



# Quality Reporting Program Provider Training

## Public Reporting

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August 23, 2016



# Background of Public Reporting

- Section 3004 of the Affordable Care Act amended Sections 1886(m) and 1886(j) of the Social Security Act to mandate the Secretary to establish procedures for making quality data submitted by LTCHs [1886(m)(5)(E)] and IRFs [1886(j)(7)(E)] available to the public under their respective quality reporting programs.
- The framework for LTCH and IRF public reporting was first established in the FY 2012 IPPS/LTCH PPS Final Rule (76 FR 51756) and in the FY 2012 IRF PPS final rule (76 FR 47880), respectively. Public reporting of the first set of quality measures will begin in the fall of 2016.



# Overview of Presentation

- Identify the quality measures for public reporting in 2016.
- Name and describe reports associated with public reporting.
- Explain content of Provider Preview Reports by data source.
- Review how to interpret Provider Preview Report results.
- Describe how to access reports in CASPER.
- Identify resources.



# Quality Reporting Program

- Types of quality measures based on data source:
  - Assessment-Based Measures
    - LTCH: LTCH Continuity Assessment Record & Evaluation (CARE) Data Set
    - IRF: Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
  - CDC National Healthcare Safety Network (NHSN) Outcome Measures.
  - Claims-Based Measures.



# Quality Measures

- **Assessment-Based Measures**
  - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678):
    - Data collection began: 10/01/2012.
    - Public reporting: Initial posting of quality data is for patients discharged 01/01/2015–12/31/2015 and will begin fall 2016.

# Quality Measures

- CDC National Healthcare Safety Network (NHSN) Outcome Measures.
  - National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138):
    - Data collection began: 10/01/2012.
    - Public reporting: Initial posting of quality data is for patients discharged 01/01/2015–12/31/2015 and will begin fall 2016.



# Quality Measures

- CDC National Healthcare Safety Network (NHSN) Outcome Measures.
  - National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139):
    - CLABSI is an **LTCH-only** quality measure
    - Data collection began: 10/01/2012.
    - Public reporting: Initial posting of quality data is for patients discharged 01/01/2015–12/31/2015 and will begin fall 2016.



# Quality Measures

- Claims-Based Measures.
  - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502)
  - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512)
  - Public reporting for NQF #2502 and #2512: Initial posting of quality data is for patients discharged 01/01/2013–12/31/2014 and will begin fall 2016.

