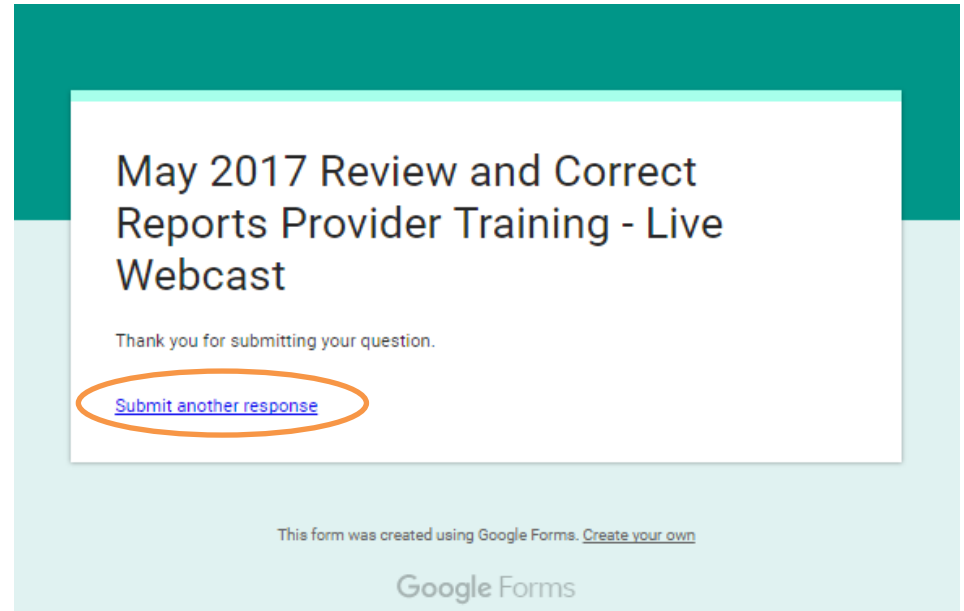Your answer

Section

Choose

Question

Your answer

SUBMIT

Never submit passwords through Google Forms.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

LTCH
LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Electronic Question Submission

5. You may ask another question by clicking "Submit another response" after the page refreshes.

May 2017 Review and Correct Reports Provider Training - Live Webcast

Thank you for submitting your question.

Submit another response

This form was created using Google Forms. Create your own

Google Forms

Test Your Knowledge

- During this presentation, you will be asked to respond to questions testing your knowledge of the material presented.

- When prompted with a question, record your response on the Knowledge Check Worksheet.

- Following a brief pause, the presenter will review the correct responses and rationale for each question.

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Acronyms in This Presentation

- Automated Survey Processing Environment (ASPEN)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- CMS Certification Number (CCN)
- Inpatient Prospective Payment System (IPPS)
- Inpatient Rehabilitation Facility (IRF)
- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE)

Acronyms in This Presentation

- Medicare Administrative Contractor (MAC)
- Minimum Data Set (MDS)
- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Prospective Payment System (PPS)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Measure (QM)
- Regional Office (RO)
- Skilled Nursing Facility (SNF)

Objectives

- Discuss the quality measures (QMs) used for public reporting contained in the Review and Correct Reports.

- Review the structure and content of the Review and Correct Reports.

- Describe how to access and interpret Review and Correct Reports.

