Quality Reporting Program Provider Training: Public Reporting and CASPER Quality Measure Reports

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Acronyms in this Presentation

• Automated Survey Processing Environment (ASPEN)
• Catheter-Associated Urinary Tract Infection (CAUTI)
• Centers for Disease Control and Prevention (CDC)
• Centers for Medicare and Medicaid Services (CMS)
• Central Line-Associated Bloodstream Infection (CLABSI)
• Certification and Survey Provider Enhanced Reports (CASPER)
• CMS Certification Number (CCN)
• Confidence Interval (CI)
• Inpatient Prospective Payment System (IPPS)
• Inpatient-Rehabilitation Facility (IRF)
Acronyms in this Presentation

- Inpatient-Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH-CARE)
- Medicare Administrative Contractor (MAC)
- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Prospective Payment System (PPS)
- Quality Measure (QM)
- Risk Standardized Readmission Rate (RSRR)
- Standard Infection Ratio (SIR)
Background of Public Reporting

• Section 3004 of the Affordable Care Act amended Sections 1886(m) and 1886(j) of the Social Security Act to mandate the Secretary to establish procedures for making quality data submitted by Long-Term Care Hospitals (LTCHs) [1886(m)(5)(E)] and Inpatient-Rehabilitation Facilities (IRFs) [1886(j)(7)(E)] available to the public under their respective quality reporting programs.

• The framework for LTCH and IRF public reporting was first established in the FY 2012 Inpatient prospective payment system (IPPS)/LTCH (Prospective Payment System) PPS Final Rule (76 FR 51756) and in the FY 2012 IRF PPS final rule (76 FR 47880), respectively. Public reporting of the first set of quality measures will begin in the fall of 2016.
Agenda

• Identify the quality measures for public reporting in 2016
• Name and describe reports associated with public reporting
• Explain content of the Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure (QM) reports by data source
• Review how to interpret facility and patient level results
• Describe how to access reports in CASPER
• Identify resources for providers
Quality Measures

Types of quality measures based on data source:

- Assessment-Based Measures
  - LTCH: Long-Term Care Hospital Continuity Assessment Record & Evaluation (LTCH CARE) Data Set
  - IRF: Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)

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

- Claims-Based Measures
Quality Measures

The quality measures that are listed in the next several slides represent the quality measures that are included on the current versions of the IRF and LTCH QM Reports, which will be discussed throughout this presentation.

For an exhaustive list of QMs for each program, see the following websites:

• LTCH Quality Reporting:  

• IRF Quality Reporting:  
Quality Measures

Assessment-Based Measures:

• Percent of Resident or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (National Quality Forum (NQF) #0680)
  – Data collection began: 10/01/2014

• Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
  – Data collection began: 10/01/2012
Quality Measures

CDC NHSN Measures:

• NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
  – Data collection began: 10/01/2012

• NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
  – NQF #0139 is an LTCH-only QM
  – Data collection began: 10/01/2012
Claims-Based Measures:

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502)
  - Data Collection began 10/01/2012
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512)
  - Data Collection began 10/01/2012
Public Reporting Overview Graphic

Reporting

CASPHER Reporting

Confidential Reporting

Public Reporting

Review & Correct Reports

Quality Measure (QM) Reports

Provider Preview Reports

Compare

Provider Final Validation Reports

Provider Threshold Reports (PTR)

Compliance
Public Reporting Overview

• CASPER:
  – Provider Preview Reports (launched September 2, 2016)
  – Review and Correct Reports (launching spring 2017)
  – QM Reports: facility-level and patient-level (now available to providers)

• Public Reporting:
  – IRF Compare Website, LTCH Compare Website
  – Downloadable data from https://data.medicare.gov/
CASPER QM Reports Overview

CASPER QM Facility-Level and Patient-Level Reports:

• Centers for Medicare and Medicaid Services (CMS) and other contractors may also refer to these reports as “CASPER User-Requested Reports”
• Confidential Feedback Reports
  – Available to providers prior to public reporting for internal purposes only and not for public display
  – Used for feedback to help providers identify data errors and improve quality of care
• Contain quality measure information at the facility- and patient-level for a single reporting period
CASPER QM Reports Overview