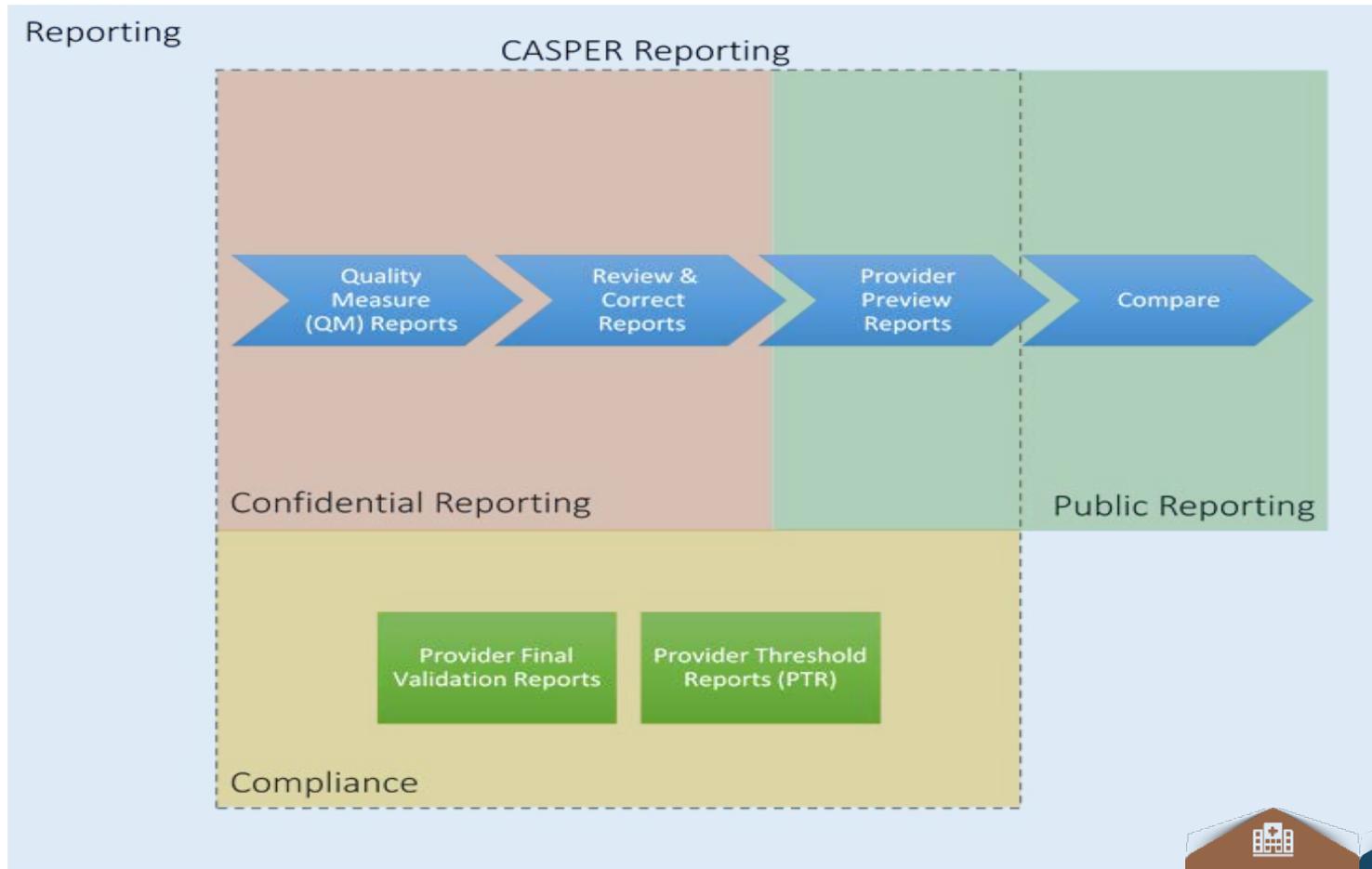


# Overview of Reports

- Certification And Survey Provider Enhanced Reports (CASPER):
  - Quality Measure (QM) Reports (facility-level and patient-level).
  - Review and Correct Reports.
  - Provider Preview Reports.
- Public Reporting:
  - IRF Compare Website, LTCH Compare Website
  - Downloadable data from <https://data.medicare.gov>.



# Public Reporting Overview Graphic



# Quality Measure Reports

## CASPER QM Facility-Level and Patient-Level Reports:

- Confidential Feedback Reports.
- Contain quality measure information at the facility- and patient-level for a single reporting period.
- Providers are able to select the data collection end date and obtain aggregate performance data.



# Quality Measure Reports

## CASPER QM Facility-Level and Patient-Level Reports:

- Reports are available on a monthly basis and can be used to determine any data submission errors that may affect quality measure data.

# Review and Correct Reports

- Confidential Feedback Reports.
- Contains facility-level quality measure data.
- Displays assessment-based quality measure data only.
- Providers are able to obtain facility-level performance for quarterly and cumulative performance rates.
- As time advances, the earliest quarter is dropped, and the most recent quarter added.



# Review and Correct Reports

- Available on a quarterly basis (updated weekly) and used in conjunction with the QM reports to determine any data submission errors that may affect facility-level performance for one or more quality measures.
- Look very similar to data available on the Provider Preview Reports that will be posted on Compare Web site.
- Will be available in April, 2017.



# Provider Preview Reports

- Contain facility-level quality measure data.
- These are automatically generated and saved into your provider's shared folder in the CASPER application.
- Provider Preview Reports are available about 5 months (4.5 months data correction period + 0.5 months preview report generation period) after the end of each data collection quarter.

# Provider Preview Reports

- Data collection period has ended so providers are not able to correct the underlying data in these reports.
- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date) which falls approximately 135 days after the end of each calendar year quarter).
- There will be a 30-day preview period prior to public reporting which will begin the day the reports are issued to providers via their CASPER system folders.

