

# Quality Reporting Program Provider Training



## IRF Quality Reporting Program Reports

Debra Weiland, CMS

May 9, 2019

# Acronyms in This Presentation

- ASPEN – Automated Survey Processing Environment
- CASPER – Certification and Survey Provider Enhanced Reports
- CAUTI – Catheter-Associated Urinary Tract Infection
- CCN – CMS Certification Number
- CDC – Centers for Disease Control and Prevention
- CDI – *Clostridium difficile* Infection
- CEO – Chief Executive Officer
- CMS – Centers for Medicare & Medicaid Services
- CSV – Comma-Separated Values File
- FY – Fiscal Year
- iQIES – Internet Quality Improvement and Evaluation System



# Acronyms in This Presentation (cont.)

- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- MRSA – Methicillin-Resistant *Staphylococcus aureus*
- NHSN – National Healthcare Safety Network
- NQF – National Quality Forum
- PAC – Post-Acute Care
- QIES – Quality Improvement and Evaluation System
- QM – Quality Measure
- QRP – Quality Reporting Program
- QTSO – QIES Technical Support Office
- QUMA – QIES User Maintenance Application

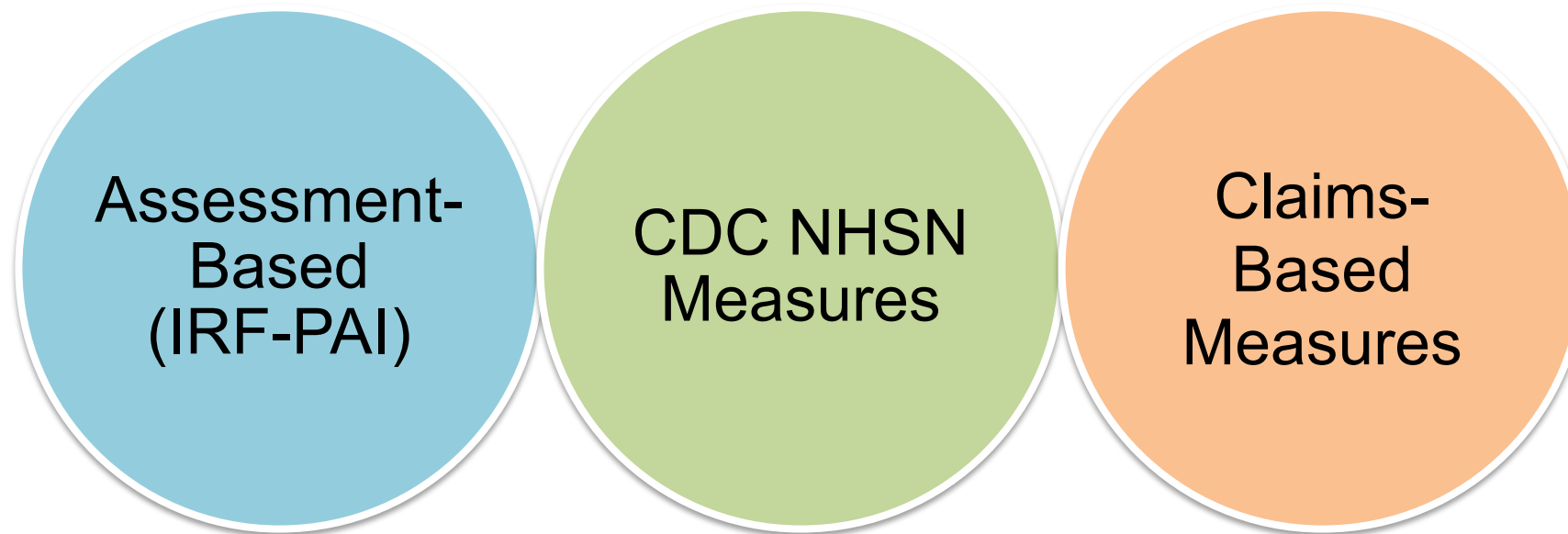
IRF QTSO QM  
IRF-PAI NQF PAC  
NHSN MRSA  
QIES  
QRP

# Objectives

- Identify the types of quality measures (QMs) by data source.
- Describe key Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) reports.
- Locate and navigate the IRF Compare website.
- Utilize IRF QRP reports to perform a quality improvement analysis.



# Types of Quality Measures by Data Source



# Assessment-Based Measures

Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).\*

Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).

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

IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation (NQF #2634).