CASPER QM Facility-Level and Patient-Level Reports:

• Available on demand
• Providers are able to select the data collection end date and obtain aggregate performance data
• Claims-based and CDC NHSN QMs are not included in Patient-Level Reports

Next slides provide details of the reports:

• Facility-Level Reports, then Patient-Level Reports
• Either a snap shot of the IRF or LTCH version of the report will be displayed. Any differences between the two settings will be noted.
CASPER QM Facility-Level Reports

Header:
- Facility ID
- CMS Certification Number (CCN)
- Facility Name (IRF) / Provider Name (LTCH)
- City/State
- Report Period
- Data was calculated on
- Comparison Group Period
- Report Run Date
- Report Version Number
CASPER QM Facility-Level Reports

CASPER Report
IRF Facility-Level Quality Measure Report

Facility ID: XXXXXX
CCN: 123457
Facility Name: My IRF
City/State: Waltham, MA

Report Period: 01/01/2015 – 12/31/2015
Data was calculated on: 10/01/2016
Comparison Group Period: 01/01/2015 – 12/31/2015
Report Run Date: 12/20/2016
Report Version Number: 1.00
CASPER QM Facility-Level Reports

Important Notes:

• Please review the data about your facility, including Facility Name, CCN, primary contact information, date of certification (exception IRF T–units)
• Major source of Public Reporting Helpdesk questions concerning the Provider Preview Reports
• Extremely important to make certain the Medicare Certification Date for your facility is correct within the Automated Survey Processing Environment (ASPEN) system
• CMS has no ability to either monitor the validity of the Medicare Certification Dates within ASPEN, nor do we have the authority to issue a correction within the system
Facility Information: Ensure Accuracy—How to Correct


- 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 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.
Assessment-Based QMs

Report:

- Source (IRF-PAI/LTCH CARE Data Set)
- Measure Name
- CMS Measure ID
- Numerator
- Denominator
- Facility Observed Percent
- Comparison Group U.S. National Average
## Assessment-Based QMs

### CASPER Report
LTCH Facility-Level Quality Measure Report

<table>
<thead>
<tr>
<th>Facility ID:</th>
<th>xxxxxx</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN:</td>
<td>123457</td>
</tr>
<tr>
<td>Provider Name:</td>
<td>My LTCH</td>
</tr>
<tr>
<td>City/State:</td>
<td>Waltham, MA</td>
</tr>
</tbody>
</table>

| Report Period: | 01/01/2015 – 12/31/2015 |
| Data was calculated on: | 10/01/2016 |
| Comparison Group Period: | 01/01/2015 – 12/31/2015 |
| Report Run Date: | 12/20/2016 |
| Report Version Number: | 1.00 |

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group U.S. National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)</td>
<td>L001.01</td>
<td>9</td>
<td>280</td>
<td>3.2%</td>
<td>3.0%</td>
<td>2.9%¹</td>
</tr>
</tbody>
</table>

¹: U.S. national observed mean is 1.9616.
# Assessment-Based QMs

**CASPER Report**  
IRF Facility-Level Quality Measure Report

| CCN: | 123457 | Data was calculated on: | 10/01/2016 |
| Facility Name: | My IRF | Comparison Group Period: | 07/01/2015 – 06/30/2016 |
| City/State: | Waltham, MA | Report Run Date: | 12/20/2016 |
| Report Version Number: | 1.00 |

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

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Observed Percent</th>
<th>Comparison Group U.S. National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)</td>
<td>1002.01</td>
<td>220</td>
<td>250</td>
<td>98.0%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Residents of Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)</td>
<td>1003.01</td>
<td>174</td>
<td>250</td>
<td>69.6%</td>
<td>71.2%</td>
</tr>
<tr>
<td>Residents of Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)</td>
<td>1004.01</td>
<td>41</td>
<td>250</td>
<td>16.4%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Residents of Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine (NQF #0680C)</td>
<td>1005.01</td>
<td>5</td>
<td>250</td>
<td>2.0%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

