



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Overview of the Post-Acute Care Quality Reporting Programs

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Acronyms in This Presentation

- APU – Annual Payment Update
- AIF – Annual Increase Factor
- CASPER – Certification and Survey Provider Enhanced Reports
- CCN – CMS Certification Number
- CDC – Centers for Disease Control and Prevention
- CEO – Chief Executive Officer
- CMS – Centers for Medicare & Medicaid Services
- CSV – Comma-Separated Values File
- iQIES – internet Quality Improvement and Evaluation System
- FY – Fiscal Year
- HHA – Home Health Agency
- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- LTCH – Long-Term Care Hospital
- LCDS – Long-Term Continuity Assessment Record and Evaluation (CARE) Data Set



Acronyms in This Presentation

- MAC – Medicare Administrative Contractor
- MDS – Minimum Data Set
- NHSN – National Healthcare Safety Network
- NQF – National Quality Forum
- PAC – Post-Acute Care
- PHI – Protected Health Information
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- QRP – Quality Reporting Program
- QTSO – QIES Technical Support Office
- SNF – Skilled Nursing Facility



Overview

The Post-Acute Care (PAC) Quality Reporting Program (QRP) settings covered are:

- Inpatient Rehabilitation Facilities (IRFs)
- Long-Term Care Hospitals (LTCHs)
- Skilled Nursing Facilities (SNFs)



Overview (cont.)

- On September 18, 2014, Congress passed the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act).
- The Act requires the submission of standardized data by:
 - Long-Term Care Hospitals (LTCHs)
 - Skilled Nursing Facilities (SNFs)
 - Home Health Agencies (HHAs)
 - Inpatient Rehabilitation Facilities (IRFs)



PAC QRP Requirements

- Each QRP has individual submission requirements and deadlines to meet the **Annual Payment Update (APU)** for LTCH and SNF or **Annual Increase Factor (AIF)** for IRF.
- Submission deadlines are 11:59 p.m. Pacific Standard Time on the 15th of the following months:
 - February
 - May
 - August
 - November.
- There is a delay between collected data and the affected fiscal year (i.e. CY2018 data is used in support of FY2020).



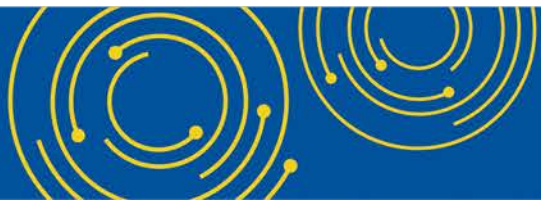
Data Reporting for the QRPs

For the purposes of APU compliancy, data is reported using the following sources:

Setting	Assessment Instrument	Other
IRF	IRF – Patient Assessment Information (IRF-PAI)	Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN)
LTCH	LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS)	Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN)
SNF	Minimum Data Set (MDS)	N/A



Data Submission Requirements



Data Submission Requirements IRF

- 95% of IRF-PAI data submitted must contain 100% of the required quality data elements for the 10 assessment-based measures
- 100% of all data necessary for 4 quality measures submitted to the CDC using NHSN
- CDC determines completeness of CDC NHSN data reporting
- If facilities fail to submit the required data, they will be subject to a 2 percentage point reduction in their Annual Increase Factor (AIF)



Data Submission Requirements LTCH

- 80% of LTCH CARE Data Set assessment data submitted must contain 100% of the required quality data elements for the 9 assessment-based measures
- 100% of all data necessary for 6 quality measures submitted to the CDC using NHSN
- CDC determines completeness of CDC NHSN data reporting
- If facilities fail to submit the required data, they will be subject to a 2 percentage point reduction in their Annual Payment Update (APU)



Data Submission Requirements SNF

- 80% of MDS 3.0 assessment data submitted must contain 100% of the required quality data elements for the 9 assessment-based measures
- If facilities fail to submit the required data, they will be subject to a 2 percentage point reduction in their Annual Payment Update (APU)



Data Submission Deadlines

The submission deadline quarters are as follows:

- Q1 data collection (Jan-Mar) = August 15 data submission deadline
- Q2 data collection (Apr-Jun) = November 15 data submission deadline
- Q3 data collection (Jul-Sept) = February 15 data submission deadline
- Q4 data collection (Oct-Dec) = May 15 data submission deadline



Data Submission Deadlines Webpage Links

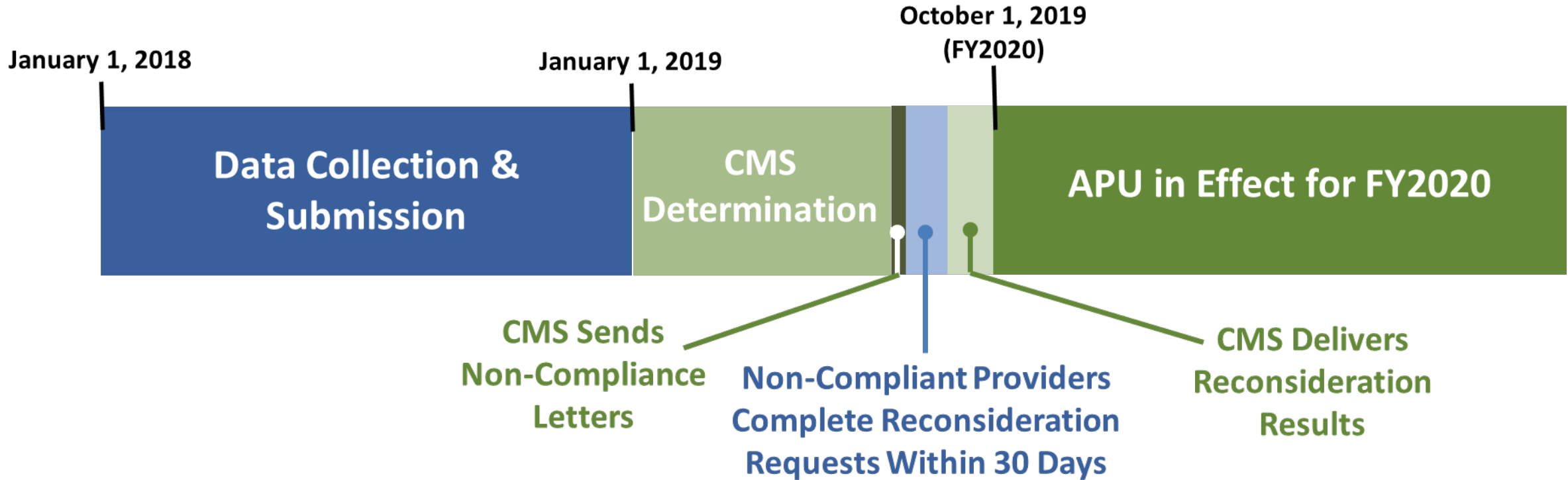
- [IRF Quality Reporting Data Submission Deadlines](#)
- [LTCH Quality Reporting Data Submission Deadlines](#)
- [SNF Quality Reporting Program Data Submission Deadlines](#)



The Quality Reporting Program Annual Payment Update Process



The QRP APU Process for IRF, LTCH, and SNF



- APU calculations:
 - Year 1: Data collection and submission.
 - Year 2: Compliance determinations.
 - Fiscal Year (FY): APU in effect.