**Data Collection  
Start Date**

**Public Reporting  
Start Date**

October 1, 2016

September 2018

October 1, 2016

September 2018

October 1, 2016

Fall 2020

October 1, 2016

Fall 2020

\* National Quality Forum (NQF)

# Assessment-Based Measures (cont.)

	Data Collection Start Date	Public Reporting Start Date
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).	October 1, 2016	Fall 2020
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).	October 1, 2016	Fall 2020
Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	October 1, 2018	Future
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	October 1, 2018	Fall 2020

# CDC NHSN Measures

NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).

Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).

NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717).

**Data Collection  
Start Date**

**Public Reporting  
Start Date**

October 1, 2012

December 2016

October 1, 2014

December 2017

January 1, 2015

December 2017



# Claims-Based Measures

Medicare Spending Per Beneficiary – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).

Discharge to Community – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).

Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).

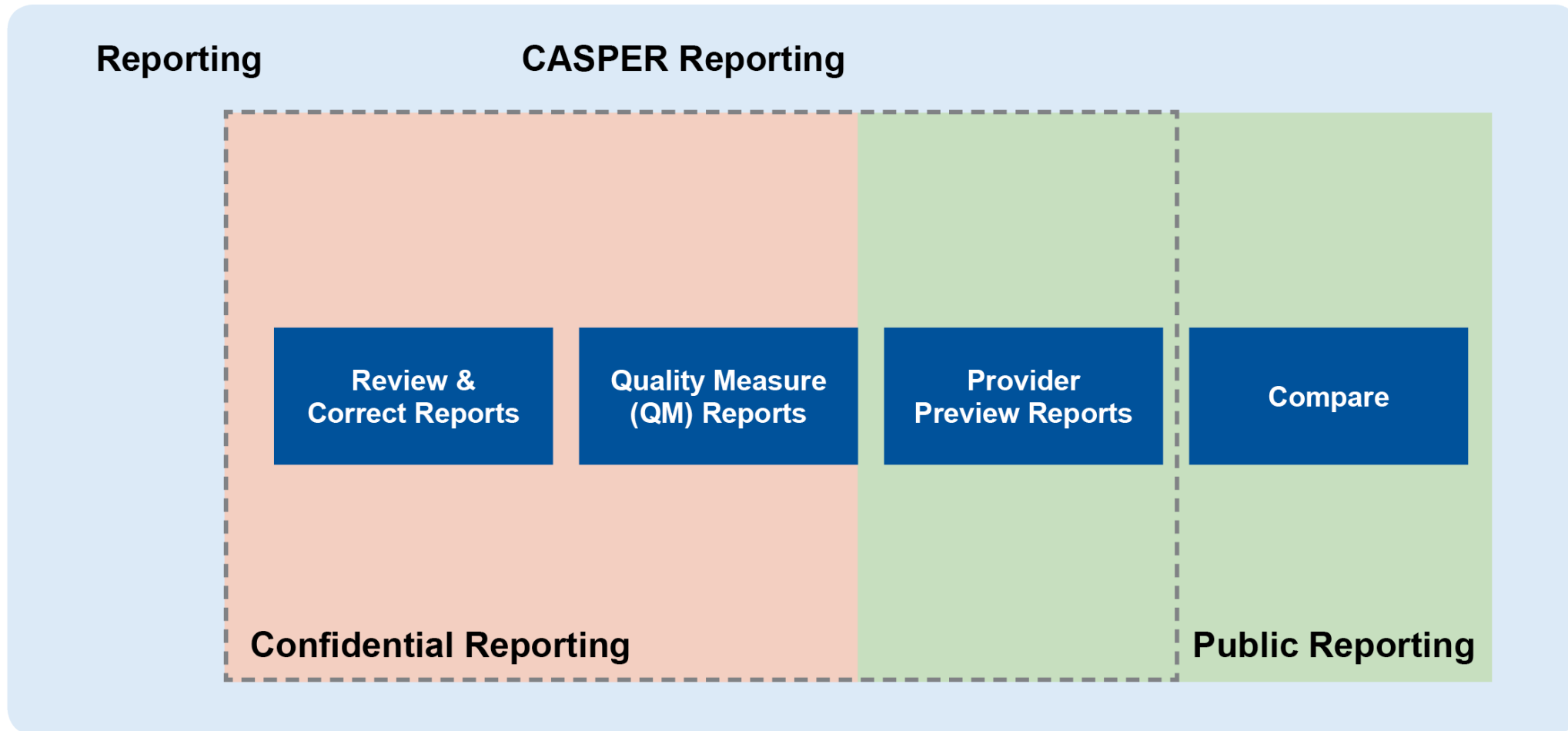
Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (IRFs).

