CHARLES PADGETT: Hi, this is Charles Padgett. Thank you for joining. I'm sorry we were experiencing some technical difficulties there, but we seem to be back up now, so I'm going to just start from the beginning again. My name is Charles Padgett. I work in the division and post-acute care here at CMS, and I have led both the IRF and LTCH quality reporting programs here at CMS, and I'm delighted to review this presentation and offer you some information as we move forward into the public reporting, both for IRF and LTCH. We did present this presentation separately for IRFs and LTCHs at the 2016 August training that was held in Chicago, Illinois for both settings, and those presentations are posted online if you're interested in viewing either one of those.

During today's presentation, I'm going to identify the quality measure that we will publicly report beginning later this year. I'm going to name and describe reports that are associated with public reporting. I'm going to explain the content of the provider preview reports by data source. I'm going to review how to interpret provider preview report results. I'm going to describe how to access the reports in CASPER, and lastly will identify resources, various resources, that are available to both IRFs and LTCHs as we move forward into this public reporting phase for the programs. I will say that this presentation is largely focused on the provider preview reports, not the measures themselves, and although I'll mention and cover various other reports, training for those reports will be available as we move forward over the next several weeks, and as those reports become available to you, both IRF and LTCH providers. Advance the slide, please, and advance the slide one more time, please. Thank you.

The quality reporting programs – we're going to cover the types of quality measures here based on data source, so for both programs, we have assessment-based measures that will be publicly reported for LTCHs. Those are the measures that are collected using the LTCH Continuity Assessment Record and Evaluation or LTCH CARE Data Set, and for the IRF setting, those are the measures that are collected using the Inpatient Rehabilitation Facility-Patient Assessment Instrument or the IRF-PAI. We additionally use measures that are reported via the CDC's National Healthcare Safety Network, or NHSN, those outcome measures, and lastly, we have claims-based measures.

So the assessment-based measure that is being reported for both settings – advance the slide please – is the percent of residents or patients with pressure ulcers that are new or worsened, a short-stay measure, and that is NQF ID0678. Data collection for this measure for both settings began on October 1 of 2012, and for public reporting, the initial posting of quality data is going to be for patients with stays during the dates of January 1, 2015 through December 31, 2015, and as I said earlier, public reporting will begin late fall 2016 later this year. And the pressure ulcer measure was enforced by the NQF, or National Quality Forum, in 2014. Next slide please.

The CDC measures that are being publicly reported for both settings, the first is the National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure. Data collection for this measure for both IRFs and LTCHs began on – just as…on October 1, 2012, and the initial posting of quality data is for patients discharged between January 1, 2015 and December 31, 2015. For LTCHs only, you are – we are going to be publicly reporting a second CDC measure, which is the National Healthcare Safety Network Central Line-Associated

Bloodstream Infection or CLABSI Outcome Measure. Data Collection began on October 1 of 2012, and again, the initial posting of this data will be for patient stays that were between January 1 of 2015 through December 31 of 2015. Next slide please.

Lastly, the claims-based measure, so each setting has their own readmission measure. For the IRF setting, that's all cause of unplanned readmission measure for 30 days post discharge from inpatient rehab facilities, NQF 2502, and for IRF – or for LTCHs rather, that's all cause of unplanned readmission measure for 30 days post discharge from LTCHs NQF 2512. The initial posting of data for this measure for both settings will be looking at patients discharged between January 1 of 2013 through December 31 of 2014, so that's a full two years or eight quarters of data, and this measure actually requires two years of data for us to publicly report due to the numbers. Also I will note that providers are not required to submit any additional data for this measure since the measure is based on claims that are submitted by a provider, and the measure reports if a patient is discharged from an IRF or an LTCH and readmitted to an acute care hospital or a higher level of care within 30 days of discharge from the IRF or LTCH. And the patient may have been discharged to home or a lower level of care such as a SNF.

So an overview of some of the reports – advance the slide please – the reports that I'm going to discuss today will be available in the certification and survey provider-enhanced reports system. The quality measure report – there's a quality measure report, which looks at both facility and patient-level data, a review on correct report, and a provider preview report. Additionally, for public reporting, the IRF Compare website and the LTCH Compare website will be launched later this year, and there will be downloadable data that's available through data.medicare.gov.

As I said, there is a number of reports here that I'm going to discuss. Again, I just want to note that the focus of this presentation moving forward is going to be largely on the provider preview reports. However, I will provide an overview of the other reports, but as I said, there's going to be some in-depth training at a later date for the additional reports as they become available to both IRF and LTCH providers. Next slide please. Next slide please.