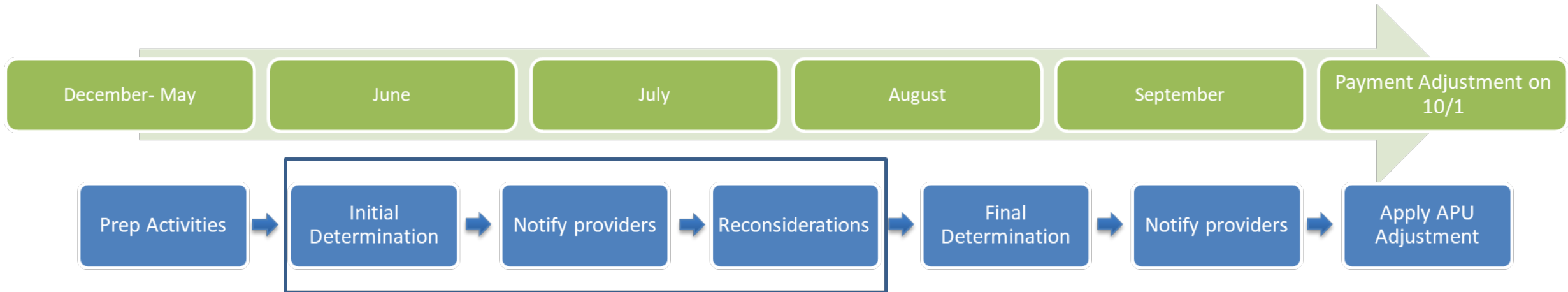


QRP Non-compliance Letters

- Providers will receive notification of non-compliance via multiple methods and processes:
 - Letters sent by your Medicare Administrative Contractor (MAC)
 - And via the CASPER/iQIES system(s).



The LTCH, SNF, and IRF QRP APU Process: Reconsideration Requests



- Providers receiving non-compliance letters may submit reconsideration requests to CMS.



Reconsiderations Requests

- The reconsideration request period will fall between July and August for IRF, LTCH, and SNF.
- Providers may file for reconsideration if they believe the finding of non-compliance is in error.
- Reconsiderations must be submitted by the date specified on the QRP websites and CASPER notification letters.

Reconsideration
Request Period

JULY–AUGUST



Reconsideration Requests (cont. 1)

- Reconsideration requests should include supporting documentation demonstrating compliance.
- Reconsideration requests may only be submitted via email.
- Never include patient/resident information (i.e. protected health information (PHI)) in the documentation being submitted to CMS for review.
 - Reconsiderations that contain PHI will not be processed.

Reconsideration
Request Period

JULY–AUGUST

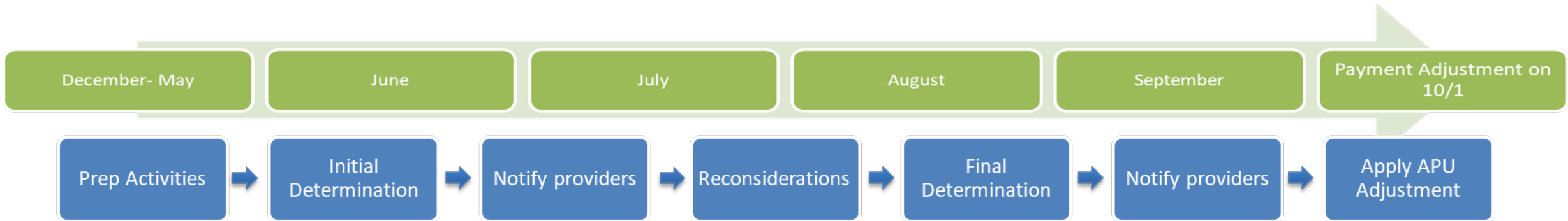


Reconsideration Requests (cont. 2)

- Do:
 - Send reports demonstrating compliance with all PHI redacted
 - Submit your reconsideration request prior to the deadline
 - Ensure that you receive an email confirmation of receipt in addition to the automated response from the mailbox
- Don't:
 - **DO NOT SUBMIT PHI**
 - Do not submit an email that is larger than 20MB
 - Do not submit final validation reports or reports from 3rd party vendors



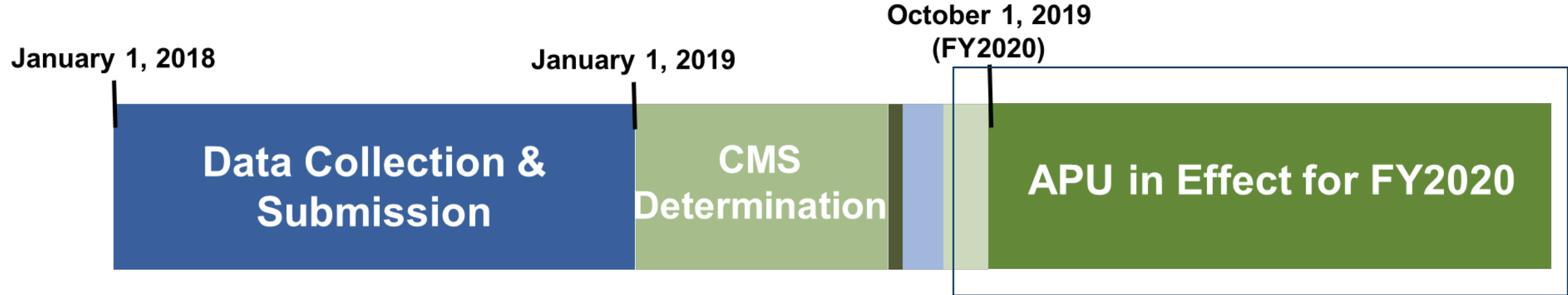
The LTCH, SNF, and IRF QRP APU Process: Reconsideration Results