# Provider Preview Reports

Report Run Date: 09/01/2016

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## LTCH Provider Preview Report

Reporting Period for LTCH CARE Data Set Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015

CMS Certification Number: 999999  
 Provider Name: Sample Long-Term Care Hospital  
 Street Address Line 1: 1111 West Pine Avenue  
 Street Address Line 2: Suite 101  
 City: Waltham  
 State: MA  
 ZIP Code: 02452  
 County Name: Middlesex  
 Telephone Number: (781) 555-5555  
 Type of Ownership: Non-profit  
 Date of Medicare Certification: 01/01/2000

### LTCH CARE Data Set Quality Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Risk-Adjusted Performance Rate	U.S. National Rate
L001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	280	3.0%	2.9%

#### Footnote Legend

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.

#### Important Notes

- Please review the data about your hospital. Providers may email the CMS LTCH Help Desk if they have questions related to this report. Details about how to update data and who to contact are available on the Long-Term Care Hospital Compare Web site at [www.medicare.gov/longtermcarehospitalcompare](http://www.medicare.gov/longtermcarehospitalcompare). Select the "How it works" tab then the "View More" button under "Contacts" to access these details.
- The order of the measure(s) may not represent the order displayed on Long-Term Care Hospital Compare.
- The titles of the measure(s) are not the consumer language titles that appear on Long-Term Care Hospital Compare. The crosswalk between these titles is available on the Long-Term Care Hospital Compare Web site at [www.medicare.gov/longtermcarehospitalcompare](http://www.medicare.gov/longtermcarehospitalcompare). Select the "How it works" tab then the "View More" button under "The data" to access this crosswalk.



# Provider Preview Reports

## LTCH Provider Preview Report

Reporting Period for LTCH CARE Data Set Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015

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CMS Certification Number: 999999  
Provider Name: Sample Long-Term Care Hospital  
Street Address Line 1: 1111 West Pine Avenue  
Street Address Line 2: Suite 101  
City: Waltham  
State: MA  
ZIP Code: 02452  
County Name: Middlesex  
Telephone Number: (781) 555-5555  
Type of Ownership: Non-profit  
Date of Medicare Certification: 01/01/2000

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## IRF Provider Preview Report

Reporting Period for IRF-PAI Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015

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CMS Certification Number: 999999  
Facility Name: Sample Inpatient Rehabilitation Facility  
Street Address Line 1: 1111 West Pine Avenue  
Street Address Line 2: Suite 101  
City: Waltham  
State: MA  
ZIP Code: 02452  
County Name: Middlesex  
Telephone Number: (781) 555-5555  
Type of Ownership: Non-profit  
Date of Medicare Certification: 01/01/2000

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# Provider Preview Reports

## LTCH Report Specifications:

- **Report Run Date:** 10/25/2016.
- **Reporting Period for LTCH CARE Data Set Quality Measures:** Patients discharged 01/01/2015–12/31/2015.

# Provider Preview Reports

## IRF Provider Information:

- **CMS Certification Number:** 999999
- **Facility Name:** Sample Inpatient Rehabilitation Facility
- **Street Address Line 1:** 1111 West Pine Avenue
- **Street Address Line 2:** Suite 101
- **City:** Waltham
- **State:** MA
- **ZIP Code:** 02452
- **County Name:** Middlesex
- **Telephone Number:** (781) 555-5555
- **Type of Ownership:** Non-profit
- **Date of Medicare Certification:** 01/01/2000
- **CMS Measure ID:** XXXXXX
- **IRF Quality Measure:** Name



# Provider Preview Reports

Report Run Date: 09/01/2016

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## IRF Provider Preview Report

Reporting Period for IRF-PAI Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015

CMS Certification Number: 999999  
 Facility Name: Sample Inpatient Rehabilitation Facility  
 Street Address Line 1: 1111 West Pine Avenue  
 Street Address Line 2: Suite 101  
 City: Waltham  
 State: MA  
 ZIP Code: 02452  
 County Name: Middlesex  
 Telephone Number: (781) 555-5555  
 Type of Ownership: Non-profit  
 Date of Medicare Certification: 01/01/2000

### IRF-PAI Quality Measures

CMS Measure ID	IRF Quality Measure	Number of Eligible Patients Discharged from your IRF	Your IRF's Risk-Adjusted Performance Rate	U.S. National Rate
I001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	582	3.1%	0.8%

#### Footnote Legend

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.