MLN Connects
NHSN Measures

• NHSN CAUTI Outcome Measure (NQF #0138)
• NHSN CLABSI Outcome Measure (NQF #0139) (LTCH only)
# NHSN Measures

**Report Period:** 01/01/2015 – 12/31/2015  
**Data was calculated on:** 10/01/2016  
**Comparison Group Period:** 01/01/2015 – 12/31/2015  
**Report Run Date:** 12/20/2016  
**Report Version Number:** 1.00

### Table Legend
- a: Standardized infection ratio – ratio of reported to predicted infections; lower SIR is better  
- b: (Lower Limit, Upper Limit)  
- c: Standardized infection ratio (SIR). U.S. national benchmark = 1  
- g: CDC measures do not have patient-level quality measure reports

### Source: Centers for Disease Control and Prevention (CDC) NHSN

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Reported Number of Infections</th>
<th>Device Days</th>
<th>Predicted Number of Infections</th>
<th>SIR²</th>
<th>95% Confidence Interval</th>
<th>Comparison Group U.S. National SIR²</th>
<th>Comparative Performance Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)</td>
<td>L006.01</td>
<td>3</td>
<td>5277</td>
<td>10.242</td>
<td>0.293</td>
<td>(0.075, 0.797)</td>
<td>0.547</td>
<td>Better than the U.S. National Benchmark</td>
</tr>
<tr>
<td>National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)</td>
<td>L007.01</td>
<td>3</td>
<td>5277</td>
<td>10.242</td>
<td>0.293</td>
<td>(0.075, 0.797)</td>
<td>0.547</td>
<td>Better than the U.S. National Benchmark</td>
</tr>
</tbody>
</table>
NHSN Measures

- Reported Number of Infections
- Device Days
- Predicted Number of Infections
- Standardized infection ratio (SIR)
- 95% Confidence Interval
- Comparison Group U.S. National SIR
- Comparative Performance Category
NHSN Measures

Table Legend:

A. Standardized infection ratio—Ratio of reported to predicted infections; lower SIR is better
B. (Lower Limit, Upper Limit)
C. Standardized infection ratio (SIR) U.S. national benchmark=1
D. CDC measures are not included in CMS patient-level quality measure reports
NHSN Measures

• Reported Number of Infections:
  – Numerator

• Device Days:
  – Total number of days in the facility associated with the device. Contributes to the calculation of the predicted number of infections for your facility.

• Predicted Number of Infections:
  – Device days is multiplied by the national rate (based on aggregated national data of reported infections during a CDC-designated time period). Used to calculate the SIR.

• SIR:
  – Reported number of infections in the facility divided by predicted number of infections in the facility.
  – Includes lower and upper limit of the 95% confidence interval for the SIR.
NHSN Measures

• Confidence Interval (CI): indicates a range of values that’s likely to encompass the true value:
  – CI for a sample statistic/result is calculated in such a way that it has a specified chance of “containing" the true value of the corresponding population parameter
  – 95% CI means you are 95% confident the true result is between the upper and lower limit
  – Ratio of Reported to Predicted Infections–SIR 0.293 (0.075, 0.797)
NHSN Measures

• Comparison Group U.S. National SIR:
  – Reported number of infections in the nation divided by predicted number of infections in the nation

• Comparative Performance Category:
  – Compares the performance of the facility to the U.S. National benchmark

• The National Benchmark is always 1.0, regardless of the U.S. National SIR:
  – “Worse than the U.S. National Benchmark” = SIR lower limit is greater than 1.0
  – “No Different than the U.S. National Benchmark” = SIR confidence interval includes 1.0
  – “Better than the U.S. National Benchmark” = SIR lower limit is less than 1.0
Claims-Based Measures

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from IRFs (NQF #2502)
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from LTCHs (NQF #2512)
Claims-Based Measures

- Number of Unplanned Readmissions Following Discharges
- Number of Eligible Stays
- Crude Readmission Rate
- Risk Standardized Readmission Rate (RSRR)
- U.S. National Crude Rate
- Comparative Performance Category
# Claims-Based Measures