- Facilities applying for reconsideration will be notified of the result of their request prior to October 1.



The LTCH, SNF, and IRF QRP APU Process: APU Implementation



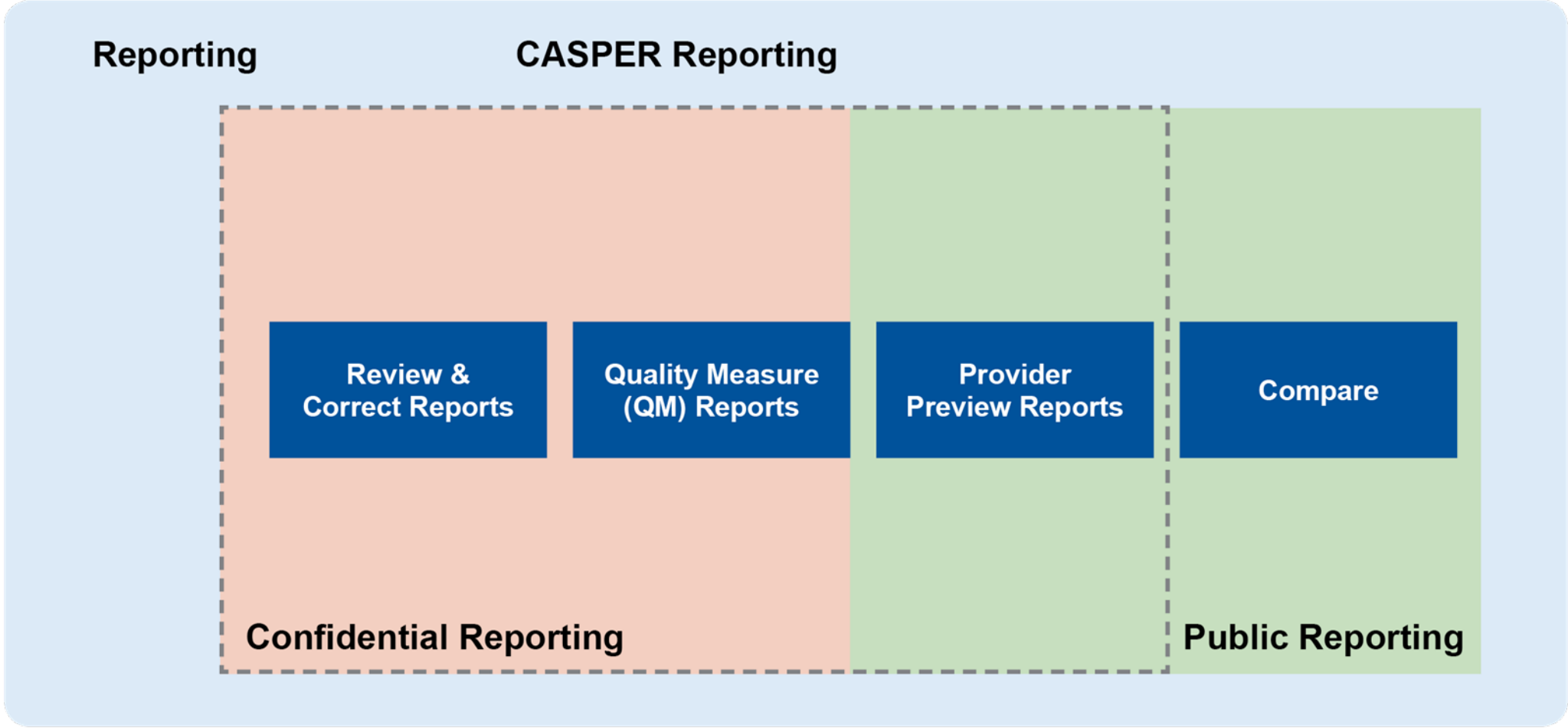
- APUs go into effect on October 1 of each year