#### Important Notes

- Please review the data about your facility. Providers may email the CMS IRF Help Desk if they have questions related to this report. Details about how to update data and who to contact are available on the Inpatient Rehabilitation Facility Compare Web site at [www.medicare.gov/inpatientrehabilitationfacilitycompare](http://www.medicare.gov/inpatientrehabilitationfacilitycompare). Select the "How it works" tab then the "View More" button under Contacts to access these details.
- The order of the measure(s) may not represent the order displayed on Inpatient Rehabilitation Facility Compare.
- The titles of the measure(s) are not the consumer language titles that appear on Inpatient Rehabilitation Facility Compare. The crosswalk between these titles is available on the Inpatient Rehabilitation Facility Compare Web site at [www.medicare.gov/inpatientrehabilitationfacilitycompare](http://www.medicare.gov/inpatientrehabilitationfacilitycompare). Select the "How it works" tab then the "View More" button under "The data" to access this crosswalk.

# Provider Preview Reports

## Important Notes:

- Please review the data about your hospital.
- Providers may email the CMS Public Reporting Help Desk if they have questions related to the report at:  
[IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov) or  
[LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov).
- 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 Reports

## Quality Measures Included in 2016 report:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).
- (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).
- (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139). **(LTCH only)**
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512).



# Assessment-Based Quality Measures

## IRF-PAI Quality Measures

CMS Measure ID	IRF Quality Measure	Number of Eligible Patients Discharged from your IRF	Your IRF's Risk-Adjusted Performance Rate	U.S. National Rate
I001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	582	3.1%	0.8%

## LTCH CARE Data Set Quality Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Risk-Adjusted Performance Rate	U.S. National Rate
L001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	280	3.0%	2.9%

# Assessment-Based Quality Measures

- Header identifies data source as assessment-based quality measure.
- CMS Measure ID.
- Quality Measure Name.
- Number of Eligible Patients Discharged from your LTCH/IRF.
- Your LTCH's/IRF's Risk-Adjusted Performance Rate.
- U.S. National Rate.

# National Healthcare Safety Network (NHSN) Outcome Measure

- (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).
- (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139). **(LTCH only)**

# Provider Preview Reports

## CDC NHSN\* Measures

CMS Measure ID	IRF Quality Measure	Number of Reported Infections in your IRF	Your IRF's Device Days	Your IRF's Predicted Number of Infections	Your IRF's Ratio of Reported to Predicted Infections - SIR**	U.S. National SIR**	Your IRF's Performance Category***
I006.01	National Health care Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	3	5277	10.242	0.293 (0.075, 0.797)	0.547	Better than the U.S. National Benchmark

### Table Legend

\* CDC NHSN = Centers for Disease Control and Prevention National Health care Safety Network

\*\* SIR = Standardized infection ratio; reported as SIR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)

\*\*\* Standardized infection ratio (SIR) U.S. National benchmark = 1

## CDC NHSN\* Measures

CMS Measure ID	LTCH Quality Measure	Number of Reported Infections in your LTCH	Your LTCH's Device Days	Your LTCH's Predicted Number of Infections	Your LTCH's Ratio of Reported to Predicted Infections - SIR**	U.S. National SIR**	Your LTCH's Performance Category***
L006.01	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	3	5277	10.242	0.293 (0.075, 0.797)	0.547	Better than the U.S. National Benchmark
L007.01	National Healthcare Safety Network Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)	2	4692	11.520	0.174 (0.029, 0.574)	0.573	Better than the U.S. National Benchmark

### Table Legend

\* CDC NHSN = Centers for Disease Control and Prevention National Healthcare Safety Network

\*\* SIR = Standardized infection ratio; reported as SIR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)

\*\*\* Standardized infection ratio (SIR) U.S. National benchmark = 1

# National Healthcare Safety Network (NHSN) Outcome Measure

## Table Legend:

- \* CDC NHSN = Centers for Disease Control and Prevention National Healthcare Safety Network.
- \*\* SIR = Standardized Infection Ratio; reported as SIR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate).
- \*\*\* Standardized Infection Ratio (SIR) U.S. National benchmark = 1.

# National Healthcare Safety Network (NHSN) Outcome Measure

- Number of Reported Infections in your LTCH/IRF:
  - Numerator.
- Your IRF's/LTCH's Device Days:
  - Total number of days in the facility associated with the device.
  - Contributes to the calculation of the predicted number of infections for your facility.
- Your IRF's/LTCH's Predicted Number of Infections:
  - Device days is multiplied by the national rate (based on aggregated national data of reported infections during a CDC-designated time period).
  - Used to calculate the SIR.