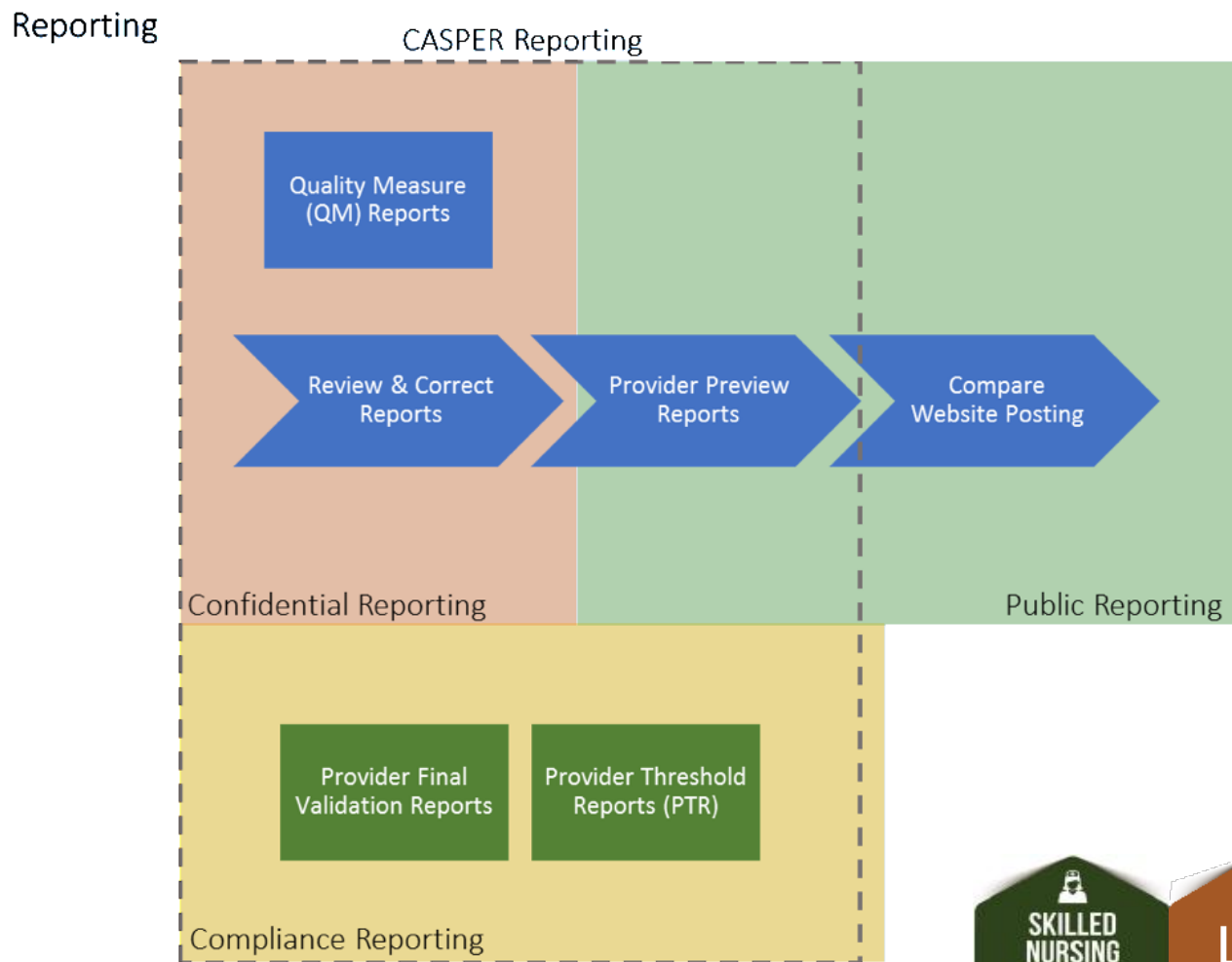- Identify the setting-specific resources available to providers.

Public Reporting

Public Reporting

- The framework for public reporting was established according to the following timeline:

  - LTCH in the FY 2012 IPPS/LTCH PPS Final Rule (76 FR 51756).

  - IRF in the FY 2012 IRF PPS Final Rule (76 FR 47880).

  - SNF in the FY 2016 SNF PPS Final Rule (81 FR 52045).

- Public reporting of the first set of QMs began in December 2016 for IRF and LTCH and will begin in Fall 2018 for SNF.