So here is a graphic that we wanted to share with you. The purpose of this slide is really to provide a visual. It's the ideal state that we will get to. I will say that we're not there yet. It lists sort of all the reports that will happen and the sort of order that they will happen in once we reach this ideal state. I won't be describing all aspects of public reporting during this presentation, but I do want to cover the CASPER reports and, as I said earlier, the provider preview reports. But this is just to give you a visual representation of how and what order providers will likely use these reports and how it will all lead to sort of down the road to when this data is publicly posted on the IRF and LTCH Compare websites, so we'll describe the reports here for you. Next slide please.

So as I said, these reports are available in CASPER. CASPER Quality Measure Facility-Level and Patient-Level Reports are going to be available. CMS and other contractors might also refer to these reports as CASPER user-requested reports because these are reports that you will actually go into the system and make a request to have this report. Other reports will actually be automatically generated and populated in a particular folder for your facility on the key's system. The IMPACT Act and you will see in the rule that we publish in the IPPS and IRF PPS rules that we publish, these reports also meet the requirement to have confidential feedback reports for

providers, and so you will oftentimes hear them referred to as confidential feedback reports as they do meet that requirement. They contain quality measure information at the facility inpatient level as I stated, and that will be for a single-reporting period. Providers are able to select the data collection end date and obtain aggregate performance data, so you will be able to go in and actually select sort of the parameters that you would like to look at for these reports and one report will give you facility-level information. The other one will look at which of your patients triggered particular quality measures. Next slide please.

These reports are going to be available on a monthly basis. The Facility-Level and the Patient-Level Quality Measure Reports, and they can be used to determine any data submission errors that might affect quality measure data.

A different report – next slide please – that I like to talk about is the Review and Correct Reports. These, again as I explained earlier, are also considered confidential feedback reports for providers. They contain facility-level quality measure data and will display assessment-based quality measure data only, so the Review and Correct Reports will not contain CDC data, only the assessment-based data used – or collected using the LTCH care data set or the IRF-PAI. Providers will be able to obtain full facility performance for quarterly and cumulative performance rates, and as time goes by, as we move into each subsequent quarter during the year, the earliest quarter will be dropped from the report, and the most recent quarter will be added to the report. Next slide please.

Now, the quarterly – or the Review and Correct Reports – the purpose of them is to allow providers a chance to look at sort of where they stand with respect to their quality data and their measure calculations and to go into the system and make any corrections or changes that are needed prior to the data submission deadline. So they're going to be available on a quarterly basis, meaning when you go into the system, you can select the particular quarter parameters that you want to look at, and these reports will be updated weekly within the system, so if you run this report – if you run a report on Monday and you run the same report again on Wednesday, you're going to have the same results. You won't have a different result until a week later when we update these reports. They look very similar to the data available that's on the provider preview reports that we will be talking about here shortly and similar to the data that will be posted on the Compare websites. These particular reports, the Review and Correct Reports, will be available beginning in April 2017. Okay, next slide please.

We're going to move sort of to the star of the show here, which is the Provider Preview Reports. They contain facility-level quality measure data. As I said, different than being able to go into the system and run these on demand, these reports are going to be automatically generated for you and saved into your provider shared folder in the CASPER application, and the Provider Preview Reports are available approximately five months after the end of each data collection quarter. So you have, for instance, quarter one of 2016, if you think about that, you have January, February, and March, and then you have the 4-1/2 months post-quarter during which you have to review and correct your data, and then we give it about another two weeks after that first to generate the report. So it's the quarter plus another five months, and generally that's the timing for the release of these reports with respect to any given quarter. Next slide please.

When you receive these reports, now the data collection period for the data contained within the report will have ended, so providers will not be able to correct the underlying data in these reports. All corrections to the data must be made prior to the applicable quarterly data submission deadlines or quarterly freeze dates, which fall approximately 135 days or 4-1/2 months after the end of each calendar year quarter. If you don't make corrections within that timeframe, you're not going to be able to make them to the underlying data. You will, however, have a 30-day preview period prior to public reporting, which will begin the day these reports are issued to you, the providers, via the CASPER system folders, so you will have a chance to review the data here. And okay, next slide please.

So this slide here really is a mockup version of the report, and the reason it's in this format – it's not the format you will eventually see. It will come to you in a different format, but this – for the purpose of this webinar and sort of explaining the contents of the report, this is the easiest format to use to do that, so that's why we have a different format pictured here. As we move forward through this presentation, we will display the actually text version of the report so that you will be familiar with the formatting that you will see when reviewing this report. Next slide please.