Overview of Reports



Public Reporting Graphic



Review and Correct, QM, and Provider Preview Reports



The icon shows a stack of papers with a donut chart at the top, divided into four colored segments (blue, yellow, red, teal). Below the chart are several horizontal green bars of varying lengths, representing data points or progress.

Review and Correct Report



The icon shows a stack of papers with a horizontal bar chart at the top, featuring bars in blue, orange, yellow, and teal. Below the chart are several horizontal blue bars and a grid of white dots on a dark blue background.

QM Reports



The icon shows a stack of papers with a vertical bar chart at the top, featuring bars in green, orange, and red. Below the chart are several horizontal teal bars.

Provider Preview Report

Review and Correct Report



Review and Correct Report (1)

- User-requested, on-demand report.
 - IRF and SNF Review and Correct reports are available in the Certification and Survey Provider Enhanced Reporting (CASPER) application.
 - LTCH Review and Correct report is available in internet Quality Improvement and Evaluation System (iQIES)
- 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. 1)

- 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/resident-level data table to supplement facility-level data effective April 1, 2019.
- Patient/Resident-level data will also be available as comma-separated values (CSV) flat file.
- Ability to sort patient/resident-level data by fields such as:
 - Patient/Resident last name.
 - Patient/Resident first name.
 - Patient/Resident 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

Page 18 of 82

Facility ID: [REDACTED]
 CCN: [REDACTED]
 Facility Name: [REDACTED]
 City/State: [REDACTED]

Requested Quarter End Date: Q4 2018
 Report Release Date: 01/01/2019
 Report Run Date: 03/27/2019
 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	[REDACTED]	45882179	12/18/2018	12/28/2018	05/15/2019	Open	X	
Q4 2018	[REDACTED]	29229726	12/13/2018	12/28/2018	05/15/2019	Open	X	
Q4 2018	[REDACTED]	107546	12/04/2018	12/28/2018	05/15/2019	Open	X	
Q4 2018	[REDACTED]	33448155	12/07/2018	12/27/2018	05/15/2019	Open	NT	
Q4 2018	[REDACTED]	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/Resident-Level Data



CASPER Report
IRF Review and Correct Report

Page 2 of 82

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		22043060	12/05/2018	12/24/2018	05/15/2019	Open	NT
Q4 2018		45826008	12/06/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018		45826007	11/23/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018		45826006	12/17/2018	12/20/2018	05/15/2019	Open	NT
Q4 2018		45826005	12/13/2018	12/20/2018	05/15/2019	Open	NT
Q4 2018		45794497	12/10/2018	12/19/2018	05/15/2019	Open	NT
Q4 2018		44546755	12/04/2018	12/15/2018	05/15/2019	Open	NT
Q4 2018		45794496	12/08/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018		45762268	12/03/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018		37783182	11/30/2018	12/14/2018	05/15/2019	Open	NT
Q4 2018		45794495	12/10/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018		20974040	11/28/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018		45762267	11/28/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018		27703658	11/27/2018	12/13/2018	05/15/2019	Open	NT
Q4 2018		45762266	12/05/2018	12/12/2018	05/15/2019	Open	NT
Q4 2018		45762265	11/26/2018	12/12/2018	05/15/2019	Open	NT
Q4 2018		40494092	11/28/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018		45726339	11/27/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018		45726338	11/20/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018		45726337	11/16/2018	12/06/2018	05/15/2019	Open	NT
Q4 2018		45676981	11/20/2018	12/05/2018	05/15/2019	Open	NT
Q4 2018		45676979	11/26/2018	12/04/2018	05/15/2019	Open	NT

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Quality Measure (QM) Reports




QM Reports

- User-requested, on-demand CASPER reports.
- Include process and outcome QM result data at the patient/resident 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 (IRF and LTCH QRPs only) quality measures are not included in patient/resident-level reports.
- Providers are able to select the data collection end date and obtain aggregate performance data.