Initial Performance Period	Public Reporting Start Date
Fiscal Year (FY) 2016 and FY 2017	September 2018
FY 2016 and FY 2017	September 2018
FY 2016 and FY 2017	September 2018
FY 2016 and FY 2017	September 2018

# Measures Removed from the IRF QRP

	Notes
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).	Replaced by a modified version of the measure, “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury,” beginning with the FY 2020 IRF QRP.
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680).	Beginning 10/01/2018, enter a dash (–) or any valid code for O0250A, O0250B, and O0250C until IRF-PAI Version 3.0 becomes effective on October 1, 2019.
NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716).	Data collection for this measure ended October 1, 2018.
All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502).	This measure was removed beginning with the FY 2019 IRF QRP and is no longer publicly reported on IRF Compare.

# Public Reporting Graphic



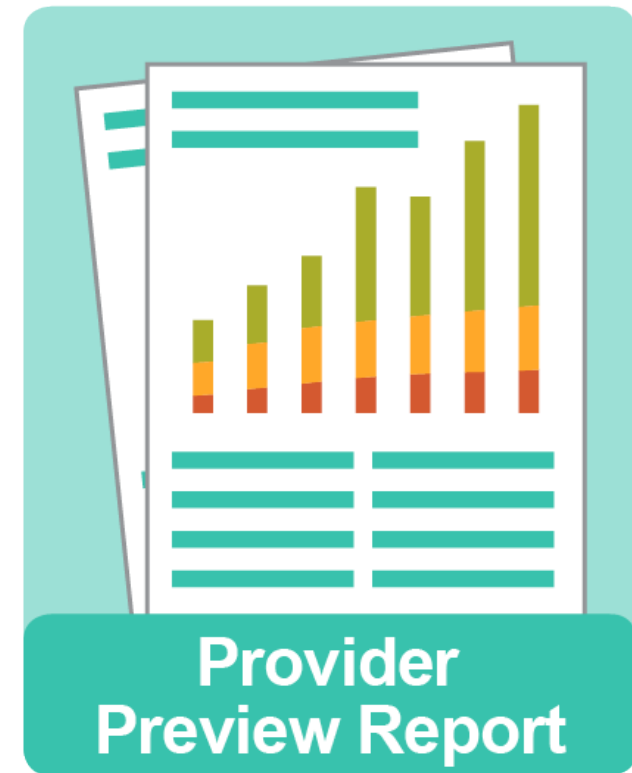
Q<sub>1</sub>

“Medicare Spending Per Beneficiary” is an example of which type of quality measure?

- A. CDC NHSN Measures.
- B. Assessment-Based Measures.
- C. Claims-Based Measures.
- D. None of the above.



# Overview of Reports



# Review and Correct Report

# Review and Correct Report

- User-requested, on-demand Certification and Survey Provider Enhanced Reports (CASPER) report.
- 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.)

- 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-level data table to supplement facility-level data effective April 1, 2019.
- Patient-level data will also be available as comma-separated values (CSV) flat file.
- Ability to sort patient-level data by fields such as:
  - Patient last name.
  - Patient first name.
  - Patient 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%
<b>Cumulative</b>	<b>-</b>	<b>01/01/2018</b>	<b>12/31/2018</b>	<b>-</b>	<b>-</b>	<b>294</b>	<b>326</b>	<b>90.2%</b>

---


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-Level Data

Page 2 of 82


**CMS**  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

## CASPER Report IRF Review and Correct Report

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

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


# Quality Measure (QM) Reports

# QM Reports (Confidential Feedback Reports)

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

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

# QM Report: Facility-Level Example



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

Page 3 of 9

Facility ID: [REDACTED]

CCN: [REDACTED]

Facility Name: [REDACTED]

City/State: [REDACTED]

Report Period: 01/01/2018 - 12/31/2018

Data was calculated on: 03/01/2019

Comparison Group Period: 01/01/2018 - 12/31/2018

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) <sup>[a]</sup>	I011.01	166	281	59.1%	56.1%
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) <sup>[a]</sup>	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%

This report may contain privacy protected data and should not be released to the public.

Any alteration to this report is strictly prohibited.

# QM Report: Patient-Level Example



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

Page 106 of 233

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

**Report Period:** 01/01/2018 - 12/31/2018  
**Report Run Date:** 03/27/2019  
**Report Version Number:** 2.01

**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 (LTCH) 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.

Any alteration to this report is strictly prohibited.



# QM Report Patient-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 including whether they triggered the numerator.