This is the header, and I'll review the fields and information listed on the report. Regardless of the specific quality measure, the LTCH version and the IRF version are almost identical. The LTCH version is on the top of the slide, the IRF version on the bottom of the slide, and we're just looking at the header here, but almost identical as you can see, minor differences. For the IRF

report, we use facility name and versus provider name on the LTCH report, very small differences like that, but I'll point out other differences as we move forward. Next slide please.

And now at the very top of the report is the report run date, and this particular date refers to when the report was created, so when you see report run date on a report that is auto-generated and created for you rather than when you request, that will be the date when the actual report was created. And then quality reporting period below is the quality measures that are calculated based on patient stays within this date range here. Next slide please.

So I'm going to go through sort of the next set of information that's within the report. It says IRF provider information here at the top. As I explained, this is sort of applicable to both the IRF and LTCH setting for this particular slide. Both reports contain this exact same information, although instead of facility name, the LTCH report will say provider name. But at the top, you'll see the CMS certification number and facility name. We ask that you check and verify that this information is correct. That's really important. Make sure the address of your facility is correct. We list the type of ownership on this report, whether you're a nonprofit, for-profit, or other.

We ask that you make sure that information is correct as well. The date of Medicare certification is here. That's another area that we ask that you check and verify that it's correct. Often, and this especially happens for IRFs that are IRF units within acute care hospitals, the date you see listed may be the date of certification for your parent hospital, and that's not the date that we ultimately would like here, so if you see that that is incorrect, we ask that you contact us through the public reporting help desk mailbox and let us know so that we can get that corrected for you, but we

can't know unless you're specifically reviewing this information and verifying it. It's sort of going to be a team effort here as we move forward to ensure that we have all of the correct demographic information for each of the hospitals and facilities here.

The CMS measure ID – that ID is internal to CMS and is assigned to each particular quality measure. It's updated to reflect changes in quality measure development. For example, if an underlying item on the assessment form, on either the LTCH care data set or the IRF-PAI should change, we would change the CMS ID of that measure lets us know that it's a subsequent version of that measure that we're using. Also here, under the Quality Measure Name, it's most often the NQF name that is used.

Providers may also, however, see Application Of in front of the Quality Measure Name, and what that means is that that particular quality measure is – was developed for another setting and adopted and blessed by NQF if you will for another – for use in another setting, and we – but we are using it for a different setting at that time. Until such time as we have a formal NQF approval of that, you will see that measure listed with the words Application Of in front of the measure name. You see this in our rules also where we explain in depth relative to particular measures what that means. You may also see another setting referred to in name, for instance, a short stay for SNF for the pressure ulcer measure, and the name also will include the NQF ID for each quality measure. Next slide please.

Next, we're going to focus at the bottom of the page to review the important notes section. This is basically the same for IRF and LTCHs. Next slide please, and I'll review them particularly on the subsequent slide here.

So and just in case you're following along using a printout of the presentation, we are now on slide 22, Provider Preview Reports, Important Notes, and these are things that we really want to make sure that happen. We ask that you review the…

AUDIO MISSING (00:24:06.24-00:37:12.08)

CHARLES PADGETT: …Provider Preview Reports and how the all-cause unplanned readmission measures will look on those reports for this measure, so again here, the IRF is on top. The LTCH…mockup is on the bottom, and as we move to the next slide, so I'll be referring back to this particular slide when discussing some of the items, but it lists the quality measure, the number of eligible Medicare patients discharged from your IRF or LTCH, your IRF or your LTCH's RSRR, which is your risk standardized readmission ratio, the US national rate, your LTCH or your IRF's performance category, which again is going to be better than, same as, or worse than the US national rate, and then lastly, the number of cases if it was too few for public reporting, and I'll explain what that means as we move forward here. Next slide please.

So as I said, the reports list the number of eligible patients discharged from your LTCH or IRF, again, your LTCH or IRFs risk standardized readmission ratio, US national rate, and your LTCH's or IRF's performance category. The risk standardized readmission rate – oh I keep saying ratio. I'm sorry – risk standardized readmission rate. The results are risk adjusted to reflect patient characteristics again and facility effect, and if you need further information about

that, we would refer you to the quality measure specifications for further detail. Next slide please.

The number of LTCHs or IRFs in the nation, the next column discusses the number of IRFs or the number of LTCHs, and what this does is it lists the number of LTCHs or IRFs that performed better than the US national rate, no different than or worse than the US national rate. Also it lists the number of cases that were too few for public reporting, so the number of LTCHs or IRFs that had too few cases to report this data. And so what this does is it allows you to compare the performance of other LTCHs and IRFs. The table legend under which the risk standardized readmission rate is listed. It's reported as the RSRR, the lower limit/upper limit of 95 confidence interval estimate. Next slide please.