Public Reporting Overview

Reporting

CASPER Reporting

Confidential Reporting

- Quality Measure (QM) Reports
- Review & Correct Reports → Provider Preview Reports → Compare Website Posting

Public Reporting

Compliance Reporting

- Provider Final Validation Reports
- Provider Threshold Reports (PTR)

SKILLED NURSING FACILITY — QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL — QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY — QUALITY REPORTING PROGRAM

CASPER Reports

Provider Preview Reports
- IRF & LTCH: Launched September 2016.
- SNF: Launching June 2018.

QM Reports
- Facility-level and patient-/resident-level
- IRF & LTCH: Launched December 2016.
- SNF: October 2017.

Review and Correct Reports
- Launching Spring 2017

SKILLED NURSING FACILITY — QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL — QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY — QUALITY REPORTING PROGRAM
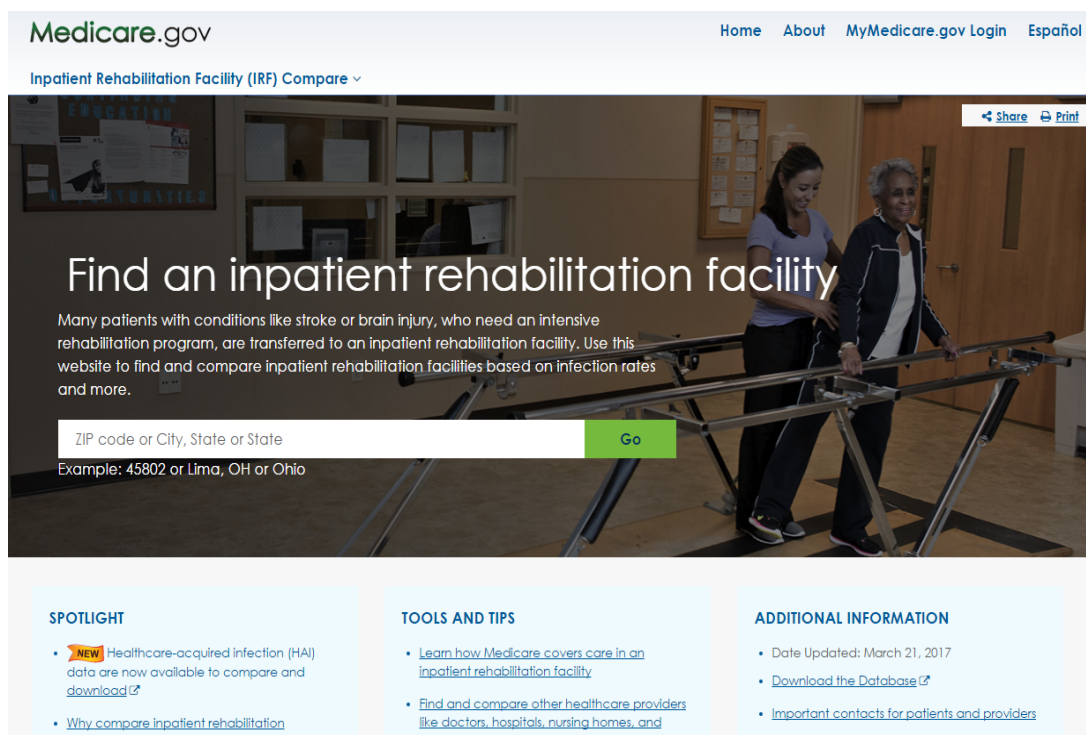
Public Reporting

- IRF and LTCH Compare Websites were launched December 2016.
- SNF public reporting begins in Fall 2018.
- Downloadable data is available at https://data.medicare.gov.

IRF Compare

https://www.medicare.gov/inpatientrehabilitationfacilitycompare/

LTCH Compare

https://www.medicare.gov/longtermcarehospitalcompare/

Quality Reporting Program and Quality Measures

Quality Reporting Program

Types of measures based on data source:

Assessment-Based Measures	Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Outcome Measures	Claims-Based Measures

- Only <u>assessment-based measures</u> are included in the Review and Correct Reports.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

LTCH
LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Quality Reporting Program

Assessment-Based Measures

LTCH: Long-Term Care Hospital Continuity Assessment Record & Evaluation (LTCH CARE) Data Set Version 3.00.