## CASPER Report

**LTCH Facility-Level Quality Measure Report**

<table>
<thead>
<tr>
<th>CCN:</th>
<th>123457</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name:</td>
<td>My LTCH</td>
</tr>
<tr>
<td>City/State:</td>
<td>Waltham, MA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Period:</th>
<th>01/01/2013 – 12/31/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data was calculated on:</td>
<td>10/01/2016</td>
</tr>
<tr>
<td>Comparison Group Period:</td>
<td>01/01/2013 – 12/31/2014</td>
</tr>
<tr>
<td>Report Run Date:</td>
<td>12/20/2016</td>
</tr>
<tr>
<td>Report Version Number:</td>
<td>1.00</td>
</tr>
</tbody>
</table>

## Source: Medicare Fee-For-Service Claims

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Number of Unplanned Readmissions Following Discharge</th>
<th>Number of Eligible Stays</th>
<th>Crude Readmission Rate</th>
<th>Risk Standardized Readmission Rate (RSRR)</th>
<th>U.S. National Crude Rate</th>
<th>Comparative Performance Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512)*</td>
<td>L008.01</td>
<td>402</td>
<td>2,312</td>
<td>17.30%</td>
<td>15.30%</td>
<td>18.90%</td>
<td>Better than the U.S. National Rate</td>
</tr>
</tbody>
</table>

Note: Readmission measure will not have a patient-level quality measure report.

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*MLN Connects®

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**Page 4 of 4**
CASPERS QM Patient-Level Reports

• Contains quality measure information at the patient level for a single reporting period
• Providers are able to specify the reporting end date and obtain aggregate performance for the current quarter (may be partial) and past three quarters
• Assessment-Based Measures only
CASPER QM Patient-Level Reports

- Facility ID
- CCN
- City/State
- Report Period
- Report Run Data
- Report Version Number
- Status Legend
  - X: Triggered
  - NT: Not Triggered
  - E: Excluded from analysis based on exclusion criteria
## CASPER QM Patient-Level Reports

**Facility ID:** xxxxxx  
**CCN:** 123457  
**Facility Name:** My IRF  
**City/State:** Waltham, MA

**Status Legend:**  
X: Triggered  
NT: Not Triggered  
E: Excluded from analysis based on exclusion criteria

### Quality Measures: Undesirable Outcomes/Processes Not Performed

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

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Charles</td>
<td>654567</td>
<td>11/01/2014</td>
<td>12/01/2014</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Fred</td>
<td>546545</td>
<td>10/28/2014</td>
<td>11/23/2014</td>
<td>NT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Holly</td>
<td>464561</td>
<td>09/08/2014</td>
<td>09/04/2014</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Jill</td>
<td>845454</td>
<td>07/16/2014</td>
<td>08/04/2014</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, John</td>
<td>845644</td>
<td>01/02/2014</td>
<td>07/27/2014</td>
<td>NT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Katie</td>
<td>873791</td>
<td>02/17/2014</td>
<td>05/24/2014</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Mary</td>
<td>321545</td>
<td>03/28/2014</td>
<td>04/04/2014</td>
<td>NT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Mike</td>
<td>706131</td>
<td>03/01/2014</td>
<td>03/12/2014</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Paul</td>
<td>454556</td>
<td>02/11/2014</td>
<td>03/21/2014</td>
<td>NT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Ruth</td>
<td>116597</td>
<td>01/11/2014</td>
<td>01/15/2014</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASPER QM Patient-Level Reports

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

• How to interpret the Y/N for overall measure and submeasures:
  – Y for overall measure = Y in one submeasure
  – N for overall measure = N in all submeasures
## CASPER QM Patient-Level Reports

### CASPER Report
IRF Patient-Level Quality Measure Report

- **Facility ID:** xxxxxx
- **CCN:** 123457
- **Facility Name:** My IRF
- **City/State:** Waltham, MA