Again, we'll just walk through the report here to – the report display. The IRF one is on the top. The LTCH is on the bottom. I'll just go across on the IRF at the top. It lists the name of the measure, the readmission measure. The next column lists the number of eligible patients that were discharged from this particular IRF, this fantasy IRF I should say or made-up IRF. This is not true data, but the IRF's RSRR is listed here, which is 13.57%, the US national rate, which is listed as 13.02%, and then for this IRF, the IRF's performance category would be worse than the US national rate. The number of IRFs – it does not list anything there – better than the US national rate would be 435, though different than the US national rate would be 323. Worse than the US national rate would be 406, and the number of IRFs that had too few cases for reporting were 16 in this case. So that allows you to sort of look at your IRF or your LTCH and compare –

look at your category and your numbers and compare and see where you stand with respect to other LTCHs or IRFs. Next slide please.

This again is just showing a picture of the mockup. At the bottom, right below the sort of table there, you'll see this footnote legend, and this is the last section that I'm going to review. Let's advance the slide please.

So the footnotes are listed here, and these are notes you might see – you're going to see embedded in the report when certain occur affecting what is displayed for the measure performance results, so you may see them displayed not in sequence or not listed at all. They'll be listed as needed sort of thing, so let's advance the slide please.

So footnote one for the pressure ulcer measure – let me start over. So footnote one, which lists – which says it's the number of cases/patient stays – it's too small to report, so we would use this when a facility had too few infections or too few readmissions, and so that we were unable to report their data. In the case of the pressure ulcer measure, that happens to be 20 cases. In the case of the readmission measure, it's 25 cases, and we do this because when there are too few cases, it not only may allow the particular facilities to be singled out and identified, it's also a concern for patient confidentiality. The second footnote, data not available for this reporting period – this footnote is used when the provider has been open for less than six months, if there was no data to submit for the measure, if there were zero device stays or procedures related to CDC or NHSN measures, or when an LTCH and IRF had no claims data. So for instance, for the readmission measure of the – if an LTCH or IRF had no claims data, we would be unable to

calculate the measure, and we would use this footnote for a particular reporting period. Advance the slide.

So here, footnote three, results are based on a shorter time period than required. That means that the results were based on data reported from less than the maximum possible time period used to collect data for the measure. So for instance – for example, let's say – take CAUTI. So if an LTCH or an IRF – the calculation of the CAUTI measure is based on four quarters of data or 12 months of data. If an LTCH or IRF only happen to report five months of data during that time period, we would use this footnote. We would still calculate the measure and display the measure results on Compare, for LTCH Compare. However, we would note that the calculation or the results were based on a shorter time period than was required.

Moving on to footnote four, data suppressed by CMS for one or more quarters, we may – this may happen in the case of a technical glitch or a system issue that we discover. If that is the case, we may decide to suppress data, and we would use this footnote to indicate that. Footnote number five, data not submitted for this reporting period, we would use this in the instance that a provider did not submit required data for the quality reporting program, or if a provider did not submit CDC data to the NHSN system. Next footnote – or I'm sorry – next slide please.

Footnote number six, the lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero. So again – well, first of all, I should say that these two footnotes pertain only to CDC and NHSN measures. They do not pertain to the other measures, only CDC measures. So footnote number six would be used when there's no data

report to report, and footnote number seven, which states results cannot be calculated for this

reporting period, the predicted number of infections is less than 1, for example, there's a reason

why this particular footnote would be used, and again, both of these are only used for CDC and

NHSN measures. Advance the slide please.

Okay, so this slide is actually showing you what the report will look like when you open it or

when you receive it. It's actually a text file, and this particular report that's on slide 44 is an

LTCH Provider Preview Report. However, the – it is extremely similar for the IRF setting. So

here you see at the top it lists the report run date, the title of the report. It gives the timeframes

for the report at the top of the report. It goes and lists all of the provider's demographic

information here including the CCN number, the address, city, state, zip, county, telephone

number, type of ownership, and date of Medicare certification.

Again, I'm going to ask that you please review this, all of the data carefully, and please let us

know if anything here is incorrect or there's a discrepancy so that we can get that corrected and

make sure that we're displaying correct information. And then it moves into the LTCH care data

set quality measures. On this particular report, you'll see here it's the percent of patients or

residents with pressure ulcers that are new or worsened, short-stay measure, and it shows the

eligible patients discharged from your LTCH to 80. Your LTCH's risk-adjusted performance

rate would be 3.0, and the US national rate is 2.9%. So these are the same numbers that were

included in the mockup we showed you a few slides back, but this is the actual format in which

you will view your report, your actual report. Next slide please.