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



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

Page 1 of 2

Facility ID: 123456  
CCN: 123456  
Facility Name: MY IRF  
City/State: WALTHAM, MA

Requested Report End Date: 09/30/2019  
Report Run Date: 10/10/2019  
Data Calculation Date: 10/01/2019  
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	Undesirable Outcomes	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)	Desirable Outcomes or Processes Performed	10/01/2018 – 09/30/2019	I008.02	10/01/2018 – 09/30/2019
4	Discharge Self-Care Score (NQF #2635)		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)	Change in Function Scores	10/01/2018 – 09/30/2019	I009.02	10/01/2018 – 09/30/2019
8	Change in Mobility (NQF #2634)		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-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 folder in CASPER.
- Displays facility-level quality measure results that will be posted on IRF Compare.
- 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 CASPER 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](mailto:IRFPRquestions@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**; CASPER reports are delivered to providers via CASPER; 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



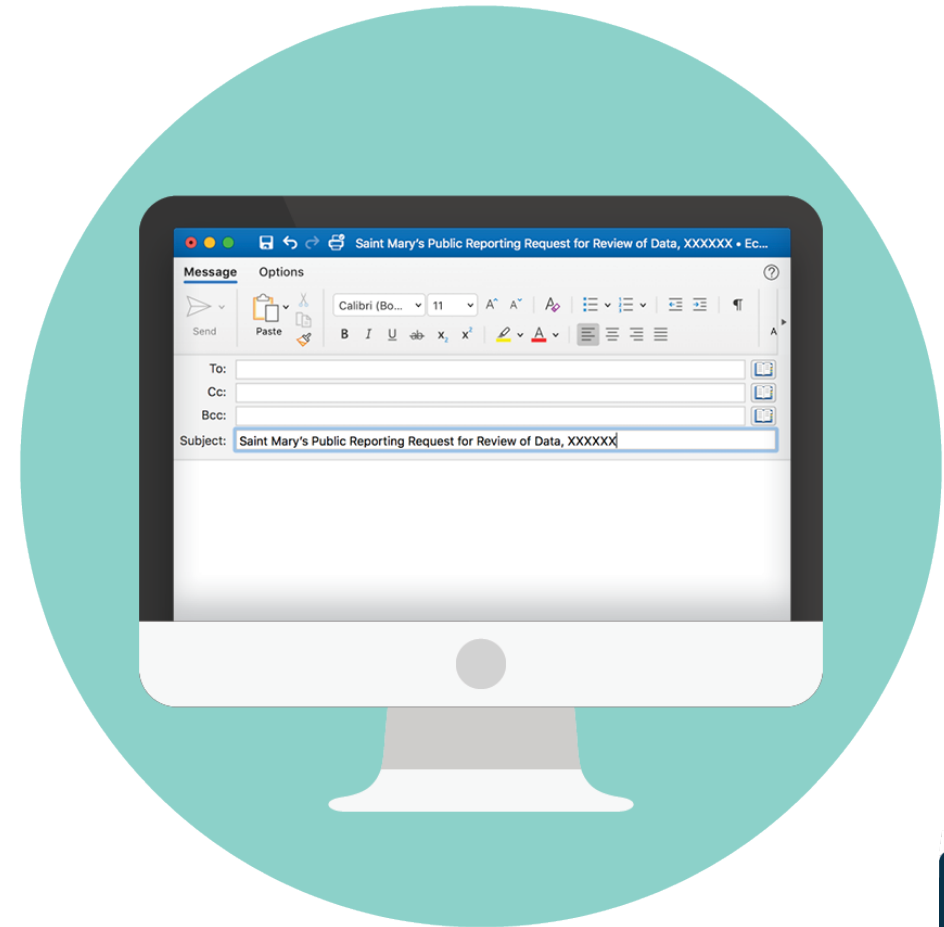
- CMS encourages providers to review data in the Provider Preview Report each quarter, prior to public display.
- If a provider disagrees with the accuracy of performance data (numerator, denominator, or other QM result) contained within its report, the provider can request review of that data by CMS.

# 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 CASPER 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)

- IRFs are required to submit their request to CMS via email at the following addresses:
  - [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@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.**



# The Review and Correct Report provides information for which type of quality measure?

- A. CDC NHSN Measures.
- B. Claims-Based Measures.
- C. Assessment-Based Measures.
- D. All of the above.



# Which report(s) provide both facility and patient level data?

- A. Review and Correct Report.
- B. Provider Preview Report.
- C. QM Reports.
- D. Both A and C.
- E. All of the above.







# Which report displays results that will be posted on the IRF Compare website?

- A. Provider Preview Report.
- B. QM Reports.
- C. Review and Correct Report.
- D. Confidential Feedback Report.



# Obtaining CASPER Reports

# CMS QIES Systems for Providers 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:

Login

Unable to login?  
Go to the QIES User Maintenance application  
to reset your User ID/Password.