IRF: Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) V1.4.

SNF: Minimum Data Set (MDS) Version 3.0

Quality Measures

- For a complete list of QMs, see the following websites:
  - LTCH Quality Reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html.

  - IRF Quality Reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html.

  - SNF Quality Reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html.

Quality Measures by Setting for Review and Correct Reports

Quality Measure	IRF	LTCH	SNF
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	Yes	Yes	Yes
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	Yes	Yes	No
Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)	No	Yes	No
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)	Yes	Yes	Yes
Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)	Yes	Yes	Yes

Quality Measures by Setting for Review and Correct Reports

Quality Measure	IRF	LTCH	SNF
LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)	No	Yes	No
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)	Yes	No	No
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)	Yes	No	No
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)	Yes	No	No
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)	Yes	No	No

Test Your Knowledge

1. The Review and Correct Reports include which of the following measures:

    A. CDC NHSN Measures

    B. Claims-Based Measures

    C. Assessment-Based Measures

    D. All of the above

Test Your Knowledge

2. The Review and Correct Reports can be accessed through the:

   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)

CASPER
Review and Correct Reports

CASPER
Review and Correct Reports

- Contain QM information at the facility level.

- Are not risk-adjusted, and only observed (raw) rates are provided.

- Providers are able to obtain aggregate performance for up to the past four full quarters as the data are available.

- Are available on a quarterly basis and used in conjunction with other CASPER reports to determine any reporting errors that may affect performance for some quality measures.

- Display data correction deadlines and whether the data correction period is open or closed.

CASPER
Review and Correct Reports

Header Information:

- Report Title, Setting, Report Number
- Report Run Date, Number of Pages
- CMS Certification Number (CCN)
- Facility Name (IRF and SNF), Provider Name (LTCH)
- Address (Street, City/State, ZIP Code, County)
- Telephone Number

CASPER Review and Correct Reports: Header Snapshot

Report Run Date: 04/01/2017
Page 1 of 8

CASPER Report
IRF Review and Correct Report
IRF-PAI Quality Measures: Report #1 for 2017

CMS Certification Number:	999999
Facility Name:	Sample Inpatient Rehabilitation Facility
Street Address Line 1:	1111 West Pine Avenue
Street Address Line 2:	Suite 101
City:	Waltham
State:	MA
ZIP Code:	02452
County Name:	Middlesex
Telephone Number:	(781) 555-5555

CASPER
Review and Correct Reports

Important Considerations:

- Carefully review the data about your facility, including Facility/Provider Name, CCN, date of certification (exception IRF T–units).

- Incorrect facility information is a major source of LTCH and IRF Public Reporting Help Desk questions concerning the CASPER reports.

- It is extremely important to make certain the Medicare Certification Date for your facility/provider is correct within the ASPEN system.

- CMS does not have the ability to monitor the validity of the Medicare Certification Dates within ASPEN, nor the authority to issue a correction within the system.

CASPER Review and Correct Reports

Facility Information: Ensure Accuracy – How to Correct

- Contact your Medicare Administrative Contractor (MAC) to update your facility information.

- MAC contact information is available at the following link: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map.

CASPER
Review and Correct Reports

Facility Information: Ensure Accuracy – How to Correct

- Once on the website, click on your State on the map or select it from the drop-down list below the map.
- Contact information for your State will then be displayed below the map.
- You can find your Regional Office (RO) at https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html.
- PDFs of contact information for each RO are available at the bottom of the page.