So this slide is just a continuation of the report, but it's showing how the CDC and NHSN measures will look within the report…number of reported infections in your LTCH, your LTCH or IRF's device days, predicted number of infections, ration of reported to predicted infections or the SIR, the US national SIR, and then the LTCH or IRF's performance category, which again would be the better, same as, or worse than the national benchmark. All right, next slide please.

And this slide here is showing the claims measures, what the claims measures will look like with the Provider Preview Report Format…again you see the title of the measure listed and then all of the same information that's included in the mockup that we showed you a few slides back, number of eligible Medicare patients discharged from your LTCH or IRF, your LTCH or IRF's RSRR, your US national rate, your LTCH's performance category. Again, that's the better than, worse than, same as, number of LTCHs in the nation that performed better than the US national rate, no different from, or worse than, and the number of LTCHs or IRFs that have too few cases to be reported. Next slide.

And again, this is a continuation of the text format – text file format of the report. This gives the legend, again, the footnotes that we discussed, and then the important notes part that we – I discussed early on during this presentation listed here. Great, next slide please.

So how do you obtain your report? And I'm going to be going through this somewhat. The IRF and LTCH processes are very similar for the – for obtaining the reports. Here, you see a – I'm sorry – you see a picture of CASPER, a page in the CASPER system, and the CASPER folder. Slide please.

And so before I move through this slide, I will say both the LTCH and IRF CASPER reports are – I just will remind you are auto-generated for you, and they will be placed within your CASPER folder within the CASPER system, and the reports are going to be available as of September 1, 2016. That's the date that we're targeting for the release, and the release of the reports and when we populate your folder with those reports on the CASPER system, that will begin the 30-day preview period for each facility.

So September 1 will be the first day of that preview period. September 30 will be the last day of that preview period, and you will have that 30 days during which to review all of the data contained within your report to make sure it is accurate and make sure that you agree with it. In order to access the reports, you'll need to select the CASPER reporting link on the Welcome to the CMS QIES System For Providers webpage, so you must log into the CMS network using your CMS net user ID and password in order to access the CMS – or Welcome to the CMS QIES System For Providers webpage.

So this is how you submit, similar to how you submit your LTCH and the LTCH is…to CMS. You will be logging in like that, but rather than go through the instructions for – the specific instructions for actually opening the folder and accessing your report, I will say that we are going to be posting very specific instructions for doing that on our website, and we will be including a link to those instructions in the messaging that we send out over the next couple days related to the release of Provider Preview Reports on September 1, so you can expect to be receiving that.

Also you can go to the CMS LTCH or IRF Quality Reporting Program webpage and click on the Public Reporting tab on the left-hand side of the webpage, and that will give you information about your preview report, how to access the preview report, and so forth. So we encourage all IRFs and LTCHs to review your data, as I said, for each quarter. If an IRF or an LTCH should disagree with the accuracy of the performance data contained within their Provider Preview Report, so either the numerator, the denominator, or the quality measure result that's contained within the preview report for any given measure, you can request review of the data by CMS.

So you can say hey, I have a concern, and there is a path for you to take to make that concern known. So you will have an opportunity to request – or I'm sorry – you will not have the opportunity to request correction of the underlying data that's contained within the report because all of the data submission deadlines related to that data will have passed, so there's no way to correct the underlying data unless there is a mistake that's been made on the part of CMS I will say. Any IRF identified or LTCH-identified errors in data resulting from inaccurate data submissions that an IRF or LTCH failed to correct will not be corrected, and CMS will not consider correcting quality measure calculations that…to be inaccurate due to missing…

I'm sorry. Can everybody make sure their lines are muted? Thank you. Next slide please.

Requests for CMS review of your Provider Preview Report data, if believed to be inaccurate, must be submitted during the 30-day review period, which begins on the day the Provider Preview Reports are issued into your CASPER folder, as I said earlier. And you're required to submit your request to the CMS via email using the subject line that's listed on slide 50, so you

use your provider or facility name, and then public reporting requests for review of data, and you include your CMS certification number or CCN. So for example, we listed here an example, St. Mary's Public Reporting Request for Review of Data, comma, and then your CCN number should follow. And the request must be sent to the respective LTCH or IRF public reporting email boxes, which are listed here and are also listed on our CMS quality reporting website. I'm going to just – we are not – we will not accept any requests for review of data that are submitted after the posted deadline. I just want to make sure that everybody's aware of that, which falls on the last day of the preview period, so September 30 will happen to be that day, and once we hit midnight Pacific Time on September 30, we will no longer accept any more requests for review of data. Next slide please.