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



QM Report: Facility-Level Example



CASPER Report
IRF Facility-Level Quality Measure Report

Page 3 of 9

Facility ID: [REDACTED] Report Period: 01/01/2018 - 12/31/2018
 CCN: [REDACTED] Data was calculated on: 03/01/2019
 Facility Name: [REDACTED] Comparison Group Period: 01/01/2018 - 12/31/2018
 City/State: [REDACTED] 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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QM Report: Patient/Resident-Level Example



CASPER Report
IRF Patient-Level Quality Measure Report

Page 106 of 233

Facility ID: [REDACTED] **Report Period:** 01/01/2018 - 12/31/2018
CCN: [REDACTED] **Report Run Date:** 03/27/2019
Facility Name: [REDACTED] **Report Version Number:** 2.01
City/State: [REDACTED]

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 (LTC) 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)
[REDACTED]	31841563	09/12/2018	09/27/2018	X	X	X
[REDACTED]	43191326	02/02/2018	02/12/2018	X	X	X
[REDACTED]	7204305	07/20/2018	08/13/2018	NT	NT	NT
[REDACTED]	7204305	04/03/2018	04/10/2018	X	X	X

This report may contain privacy protected data and should not be released to the public.
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QM Report Patient/Resident-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/resident including whether they triggered the numerator.



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



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

Facility ID:	123456	Requested Report End Date:	09/30/2019
CCN:	123456	Report Run Date:	10/10/2019
Facility Name:	MY IRF	Data Calculation Date:	10/01/2019
City/State:	WALTHAM, MA	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	<i>Undesirable Outcomes</i>	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)		10/01/2018 – 09/30/2019	I008.02	10/01/2018 – 09/30/2019
4	Discharge Self-Care Score (NQF #2635)	<i>Desirable Outcomes or Processes Performed</i>	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)		10/01/2018 – 09/30/2019	I009.02	10/01/2018 – 09/30/2019
8	Change in Mobility (NQF #2634)	<i>Change in Function Scores</i>	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

Patient Name	Patient ID	Admission Date	Discharge Date	Undesirable Outcomes		Desirable Outcomes or Processes Performed				Change in Function Scores	
				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/resident-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.”

*Quality
Improvement*



Provider Preview Report



Provider Preview Report

- Automatically generated and saved into your provider's shared.
- Displays facility-level quality measure results that will be posted on Compare websites.
- 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 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
 - LTCHPRquestions@cms.hhs.gov
 - SNFQRPPRQuestions@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

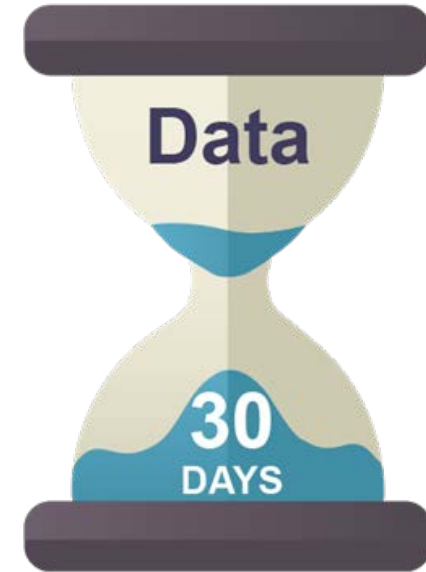
IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

- 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%



How the Provider Preview Report May Be Helpful to Providers

- Refreshed **quarterly**; reports are automatically delivered to providers; 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.