# How to Obtain Reports

The screenshot displays the CASPER application interface. At the top, there is a navigation bar with the text "Skip navigation links Skip to Content" on the left and a series of buttons on the right: "Logout", "Folders", "MyLibrary", "Reports", "Queue", "Options", "Maint", and "Home". The "Reports" button is highlighted with a red rectangle. Below the navigation bar, the main content area is divided into two columns. The left column, titled "Topics", contains a list of links: "Home Page", "Merge PDF Feature", "ZIP Feature", "Java JRE", "PSR/Jasper Report Viewer & Unzip Utility", and "CMS Tally Template". The right column, titled "Home Page", features a large "Welcome to CASPER" message. Below this message, it states "Use the buttons in the toolbar above as follows:" and provides a list of instructions for each button: "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), and "Home" (Return to this page). At the bottom of the interface, there is a blue bar with the text "Welcome:" on the left and "EREN 1.3" on the right, followed by a logo for "powered by jasperreports".

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 jasperreports

# 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 Facility-Level Quality Measure Report](#)
-  [IRF Patient-Level Quality Measure Report](#) • [IRF Patient-Level Quality Measure Report](#)
-  [IRF Review and Correct 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:   
End Date:

**\*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:**  ☐ Reverse Default Sort Order

\* To select multiple items, hold down the Ctrl key and click the desired items

---

Template Folder:  [▼](#) [Submit](#) [Back](#)  
Template Name:  [▼](#) [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
	<a href="#">IRF Patient-Level Quality Measure Report</a>	03/27/2019 10:22:57	<input type="checkbox"/>
	<a href="#">IRF Facility-Level Quality Measure Report</a>	03/27/2019 10:22:15	<input type="checkbox"/>
	<a href="#">IRF Review and Correct Report</a>	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 VR

\* IA IRF

\* IA IRF

Info Click Link to View Report

Provider Preview 2019 03

Date Requested 03/04/2019 14:22:13

Select

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs



# CASPER Resources

- Refer to the *CASPER Reporting User's Guide* for detailed information.
  - 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>.



# iQIES Updates

- IRFs scheduled for transition to the internet-based Quality Improvement and Evaluation System (iQIES) this fall.
- Policy Change for Assessment Submission Timeframe:
  - The current CMS policy for submission of patient assessment records allows providers to submit records for up to 36 months from the assessment target date.
  - Effective October 1, 2019, the CMS policy for patient assessment submission will be changed to **24 months** from the assessment target date. The policy change applies to new, modified, and inactivated records.

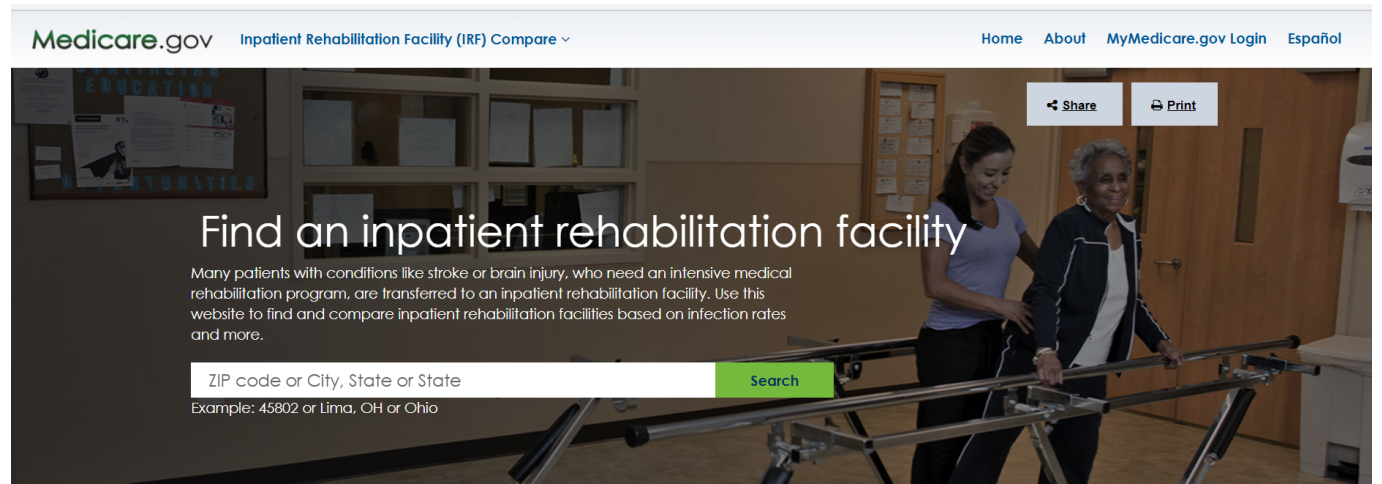
# iQIES Updates: Stay Informed

- QTSO webpage: <https://qtso.cms.gov/>.
- Sign up for the Post-Acute Care (PAC) Listserv: [https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic\\_id=USCMS\\_12265](https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265).
- Ensure email address associated to your QIES user ID is up-to-date in the QIES User Maintenance Application (QUMA).