The process – again, this continues the process. Your email requests for review have to contain the following information, your CMS certification number, the business name, the business address, the CEO or CEO-designated representative contact information including name, email address, telephone number, and physical mailing address, and information supporting the provider's belief that data contained within the preview report is erroneous, the numerator, the denominator, the quality measure result including but not limited to the following: quality measures affected, the aspects of the quality measures affected whether it's the numerator, denominator, or the result you need to say. So the more sort of explanation that you can give us in your request for review, the better off we all are.

We have the information that we need to compare our results with those that you have. You may include the methodology for your measure calculation if you're actually showing us how you

calculated the particular measure so that we can compare that on our end. So I will say just – I

can't stress that enough. The more information you give us to work with, the better off we are,

and the requirements for these are very similar to, for instance, reconsideration requirements and

the data that we require for that. But all of this, again, is listed on the CMS public reporting

webpages for IRF and LTCH quality reporting program, and the whole process is sort of laid out

there for you as well. We will review all requests that are submitted within the deadline, and

we'll provide a response with the decision via email, and data that CMS agrees to correct will be

reflected with the subsequent quarter release of quality data on IRF or LTCH Compare, so if we

agree that there is a problem with a particular piece of data or all of the data for one measure,

CMS may agree to suppress or correct that, but the correction will not be seen until the

subsequent quarter when we publicly report the data again.

And I can't stress this enough – next slide please – we will not review any email requests for

review of data that included protected health information. You'd be surprised how often

providers send us a request that includes protected health information. It is our policy that we

have to destroy those emails immediately upon receipt, so we cannot even review them if we

wanted to, and I will say it's usually by accident. Folks don't realize that they've included a

social security number or something along those lines, but really make sure that you're not

including that so that we can honor your request to review your data. Ultimately that's what –

that we would like to be able to check this out for you. Next slide please.

So this slide again, I just wanted to bring this graphic back. Although I focused on Provider

Preview Reports in this particular presentation, I just want to go back to this and help visualize

sort of the bigger process here and public reporting that's at play here. And there will be three types of reports that are going to be available to you, again confidential reports, confidential feedback reports to providers, reports that are related to public reporting and then reports that are related to compliance. And I said, there's other types of reports. We will cover those in in-depth trainings at another time.

Lastly, on the last two slides here – you can advance the slide please – slide 55 shows a number of resources for LTCHs, and the user guide and training page on the QIES Technical Support Office website is listed. CASPER reports, LTCH User Guides and Training webpage on the QIES technical support office website is listed there, and lastly the LTCH Public Reporting Help Desk email is listed here. Next slide please.

And then for IRFs, the same resources are listed here for you. You can reach out to any of these help desks any time and we'll be happy to assist you in any way we can. And that's all I have for today, so I really hope that this presentation has been helpful and sort of shed light on what's to come. You will be – as I said, CMS is on target to deliver these preview reports to IRFs and LTCHs beginning September 1, and which will again kick off the 30-day preview period for both settings, so that's all I have, and we will take some questions.

W: …my line was on mute. At this time, we will be taking questions. We do apologize about those earlier technical difficulties. If you do have a question at this time, go ahead and use the hand-raising feature, and we will un-mute your line. If you are not asking a question or if we have not un-muted your line, please do go ahead and keep your line muted…looks like you do

have a question. Go ahead. Your line will be un-muted. Go ahead, Amy. Your line is un-

muted.

AMY: No, I don't have a question. I don't know…

W: Sorry about that…go ahead. Your line is un-muted. I don't think she has a question at this

time.

MARY: Hello, hello.

W: Go ahead, Mary. Did you have a question?

MARY: Okay, after the September 30, once we get this report, when will these three items be

publicly reported? I don't remember the timeline for that.

CHARLES PADGETT: So we didn't give a timeline for that, so you didn't miss anything. So

we are targeting late fall 2016.

MARY: Okay, late fall 2016.

CHARLES PADGETT: Yeah, so you can continue to check our public reporting website for

both the IRF and LTCH. I'm not sure which you are, but we will post the go-live date for that,

and we will have a lot of provider messaging and rollout available – rollout messaging available

once we can release that information, but for right now, late fall 2016.

MARY: Okay, thank you.

CHARLES PADGETT: You're welcome.

W: Heidi…go ahead. Your line is un-muted.