Footer Information:

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

CASPER
Review and Correct Reports

General Items:

- Quality Measure Name, National Quality Forum (NQF) Number, CMS Measure ID

- Table Legend: provides important information for interpreting results

- Reporting Quarter, Start Date/End Date

- Data Correction Deadline

- Data Correction Period as of Report Run Date (Open/Closed)

CASPER
Review and Correct Reports

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

CMS Measure ID: I001.01

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	5	85	5.9%
Cumulative	01/01/2017	03/31/2017	-	-	5	85	5.9%

Quality Measure-Specific Information

Quality measures included in these reports:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) **(IRF/SNF/LTCH)**

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) **(IRF/SNF/LTCH)**

- 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/SNF/LTCH)**

Quality Measure-Specific Information

Quality measures included in these reports:

- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) **(LTCH Only)**

- LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) **(LTCH Only)**

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) **(IRF and LTCH only)**

IRF Quality Measure-Specific Information

Numerator		Number of Patient Stays that Triggered the Quality Measure in Your IRF
―	=	
Denominator		Number of Eligible Patients Discharged from Your IRF

- Your IRF Observed Performance Rate $= \left(\overline{\hspace{3cm}} \right) x\ 100$

SKILLED NURSING FACILITY — QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL — QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY — QUALITY REPORTING PROGRAM

LTCH Quality Measure-Specific Information

Numerator	=	Number of Patient Stays that Triggered the Quality Measure in Your LTCH
Denominator		Number of Eligible Patients Discharged from Your LTCH
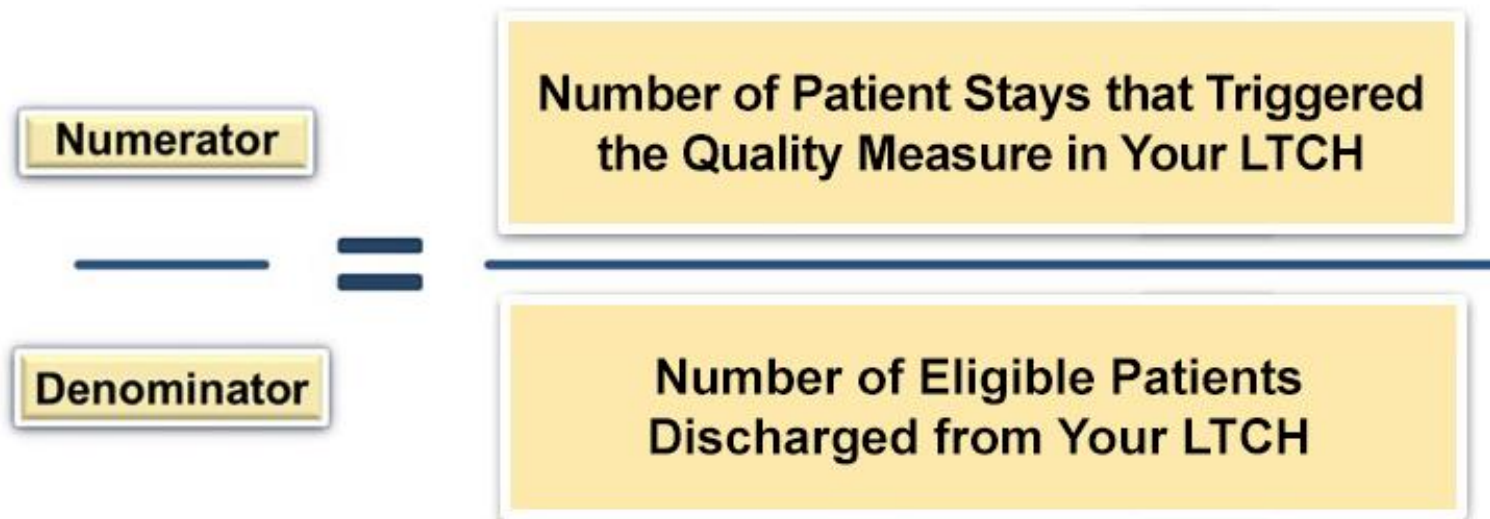
- Your LTCH Observed Performance Rate $= \left(\overline{\qquad} \right) x \ 100$

SKILLED NURSING FACILITY — QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL — QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY — QUALITY REPORTING PROGRAM

SNF Quality Measure-Specific Information

Numerator = **Number of SNF Stays Included in the Numerator for this Measure**

Denominator = **Number of SNF Stays Included in the Denominator for this Measure**

- Your SNF Observed Performance Rate $= \left(\dfrac{}{} \right) x\ 100$

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

LTCH
LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Example: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: I001.01

Table Legend
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	5	85	5.9%
Cumulative	01/01/2017	03/31/2017	-	-	5	85	5.9%

CASPER
Review and Correct Reports

Subsequent Review and Correct Reports:

- After the first quarter, subsequent reporting quarters data are added.