# IRF Compare

# IRF Compare Website

- The public Compare Website provides:
  - Access to quality measure results (tailored for the public).
  - The ability to search for a facility by geographic location:
    - City, State, ZIP Code.



[www.medicare.gov/inpatientrehabilitationfacilitycompare/](https://www.medicare.gov/inpatientrehabilitationfacilitycompare/)

# IRF Compare Website (cont.)

Medicare.gov Inpatient Rehabilitation Facility (IRF) Compare

Home About MyMedicare.gov Login Español

KANSAS CITY, MO Distance: Within 50 miles Search Filter facilities

Map View List View

14 inpatient rehabilitation facilities within 50 miles from the center of KANSAS CITY, MO

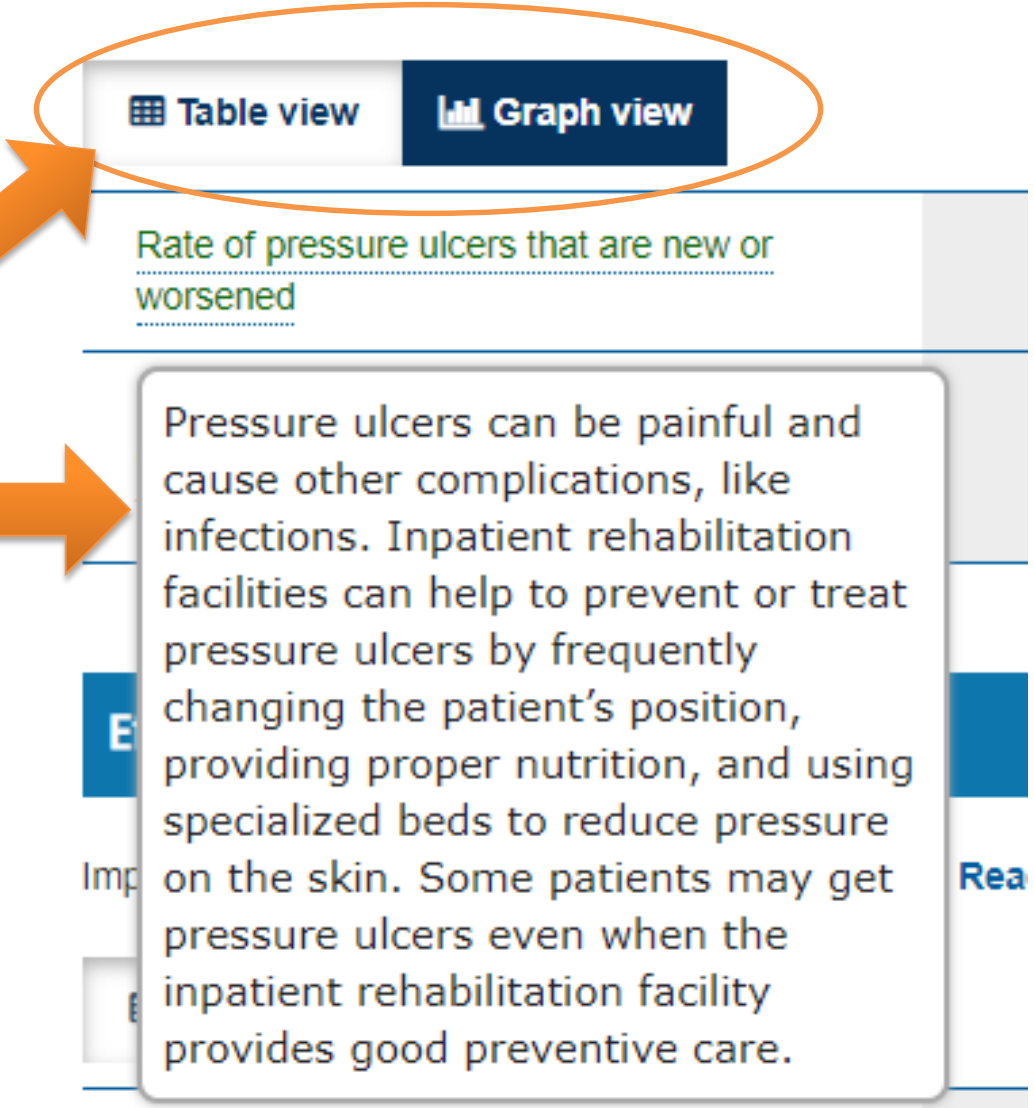
Showing 1 - 10 of 14 results

[KANSAS UNIVERSITY REHAB](#) 4.4 miles  
Ownership: Government  
3901 RAINBOW BOULEVARD  
KANSAS CITY, KS 66160  
(913) 588-4779  
[Map and Directions](#) [Add to Favorites](#) [Add to Compare](#)  
Conditions Treated [Show +](#)