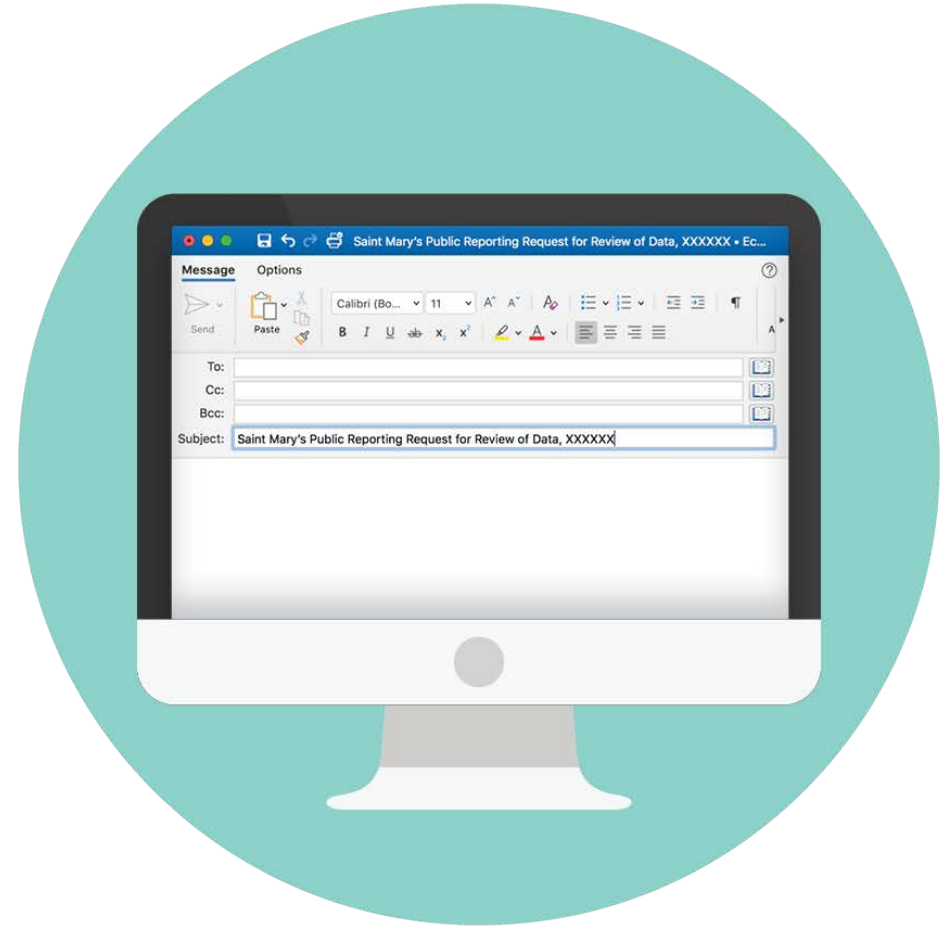
Requesting CMS Review of Preview Report Data (cont. 1)

- 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 shared 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)

- Providers are required to submit their request to CMS via email at the following addresses:
 - IRFPRquestions@cms.hhs.gov
 - LTCHPRquestions@cms.hhs.gov
 - SNFQRPPRquestions@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).



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.**



Obtaining 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

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

CASPER Reporting User's Manual:


[Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[IRF-PAI Forms](#)



CMS QIES National System Login



QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

[Unable to login?](#)
[Go to the QIES User Maintenance application](#)
[to reset your User ID/Password.](#)



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: EREN 1.3 powered by 



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: [Search](#)
(Hint: Leave blank to list all reports)



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



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 VR
- * IA IRF

My Inbox

Info	Click Link to View Report	Date Requested	Select
	IRF Patient-Level Quality Measure Report	03/27/2019 10:22:57	<input type="checkbox"/>
	IRF Facility-Level Quality Measure Report	03/27/2019 10:22:15	<input type="checkbox"/>
	IRF Review and Correct Report	03/27/2019 10:20:43	<input type="checkbox"/>

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	<input type="checkbox"/>

Pages [1]

This Folder is Read-Only [SelectAll](#) [Print PSRs](#) [Zip](#) [MergePDFs](#)



CASPER Resources

- Refer to the *CASPER Reporting User's Guide* for detailed information regarding the QRP reports.
 - 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>.
 - LTCH Providers - Reference & Manuals page on the QIES Technical Support Office (QTSO) website: <https://qtso.cms.gov/providers/long-term-care-hospital-ltch-providers/reference-manuals>.
 - SNF Providers – Reference & Manuals page on the QIES Technical Support Office (QTSO) website: <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>.



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