# National Healthcare Safety Network (NHSN) Outcome Measure

- Your IRF's/LTCH's Ratio of Reported to Predicted Infections - SIR\*\*:
  - Standardized Infection Ratio.
  - Reported number of infections in the facility divided by predicted number of infections in the facility.
  - Includes lower and upper limit of the 95% confidence interval for the SIR.

# National Healthcare Safety Network (NHSN) Outcome Measure

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

# National Healthcare Safety Network (NHSN) Outcome Measure

- U.S. National SIR\*\*:
  - Reported number of infections in the nation divided by predicted number of infections in the nation.
- Your IRF's/LTCH's Performance Category\*\*\*:
  - Compares the performance of the facility to the U.S. National benchmark.
  - The National Benchmark is always 1.0, regardless of the U.S. National SIR.
  - “Worse than the U.S. National Benchmark” = SIR lower limit is greater than 1.0.
  - “No Different than the U.S. National Benchmark” = SIR confidence interval includes 1.0.
  - “Better than the U.S. National Benchmark” = SIR lower limit is less than 1.0.



# National Healthcare Safety Network (NHSN) Outcome Measure

## CDC NHSN\* Measures

CMS Measure ID	IRF Quality Measure	Number of Reported Infections in your IRF	Your IRF's Device Days	Your IRF's Predicted Number of Infections	Your IRF's Ratio of Reported to Predicted Infections - SIR**	U.S. National SIR**	Your IRF's Performance Category***
I006.01	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	3	5277	10.242	0.293 (0.075, 0.797)	0.547	Better than the U.S. National Benchmark

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## CDC NHSN\* Measures

CMS Measure ID	LTCH Quality Measure	Number of Reported Infections in your LTCH	Your LTCH's Device Days	Your LTCH's Predicted Number of Infections	Your LTCH's Ratio of Reported to Predicted Infections - SIR**	U.S. National SIR**	Your LTCH's Performance Category***
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# Claims-Based Measure

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502).
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512).

# Provider Preview Reports

## Medicare Fee-For-Service Claims-Based Measures

CMS Measure ID	IRF Quality Measure	Number of Eligible Medicare Patients Discharged from your IRF	Your IRF's RSRR****	U.S. National Rate	Your IRF's Performance Category	Number of IRFs...	Better than the U.S. National Rate	No Different than the U.S. National Rate	Worse than the U.S. National Rate	Number of Cases Too Few for Public Reporting
1007.01	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502)	660	13.57% (13.12%, 13.98%)	13.02%	Worse than the U.S. National Rate	in the Nation that Performed...	435	323	406	16

### Table Legend

\*\*\*\* RSRR = Risk-standardized readmission rate; reported as RSRR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)

## Medicare Fee-For-Service Claims-Based Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Medicare Patients Discharged from your LTCH	Your LTCH's RSRR****	U.S. National Rate	Your LTCH's Performance Category	Number of LTCHs...	Better than the U.S. National Rate	No Different than the U.S. National Rate	Worse than the U.S. National Rate	Number of Cases Too Few for Public Reporting
L008.01	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512)	375	28.57% (28.31%, 29.23%)	24.94%	Worse than the U.S. National Rate	in the Nation that Performed...	178	70	166	9

### Table Legend

\*\*\*\* RSRR = Risk-standardized readmission rate; reported as RSRR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)

# Claims-Based Measure

- Number of Eligible Patients Discharged from your LTCH/IRF.
- Your LTCH's/IRF's RSRR.\*\*\*\*
- U.S. National Rate.
- Your LTCH's/IRF's Performance Category.

# Claims-Based Measure

- Number of LTCHs/IRFs... in the Nation that Performed:
  - Better than the U.S. National Rate.
  - No Different than the U.S. National Rate.
  - Worse than the U.S. National Rate.
  - Number of Cases Too Few for Public Reporting.
- Table Legend:
  - \*\*\*\* RSRR = Risk-Standardized Readmission Rate; reported as RSRR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate).