HEIDI: Great, thank you. So if I understand correctly from the earlier part of the presentation,

there should be some review and correct reports that are different than the Provider Preview

Reports that we put in our own timeframe for, and those will actually contain patient-level data

that – am I understanding that correctly? So if I keep track of what I understand we are having,

so 30-day readmissions to the extent that we can from patients who readmit to our facility or

through some follow-up patient satisfaction reporting that we do, if I have those numbers, will I

be able to compare what I have to what you have through those review and correct reports?

CHARLES PADGETT: Okay, so the review and correct reports will not have patient-level data

for the readmissions measure. It will only have patient-level – or the QM reports that I

referenced, the quality measure QM report and patient-level report are only for assessment-based

measures. So they will not – that information will not be available for the readmission measure.

HEIDI: Okay, so what assessment-based measures is it available for again then?

CHARLES PADGETT: So those would be the – any measures that are collected using the LTCH Care data set or the IRF-PAI. Presently, the…measure eventually will add on flu, influenza…

HEIDI: Okay, so just for those, not for the 30-day readmissions.

CHARLES PADGETT: Correct.

HEIDI: Okay, all right, thank you. So actually…

W: Sarah McKee, go ahead. Your line is unmated…go ahead.

SARAH MCKEE: Since we are unfamiliar with the CASPER report, is this something that we could find more information out about how we would find those reports and get signed up for that?

CHARLES PADGETT: Absolutely. I mean if you just – if you go to our – the IRF or LTCH quality reporting website, the main page, under Spotlights and Announcements or under the Public Reporting tab that's available there, you can find further information and specific instructions for accessing – for how to access the CASPER reports.

SARAH MCKEE: Okay, thank you.

CHARLES PADGETT: You're welcome.

W: Deborah Schultz, go ahead. Your line is un-muted.

DEBORAH SCHULTZ: Hi, I was wondering if there's a limitation to the number of people who can access the CASPER reports. We've submitted in the past the application to add more people, but we've never heard back from them, so we've had a lot of difficulty in being able to access CASPER.

CHARLES PADGETT: I'll ask Deb Weiland if she can speak to this.

DEB WEILAND: I'm sorry. Could you repeat that?

CHARLES PADGETT: So Deb, I believe she was asking if multiple users from an organization can have access to CASPER reports.

DEBORAH SCHULTZ: Yes, that's the question.

CHARLES PADGETT: Okay, so I'm not sure what happened with Deb's line, but I mean I believe the answer to your question is yes, more than one can have access. I'm not sure of the specific number, but if you will submit your question to the LTCH or IRF help desk, I'll be happy to get that question answered for you.

DEBORAH SCHULTZ: Thank you.

W: …go ahead. Your line is un-muted.

W: Thank you. I just want to be perfectly clear because I think I'm understanding what you're saying. You guys have the information – I'm with an IRF. So you already have the information you need to do your reports from the PAIs that we submit. Is that correct?

CHARLES PADGETT: Correct.

W: So the only reason I would need to contact you would be if I looked at the data that you sent for us to preview and I disagreed with the results.

CHARLES PADGETT: Yes, exactly.

W: Okay, I just wanted to make sure there wasn't something in addition that I needed to submit, but if that's all you need and unless I've got a problem with the preview that you send out, everything just goes ahead as is.

CHARLES PADGETT: That's correct. So the data that is included in your preview report is going to be the data that gets posted on IRF or LTCH Compare, respectively, so that data is

going to be posted publicly. So we want to give you that chance to ensure that you agree with the data that's contained within your report for your particular hospital or facility.

W: And that data will come out September the 1st, and we have until September the 30th to contact you. Is that my understanding?

CHARLES PADGETT: Correct. Yep, exactly.

W: That works. Thank you so much.

CHARLES PADGETT: Oh, you're welcome.

W: …go ahead. Your line is un-muted.

W: Yes, we are trying to seek clarification. We are a hospital with a skilled nursing unit – transitional unit and with its own billing number. Does any of this pertain to us?

CHARLES PADGETT: So the answer to that is that it has to do with your CMS certification number and how you bill CMS or how you're paid by CMS. If you're paid by CMS under the IRF PPS system, then you are subject to the requirements of the IRF quality reporting programs, and you're required to submit specific data to CMS quality data on an ongoing basis. But if you're unsure as to the answer to this, you can submit an inquiry to our help desk, and we'll be happy to get you straightened out and help you with that.

W: Okay, and in my question to the help desk, I would need to have my CMS billing

information, correct?

CHARLES PADGETT: Correct, your CMS certification number or your CCN, which

is…digit…

W: Right, the CCN, okay great. Thank you very much.

CHARLES PADGETT: Oh, you're quite welcome.

W: Nelly Orr, go ahead. Your line is un-muted.