#### Status Legend
- Y: Yes
- N: No
- E: Excluded from analysis based on exclusion criteria

### Quality Measures: Patient Seasonal Influenza Vaccination Measure

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

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Percent of Residents or Patients Who Were Assessed and Appropriately Offered the Seasonal Influenza Vaccine (Short Stay)</th>
<th>Residents of Patients Who Received the Seasonal Influenza Vaccine</th>
<th>Residents of Patients Who Were Offered and Declined the Seasonal Influenza Vaccine</th>
<th>Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
<th>Future QM Added Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Charles</td>
<td>554867</td>
<td>11/01/2014</td>
<td>12/01/2014</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Fred</td>
<td>545454</td>
<td>10/25/2014</td>
<td>11/23/2014</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Holly</td>
<td>484851</td>
<td>03/08/2014</td>
<td>03/28/2014</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Jill</td>
<td>641515</td>
<td>07/16/2014</td>
<td>06/04/2014</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, John</td>
<td>646844</td>
<td>09/26/2014</td>
<td>07/21/2014</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Katie</td>
<td>579971</td>
<td>08/17/2014</td>
<td>05/04/2014</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Mary</td>
<td>321546</td>
<td>03/26/2014</td>
<td>04/04/2014</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Mike</td>
<td>765131</td>
<td>03/01/2014</td>
<td>03/27/2014</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Paul</td>
<td>454556</td>
<td>02/11/2014</td>
<td>02/21/2014</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Doe, Ruth</td>
<td>115897</td>
<td>01/11/2014</td>
<td>01/16/2014</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>E</td>
</tr>
</tbody>
</table>
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

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

QIES User Maintenance Application

IRF-PAI Forms
How to Obtain Reports

CASPER Reports

Report Categories

IRF Quality Reporting Program
- IRF Facility-Level Quality Measure Report
- IRF Patient-Level Quality Measure Report

IRF-PAI Provider

IRF Quality Reporting Program

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

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.

CASPER Reports Submit

Report: IRF Facility-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 10/01/2015
End Date (mm/dd/yyyy): 09/30/2016
Influenza Season Dates: 07/01/2015 - 06/30/2016

Template Folder: My Favorite Reports
Template Name: IRF Facility-Level Quality Measure Report

Submit
Save & Submit
Back
Save
How to Obtain Reports
## How to Obtain Reports

**CASPER Report**  
IRF Facility-Level Quality Measure Report

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

**Table Legend**

N/A = Not Available  
Note: Dashes represent a value that could not be computed

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

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group U.S. National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)</td>
<td>0001.01</td>
<td>1</td>
<td>19</td>
<td>5.3%</td>
<td>6.5%</td>
<td>0.9%[^1]</td>
</tr>
</tbody>
</table>

[^1]: U.S. national observed mean is 1.0215.

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

## CASPER Report
IRF Facility-Level Quality Measure Report

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>CCN:</th>
<th>Facility Name</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table Legend**
N/A = Not Available
Note: Dashes represent a value that could not be computed

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

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Observed Percent</th>
<th>Comparison Group U.S. National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Residents or Patients Who Were Assessed and Appropriately Given</td>
<td>1002.01</td>
<td>10</td>
<td>10</td>
<td>100.0%</td>
<td>94.3%</td>
</tr>
<tr>
<td>the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF</td>
<td>1003.01</td>
<td>7</td>
<td>10</td>
<td>70.0%</td>
<td>68.9%</td>
</tr>
<tr>
<td>#0680A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents or Patients Who Were Offered and Declined the Seasonal Influenza</td>
<td>1004.01</td>
<td>3</td>
<td>10</td>
<td>30.0%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Vaccine (NQF #0680B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents or Patients Who Did Not Receive, Due to Medical Contraindication,</td>
<td>1005.01</td>
<td>0</td>
<td>10</td>
<td>0.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>the Seasonal Influenza Vaccine (NQF #0680C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## How to Obtain Reports

### CASPER Report
**IRF Facility-Level Quality Measure Report**

**Report Period:** 04/01/2015 - 03/31/2016  
**Data was calculated on:** 10/05/2016  
**Comparison Group Period:** 04/01/2015 - 03/31/2016  
**Report Run Date:** 10/31/2016  
**Report Version Number:** 1.00