- Cumulative data are displayed.

- When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters).

Example: Review and Correct Report Quarters One to Four

IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: I001.01

Table Legend
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	3	73	4.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	1	41	2.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	3	97	3.1%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	5	85	5.9%
Cumulative	01/01/2017	12/31/2017	-	-	12	296	4.1%

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

LTCH
LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Example: Review and Correct Report Quarter One for Next Reporting Year

IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: I001.01

Table Legend
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	2	88	2.3%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	3	73	4.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	1	41	2.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	3	97	3.1%
Cumulative	04/01/2017	03/31/2018	-	-	9	299	3.0%

Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

When interpreting results for this measure:

- Data displayed are based on the influenza season, which starts on July 1 and ends on June 30.

- Therefore, there will be differences in the display quarters from the other assessment measures.

- Providers may see in the legend: "There are no discharges for the associated influenza vaccination season during this period of the influenza season."

Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

IRF Quality Measure: Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

CMS Measure ID: I002.01

Table Legend

* Based on influenza season which starts on July 1st and ends on June 30th (i.e. Quarter 1 of the influenza season starts on July 1st and ends on September 30th).

** There are no discharges for the associated influenza vaccination season during this period of the influenza season.

Dash (-): Data not available or not applicable.

Reporting Quarter*	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q3 2016-2017	01/01/2017	03/31/2017	08/15/2017	Open	71	79	89.9%
Q2 2016-2017	10/01/2016	12/31/2016	05/15/2017	Open	80	91	87.9%
Q1 2016-2017**	07/01/2016	09/30/2016	02/15/2017	Closed	-	-	-
Cumulative	07/01/2016	03/31/2017	-	-	151	170	88.8%

SKILLED NURSING FACILITY — QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL — QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY — QUALITY REPORTING PROGRAM

LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)

LTCH-Specific Measure:

- This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients requiring ventilator support at admission.

- The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.

- Only the observed change in mobility score is displayed on the Review and Correct Report.

- The Review and Correct Report displays:
  - Number of Eligible Patients Discharged from your LTCH.
  - Your LTCH's Average Observed Change in Mobility Score.

LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)

LTCH Quality Measure: LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)
CMS Measure ID: L011.01

Table Legend
* Average Observed Change in Mobility Score = (Average Discharge Mobility Score – Average Admission Mobility Score).
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Average Observed Change in Mobility Score*
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Open	136	10.2
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	141	9.1
Cumulative	01/01/2017	06/30/2017	-	-	277	9.7

IRF Functional Outcome Measures

There are four IRF-specific functional outcome measures:

- IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- IRF Functional Outcome Measure: Change in Mobility for Medical Rehabilitation Patients (NQF #2634)
- IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
- IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

IRF Functional Outcome Measures

For two of the IRF Functional Outcome Measures: Change in Self-Care Score and Change in Mobility Score for Medical Rehabilitation Patients

- The measures estimate the risk-adjusted average change in score for Self-Care and Mobility between admission and discharge.
- Only the average change in observed scores are reported in these reports.
- The Review and Correct Report Displays:
  - Number of Eligible Patients Discharged from your IRF.
  - Your IRF's Average Observed Change in Self-Care or Mobility Score.

IRF Functional Outcome Measures

IRF Quality Measure: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)

CMS Measure ID: I010.01

Table Legend

* Average Observed Change in Self-Care Score = (Average Discharge Self-Care Score – Average Admission Self-Care Score).