NELLY ORR: Hello. I'm calling in regards to IRF. I submit my data monthly to CDC through

the NHSN portal. Do you guys need to be listed as a group where you can gain access to the

data, or are you already listed as a user?

CHARLES PADGETT: Are you talking about CMS?

NELLY ORR: Well, we go through NHSN is where we submit our data, so I'm wondering how,

for the CAUTI measure, will you guys retrieve the data from NHSN.

CHARLES PADGETT: Oh, well, we receive that data.

NELLY ORR: Okay, so there's nothing for me to do?

CHARLES PADGETT: Oh no, so what's going to happen is we receive the data that you report

via NHSN. That data gets forwarded to CMS providing it's complete, and CMS uses that data,

specifically the CDC/NHSN data to populate the part of the report that is going to display your

performance with respect to CDC measures. So what you need – all we're asking that you do is

when you receive your preview report, which is the exact data that's going to be publicly posted

is that you look at that data and make sure that you agree that the numbers that are listed within

the report that are – are correct. So for instance, if you looked at the report and it said you had a

90% rate of pressure ulcers, you might be really taken aback and you would want to contact us

about that. We want to make sure that there are no glaring errors, but we also want to make sure

that if you're calculating your own performance rates, that they match the performance rates

we're calculating for you, and if there's a discrepancy, we want to understand why there's a

discrepancy, and so we give you the chance to submit a request for review in such cases so that

we can figure out the reason for the difference. Does that help?

NELLY ORR: Yes, but I have a secondary question. So each month we get a reconciliation

report from NHSN. Will we be receiving two reports now, one from NHSN and one from you to

verify data?

CHARLES PADGETT: Not each month. So the review and – or I'm sorry. The preview report

you will only receive quarterly, so once a quarter, and that will be prior to us publicly posting the

quality data. So once a quarter, you will need to go in and verify that you agree with the data

that is contained within your preview report.

NELLY ORR: Okay, thank you.

CHARLES PADGETT: Uh huh.

W: Okay last question, Samantha Colby, go ahead. Your line is un-muted.

SAMANTHA COLBY: Thank you so much. I apologize if I missed this during the

presentation. So my understanding is that after we have submitted our assessment data, we have

4.5 months to correct it, and then after that period is over, we get the preview report, in this case

on September 1st, that will show us the aggregate level of all of our assessment data. Now, how

do we know that that data is wrong before we see the reports? And if we – I mean how would

we correct our data if it turns out we submitted something incorrectly? It just seems to me that –

and I apologize if I misheard during the presentation, but I guess I'm just wondering about the

order in which we get the report and are able to submit corrections.

CHARLES PADGETT: Okay, so the second question – that's a good question. So one, we ask

that IRFs and LTCHs should be tracking exactly what they're submitting to CMS on an ongoing

basis, so you need to be tracking the data that you're submitting. And that goes for not only

assessment data but for CDC data as well, so it's not only at this point in time that you should be

concerned with what you reported as sort of where you stand with respect to…

SAMANTHA COLBY: I'm sorry. You're breaking up a bit. I will say we do track what we submit, but it's difficult to get aggregate-level data with the tools that CMS has provided, in particular, the laser tool, and so how are we supposed to know if our aggregate numbers match?

CHARLES PADGETT: So thanks for clarifying, and so as we continue to release these reports that are going to be available for you, they're going to make your life a lot easier I will say, and they will be providing the exact type of data you're asking for here. So you'll be able to go in and request a QM report and a patient-level report, and those reports will be able to show you exactly where you stand with respect to your performance as well as exactly which patients of your triggered a particular measure. And you'll be able to input time constraints for each report so that you can specify which orders you want to look at related to that performance data so…actually a little more time that we have left, which is none…I mean if you want to submit your question to the help desk, again, we can further furnish you with further information, but I understand that there was not very many tools for you to work with early on in the program, but as we move forward, you will begin to have access to more and more reports beginning September 1st and in the very near future following that, and these will all assist you in doing exactly what you're interested in doing with this sort of tracking where your facility or hospitals…with respect to quality measure performance.

SAMANTHA COLBY: Okay, thank you.

Prepared by TRANSCRIPTION SERVICES, Janice Loomis—(908) 889-7506, (908) 347-5546

W: All right, thank you, everyone, for joining this webinar today. We again do apologize about

the technical difficulties that we had earlier in the call. If you do have a question, you can email

irfprquestions@cms.hhs.gov or ltchprquestions@cms.hhs.gov. Again, we thank you for joining

the webinar, and again, we do apologize about the technical difficulties. We hope you all have a

wonderful afternoon.

(END)