# Claims-Based Measure

## Medicare Fee-For-Service Claims-Based Measures

CMS Measure ID	IRF Quality Measure	Number of Eligible Medicare Patients Discharged from your IRF	Your IRF's RSRR****	U.S. National Rate	Your IRF's Performance Category	Number of IRFs...	Better than the U.S. National Rate	No Different than the U.S. National Rate	Worse than the U.S. National Rate	Number of Cases Too Few for Public Reporting
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## Medicare Fee-For-Service Claims-Based Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Medicare Patients Discharged from your LTCH	Your LTCH's RSRR****	U.S. National Rate	Your LTCH's Performance Category	Number of LTCHs...	Better than the U.S. National Rate	No Different than the U.S. National Rate	Worse than the U.S. National Rate	Number of Cases Too Few for Public Reporting
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# Footnotes

Report Run Date: 09/01/2016

Page 1

## LTCH Provider Preview Report

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 Date of Medicare Certification: 01/01/2000

### LTCH CARE Data Set Quality Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Risk-Adjusted Performance Rate	U.S. National Rate
L001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	280	3.0%	2.9%

#### Footnote Legend

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.

#### Important Notes

- Please review the data about your hospital. Providers may email the CMS LTCH Help Desk if they have questions related to this report. Details about how to update data and who to contact are available on the Long-Term Care Hospital Compare Web site at [www.medicare.gov/longtermcarehospitalcompare](http://www.medicare.gov/longtermcarehospitalcompare). Select the "How it works" tab then the "View More" button under "Contacts" to access these details.
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# Footnotes

## Footnote Legend:

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.
6. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
7. Results cannot be calculated for this reporting period.

# Footnotes

1. The number of cases/patient stays is too small to report.
  - The number of cases/patient stays doesn't meet the required minimum amount for public reporting.
2. Data not available for this reporting period.
  - Provider has been open for less than 6 months.
  - There was no data to submit for this measure.
  - There were zero device days or procedures (CDC NHSN measures).
  - When an LTCH/IRF had no claims data (claims-based measures).

# Footnotes

3. Results are based on a shorter time period than required.
  - The results were based on data reported from less than the maximum possible time period used to collect data for the measure.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.
  - The provider did not submit required data for the quality reporting program.
  - The provider did not submit CDC data to the NHSN system.



# Footnotes

6. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
  - No data to report (CDC NHSN measures only).
7. Results cannot be calculated for this reporting period.
  - The predicted number of infections is less than one (CDC NHSN measures only).

# Provider Preview Report Format

Report Run Date: 09/01/2016

LTCH Provider Preview Report

Page 1

Reporting Period for LTCH CARE Data Set Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015  
Reporting Period for CDC NHSN Measures: Patients Discharged January 1, 2015 through December 31, 2015  
Reporting Period for Medicare Fee-For-Service Claims-Based Measures: Patients Discharged January 1, 2013 through December 31, 2014

CMS Certification Number: 999999  
Provider Name: Sample Long-Term Care Hospital  
Street Address Line 1: 1111 West Pine Avenue  
Street Address Line 2: Suite 101  
City: Waltham  
State: MA  
ZIP Code: 02452  
County Name: Middlesex  
Telephone Number: (781) 555-5555  
Type of Ownership: Non-profit  
Date of Medicare Certification: 01/01/2000

## LTCH CARE DATA SET QUALITY MEASURES

CMS Measure ID: L001.01  
LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)  
- Number of Eligible Patients Discharged from your LTCH: 280  
- Your LTCH's Risk-Adjusted Performance Rate: 3.0%  
- U.S. National Rate: 2.9%



# Provider Preview Report Format

## CDC NHSN\* MEASURES

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CMS Measure ID:	L006.01	
LTCH Quality Measure:	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	
- Number of Reported Infections in your LTCH:		3
- Your LTCH's Device Days:		5277
- Your LTCH's Predicted Number of Infections:		10.242
- Your LTCH's Ratio of Reported to Predicted Infections - SIR**:		0.293 (0.075, 0.797)
- U.S. National SIR**:		0.547
- Your LTCH's Performance Category***:		Better than the U.S. National Benchmark
CMS Measure ID:	L007.01	
LTCH Quality Measure:	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)	
- Number of Reported Infections in your LTCH:		2
- Your LTCH's Device Days:		5277
- Your LTCH's Predicted Number of Infections:		11.520
- Your LTCH's Ratio of Reported to Predicted Infections - SIR**:		0.174 (0.029, 0.574)
- U.S. National SIR**:		0.573
- Your LTCH's Performance Category***:		Better than the U.S. National Benchmark