**Table Legend**
- [a]: Standardized infection ratio – ratio of reported to predicted infections; lower SIR is better
- [b]: (Lower Limit, Upper Limit)
- [c]: Standardized infection ratio (SIR) U.S. national benchmark = 1
- [d]: CDC measures do not have patient-level quality measure reports
- N/A = Not Available

Note: CDC data not available for a report period end date prior to 12/31/2015

**Source:** Centers for Disease Control and Prevention (CDC) NHSN

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Reported Number of Infections</th>
<th>Device Days</th>
<th>Predicted Number of Infections</th>
<th>SIR[^a]</th>
<th>95% Confidence Interval[^b]</th>
<th>Comparison Group U.S. National SIR[^c]</th>
<th>Comparative Performance Category[^d]</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)[^d]</td>
<td>1006.01</td>
<td>0</td>
<td>21</td>
<td>0.047</td>
<td>N/A</td>
<td>(N/A, N/A)</td>
<td>0.933</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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# How to Obtain Reports

**CASPER Report**

**IRF Facility-Level Quality Measure Report**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS Measure ID</th>
<th>Number of Unplanned Readmissions Following Discharge</th>
<th>Number of Eligible Stays</th>
<th>Crude Readmission Rate</th>
<th>Risk Standardized Readmission Rate (RSRR)</th>
<th>U.S. National Crude Rate</th>
<th>Comparative Performance Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502)(^a)</td>
<td>1007.01</td>
<td>12</td>
<td>170</td>
<td>7.06%</td>
<td>12.72%</td>
<td>13.02%</td>
<td>Better than the U.S. National Rate</td>
</tr>
</tbody>
</table>

\(^a\). Note: Readmission measure will not have a patient-level quality measure report.

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How to Obtain Reports

CASPER Report
IRF Patient-Level Quality Measure Report

Report Period: 07/01/2015 - 06/30/2010
Report Run Date: 10/18/2016
Report Version Number: 1.00

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

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

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4634198</td>
<td>06/25/2015</td>
<td>07/01/2015</td>
<td>NT</td>
</tr>
<tr>
<td></td>
<td>36237836</td>
<td>12/10/2015</td>
<td>12/29/2015</td>
<td>NT</td>
</tr>
<tr>
<td></td>
<td>36237839</td>
<td>12/03/2015</td>
<td>12/28/2015</td>
<td>NT</td>
</tr>
<tr>
<td></td>
<td>14328943</td>
<td>11/10/2015</td>
<td>12/08/2015</td>
<td>NT</td>
</tr>
<tr>
<td></td>
<td>35256456</td>
<td>12/23/2015</td>
<td>12/31/2015</td>
<td>NT</td>
</tr>
<tr>
<td></td>
<td>33175175</td>
<td>06/30/2015</td>
<td>07/11/2015</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>34739259</td>
<td>06/19/2015</td>
<td>07/02/2015</td>
<td>NT</td>
</tr>
</tbody>
</table>

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How to Obtain Reports

CASPER Report
IRF Patient-Level Quality Measure Report

Status Legend
Y: Yes
N: No
E: Excluded from analysis based on quality measure exclusion criteria

Quality Measures: Patient Seasonal Influenza Vaccination Measure
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)</th>
<th>Residents or Patients Who Received the Seasonal Influenza Vaccine</th>
<th>Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine</th>
<th>Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36124008</td>
<td>12/03/2015</td>
<td>12/16/2015</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>36085613</td>
<td>12/02/2015</td>
<td>12/12/2015</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>36066826</td>
<td>11/27/2015</td>
<td>12/10/2015</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

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Summary

Reporting
- Confidential Reporting
  - Review & Correct Reports
  - Quality Measure (QM) Reports
  - Provider Preview Reports
- CASPER Reporting
  - Compare
- Public Reporting
  - Provider Final Validation Reports
  - Provider Threshold Reports (PTR)

Compliance
IRF Resources


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

LTCH Resources


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

Question & Answer Session
Evaluate Your Experience

• Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today’s call

• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call
Thank You

• For more information about the MLN Connects® National Provider Call Program, visit [https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html](https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html)


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