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Eligible Patients Discharged from your IRF	Your IRF's Average Observed Change in Self-Care Score*
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	85	9.1
Cumulative	01/01/2017	03/31/2017	-	-	85	9.1

IRF Functional Outcome Measures

For two of the IRF Functional Outcome Measures: Discharge Self-Care Score and Discharge Mobility Score for Medical Rehabilitation Patients:

- The measures estimate the percentage of patients who met or exceeded the expected discharge score based on the national cohort.

- The information displayed on the report requires risk-adjusted data and therefore will be reported in the Review and Correct Reports at a later date.

IRF Functional Outcome Measures

IRF Quality Measure: IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)

CMS Measure ID: I012.01

Table Legend

Dash (-): Data not available or not applicable.

Note: For this report, this measure requires risk-adjustment and the data is not yet available.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Met or Exceeded the National Average in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	-	-	-
Cumulative	01/01/2017	03/31/2017	-	-	-	-	-

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

LTCH LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Test Your Knowledge

3. Review and Correct reports are available on a _____ basis.

   A. Bi-Weekly

   B. Monthly

   C. Quarterly

   D. Annual

Test Your Knowledge

4. Providers can address questions, correct inaccurate information, and ensure accuracy regarding their facility information by which of the following actions:

  A. Contact your Medicare Administrative Contractor (MAC)

  B. Contact your Regional Office (RO)

  C. None of the above

  D. Both A and B

Test Your Knowledge

5. The Review and Correct Reports contain patient-level data for each quality measure.

    A. True

    B. False

Test Your Knowledge

6. Which of the following statements are true regarding subsequent Review and Correct Reports:

A. Cumulative data for the Review and Correct Reports are displayed for one year, in rolling quarters.

B. When a new reporting year begins, the new quarter of data is added and the oldest quarter of data is subsequently dropped.

C. Reports are retained for ten years.

D. None of the above

Obtaining Reports

How to Obtain Reports
LTCH Version

How to Obtain Reports

How to Obtain Reports

How to Obtain Reports

How to Obtain Reports

How to Obtain Reports

Setting-Specific Resources

CASPER Resources

- A variety of CASPER reports may serve as additional resources to providers:

  – LTCH User Guides & Training
  https://www.qtso.com/ltchtrain.html

  – IRF-PAI User Guides & Training
  https://www.qtso.com/irfpaitrain.html

  – MDS 3.0 User Guides & Training Information
  https://www.qtso.com/mdstrain.html

IRF Resources

- Assessment Submission: User Guides & Training Page on the QIES Technical Support Office (QTSO) Website: https://www.qtso.com/irfpaitrain.html

- CASPER Reports: IRF User Guides & Training Page on the QIES Technical Support Office (QTSO) Website: https://www.qtso.com/irfpaitrain.html

- IRF Public Reporting Help Desk Email: IRFPRquestions@cms.hhs.gov

- IRF Quality Reporting Program Help Desk Email: IRF.questions@cms.hhs.gov

LTCH Resources

- Assessment Submission: User Guides & Training Page on the QIES Technical Support Office (QTSO) Website: https://www.qtso.com/LTCHtrain.html

- CASPER Reports: LTCH User Guides & Training Page on the QIES Technical Support Office (QTSO) Website: https://www.qtso.com/LTCHtrain.html

- LTCH Public Reporting Help Desk Email: LTCHPRquestions@cms.hhs.gov

- LTCH Quality Reporting Program Help Desk Email: LTCHQualityQuestions@cms.hhs.gov

SNF Resources

- Assessment Submission: User Guides & Training Page on the QIES Technical Support Office (QTSO) Website: https://www.qtso.com/mds30.html

- Assessing CASPER Reports: help@qtso.com

- SNF Public Reporting Help Desk Email: SNFQRPPRquestions@cms.hhs.gov (not active yet)

- SNF Quality Reporting Program: SNFQualityQuestions@cms.hhs.gov

Questions?