[ST LUKES HOSPITAL KANSAS CITY](#) 4.6 miles  
Ownership: Government  
4401 WORNALL RD  
KANSAS CITY, MO 64111  
(816) 932-2428  
[Map and Directions](#) [Add to Favorites](#) [Add to Compare](#)  
Conditions Treated [Show +](#)

# IRF Compare Website: Measure Results

- Example: Rate of Pressure Ulcers that are New or Worsened on IRF Compare:
  - Option for data to be displayed as a graph or table.
  - Review definition in plain text (hover text).
  - Downloadable data from <https://data.medicare.gov>.





# IRF Compare Website: Other Information



## SPOTLIGHT

- [Why compare inpatient rehabilitation facilities?](#)




## TOOLS AND TIPS

- [Learn how Medicare covers care in an inpatient rehabilitation facility](#)
- [Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more](#)
- [Compare Medicare health and drug plans](#)



## ADDITIONAL INFORMATION

- Date Updated: March 6, 2019
- [Download the Database](#) 
- [Important contacts for patients and providers](#)
- [View providers and suppliers that are terminated or are at risk for termination from Medicare.](#)

# The IRF QRP reports reviewed can all be accessed through: \_\_\_\_\_

- A. Automated Survey Processing Environment (ASPEN).
- B. National Healthcare Safety Network (NHSN).
- C. Quality Improvement and Evaluation System (QIES).
- D. Certification and Survey Provider Enhanced Reports (CASPER).





# Requests for CMS to review your Provider Preview Report data must be submitted via email.

- A. True.
- B. False.





The Provider Preview Report provides a \_\_\_\_\_ preview period prior to public reporting.

- A. 15-day.
- B. 30-day.
- C. 60-day.
- D. 90-day.



# Reports Activity

# Reports Activity Overview

- **Scenario:** You are the Director of Rehabilitation at Fountain City Rehabilitation Hospital, located in Kansas City, MO. On a regular basis, you access, analyze, and use CASPER reports to support your facility's quality program. During your comprehensive review of the Facility-Level Quality Measures Report, you identify an opportunity for improvement.
- **Activity Instructions:**
  - Work in groups at your table to review the sample CASPER reports provided.
  - Use the Reports Activity Worksheet to guide your review and analysis.
  - We will debrief in 20 minutes.

# Activity Debrief

1. Review the **IRF Facility-Level Quality Measure Report** to identify which measure your facility should target for improvement. How does the report data support your conclusion?
2. Using the **IRF Patient-Level Quality Measure Report**, identify the patients who triggered the numerator for the quality measure identified for improvement.
3. Using the **IRF-PAI Assessment Print Report**, summarize the findings for each patient who triggered the numerator for the identified quality measure. What conclusions can you make?
4. How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?

# Activity Debrief: IRF Facility-Level Quality Measure Report

CASPER Report  
IRF Facility-Level Quality Measure Report

Page 3 of 4

Facility ID: 1231234  
CCN: 34T043  
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL  
City/State: KANSAS CITY, MO

Report Period: 01/01/2018 - 12/31/2018  
Data was calculated on: 04/26/2019  
Comparison Group Period: 01/01/2017 - 12/31/2017  
Report Run Date: 05/09/2019  
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	24	24	100%	99.8%
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) <sup>[a]</sup>	I011.01	11	19	57.9%	56.1%
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) <sup>[a]</sup>	I012.01	10	19	52.6%	51.2%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	I013.01	3	24	12.5%	0.2%


Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	I013.01	3	24	12.5%	0.2%



# Activity Debrief: IRF Patient-Level Quality Measure Report

- **Three patients** triggered the “*Application of Percent of Residents Experiencing One or More Falls with Major Injury*” QM:
  1. Collins, Timothy.
  2. Green, Linda.
  3. Martinez, Tonya.

# Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 1)



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

Facility ID: 1231234  
CCN: 34T043  
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL  
City/State: KANSAS CITY, MO

Report Period:  
Report Run Date:  
Report Version Num:

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

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

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
ADAMS, BENJAMIN	152324	06/28/2018	07/19/2018	NT
BROWN, THOMAS	7723029	03/07/2018	03/20/2018	NT
COLLINS, TIMOTHY	179345	10/26/2018	11/09/2018	X
COOK, KAREN	1865445	03/13/2018	03/27/2018	NT
DAVIS, SAMUEL	193387	12/06/2018	12/26/2018	NT
EDWARDS, NANCY	4243983	01/05/2018	01/23/2018	NT

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

**Patient Name**


ADAMS, BENJAMIN	NT
BROWN, THOMAS	NT
COLLINS, TIMOTHY	X
COOK, KAREN	NT
DAVIS, SAMUEL	NT
EDWARDS, NANCY	NT

**Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)**

This report contains fictional facility and patient data for demonstration purposes only.



# Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 2)



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

Facility ID: 1231234  
CCN: 34T043  
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL  
City/State: KANSAS CITY, MO

Report Period:  
Report Run Date:  
Report Version Num:

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

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

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
FLORES, MARIA	155935	06/28/2018	07/05/2018	NT
GARCIA, LISA	5707136	04/11/2018	04/20/2018	NT
GREEN, LINDA	135598	09/04/2018	09/13/2018	X
HUGHES, LAUREN	148875	01/25/2018	02/14/2018	NT
JOHNSON, KATHRYN	10809649	08/21/2018	08/30/2018	NT
JONES, JOHN	6652164	07/18/2018	08/03/2018	NT

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

**Patient Name**


FLORES, MARIA	NT
GARCIA, LISA	NT
GREEN, LINDA	X
HUGHES, LAUREN	NT
JOHNSON, KATHRYN	NT
JONES, JOHN	NT

**Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)**

This report contains fictional facility and patient data for demonstration purposes only.



# Activity Debrief: IRF Patient-Level Quality Measure Report (cont. 3)



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

Facility ID: 1231234  
CCN: 34T043  
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL  
City/State: KANSAS CITY, MO

Report Period:  
Report Run Date:  
Report Version Num:

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

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

Patient Name	Patient ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
LEE, JOSEPH	3622581	05/24/2018	06/07/2018	NT
LEWIS, JENNIFER	72441471	02/06/2018	03/02/2018	NT
MARTINEZ, TONYA	2732535	05/01/2018	05/23/2018	X
MILLER, JEFFREY	116554	09/07/2018	10/03/2018	NT
MOORE, DOUGLAS	9020363	07/04/2018	07/17/2018	NT
PARKER, JANE	3539308	04/16/2018	05/17/2018	NT

**Status Legend**  
X: Triggered  
NT: Not triggered  
E: Excluded from analysis based on quality measure exclusion criteria  
N/A: Not available

**Patient Name**

LEE, JOSEPH	NT
LEWIS, JENNIFER	NT
MARTINEZ, TONYA	X
MILLER, JEFFREY	NT
MOORE, DOUGLAS	NT
PARKER, JANE	NT

**Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)**

This report contains fictional facility and patient data for demonstration purposes only.



# Activity Debrief: IRF-PAI Assessment Print Report

## Timothy Collins



Run Date: 05/09/2019

Page 11 of 14

### CASPER Report IRF-PAI Assessment Print

State: MO

Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL

Patient Name: COLLINS, TIMOTHY

Assessment ID: 7302331

#### Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	1 - One
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

# Activity Debrief: IRF-PAI Assessment Print Report

## Linda Green



Run Date: 05/09/2019

Page 11 of 14

### CASPER Report IRF-PAI Assessment Print

State: MO

Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL

Patient Name: GREEN, LINDA

Assessment ID: 7808432

#### Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	1 - One
J2000	Prior Surgery	1 - Yes

# Activity Debrief: IRF-PAI Assessment Print Report

## Tonya Martinez



Run Date: 05/09/2019

Page 11 of 14

### CASPER Report IRF-PAI Assessment Print

State: MO

Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL

Patient Name: MARTINEZ, TONYA

Assessment ID: 7967329

#### Health Conditions

J1750	History of Falls	1 - Yes
J1800	Any Falls Since Admission	1 - Yes
J1900A	Num Falls Since Admission - No injury	0 - None
J1900B	Num Falls Since Admission - Injury (except major)	0 - None
J1900C	Num Falls Since Admission - Major injury	2 - Two or more
J2000	Prior Surgery	0 - No



# Activity Debrief: Next Steps

How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?





# Summary



- There are three types of QMs based on the following data sources:
  1. Assessment-based.
  2. Claims-based.
  3. CDC NHSN.
- IRF QRP reports available in CASPER:
  1. Review and Correct Report.
  2. Quality Measure Reports.
  3. Provider Preview Report.

# Record Your Action Plan Ideas