# Provider Preview Report Format

## MEDICARE FEE-FOR-SERVICE CLAIMS-BASED MEASURES

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CMS Measure ID: L008.01  
LTCH Quality Measure: All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512)

- Number of Eligible Medicare Patients Discharged from your LTCH:	375
- Your LTCH's RSRR****:	28.57% (28.31%, 29.23%)
- U.S. National Rate:	24.94%
- Your LTCH's Performance Category:	Worse than the U.S. National Rate
- Number of LTCHs in the Nation that Performed...	
...Better than the U.S. National Rate:	178
...No Different than the U.S. National Rate:	70
...Worse than the U.S. National Rate:	166
...Number of Cases Too Few for Public Reporting:	9

# Provider Preview Report Format

## LEGEND:

- \* CDC NHSN = Centers for Disease Control and Prevention National Healthcare Safety Network
- \*\* SIR = Standardized infection ratio; reported as SIR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)
- \*\*\* Standardized infection ratio (SIR) U.S. National benchmark = 1
- \*\*\*\* RSRR = Risk-standardized readmission rate; reported as RSRR (Lower Limit, Upper Limit of 95% Confidence Interval Estimate)

## FOOTNOTE LEGEND:

- (1) The number of cases/patient stays is too small to report.
- (2) Data not available for this reporting period.
- (3) Results are based on a shorter time period than required.
- (4) Data suppressed by CMS for one or more quarters.
- (5) Data not submitted for this reporting period.
- (6) The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
- (7) Results cannot be calculated for this reporting period.

## IMPORTANT NOTES:

- Please review the data about your hospital. Providers may email the CMS LTCH Help Desk if they have questions related to this report. Details about how to update data and who to contact are available on the Long-Term Care Hospital Compare Web site at [www.medicare.gov/longtermcarehospitalcompare](http://www.medicare.gov/longtermcarehospitalcompare). Select the "How it works" tab then the "View More" button under "Contacts" to access these details.
- The order of the measure(s) may not represent the order displayed on Long-Term Care Hospital Compare.
- The titles of the measure(s) are not the consumer language titles that appear on Long-Term Care Hospital Compare. The crosswalk between these titles is available on the Long-Term Care Hospital Compare Web site at [www.medicare.gov/longtermcarehospitalcompare](http://www.medicare.gov/longtermcarehospitalcompare). Select the "How it works" tab then the "View More" button under "The data" to access this crosswalk.



# How to Obtain Provider Preview Reports in CASPER

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**Folders**

My Inbox  
\* IA LTCH 1185034  
\* IA LTCH 1185034 VR

\* IA LTCH 1185034

Info	Click Link to View Report	Date Requested	Select
	<a href="#">LQset##LQ</a>	07/07/2016 13:45:02	<input type="checkbox"/>

Pages [1]

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

# Process for Requesting CMS Review of Preview Report Data

- CMS encourages IRFs and LTCHs to review data in the Provider Preview Report each quarter.
- If an IRF or LTCH disagrees with accuracy of performance data (numerator, denominator, or other quality measure result) contained within their Provider Preview Report, the IRF or LTCH can request review of that data by CMS.
- Providers will not have the opportunity to request correction of underlying data because the data correction deadline has passed.



# Process for Requesting CMS Review of Preview Report Data

- 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 in the IRF or LTCH CASPER folders.
- IRFs and LTCHs are required to submit their request to CMS via email with the subject line: “[Provider/Facility Name] Public Reporting Request for Review of Data,” and include the CMS Certification Number (CCN) (e.g., Saint Mary’s Public Reporting Request for Review of Data, XXXXXX). The request must be sent to the following email address: [LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov) for LTCHs and [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov) for IRFs.



# Process for Requesting CMS Review of Preview Report Data

- The email request must include the following information:
  - CMS Certification Number (CCN).
  - Business Name.
  - Business Address.
  - 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 is erroneous (numerator, denominator, or quality measure result), including, but not limited to, the following:
    - Quality measures affected, and aspects of quality measures affected (numerator, denominator, or other quality measure result).



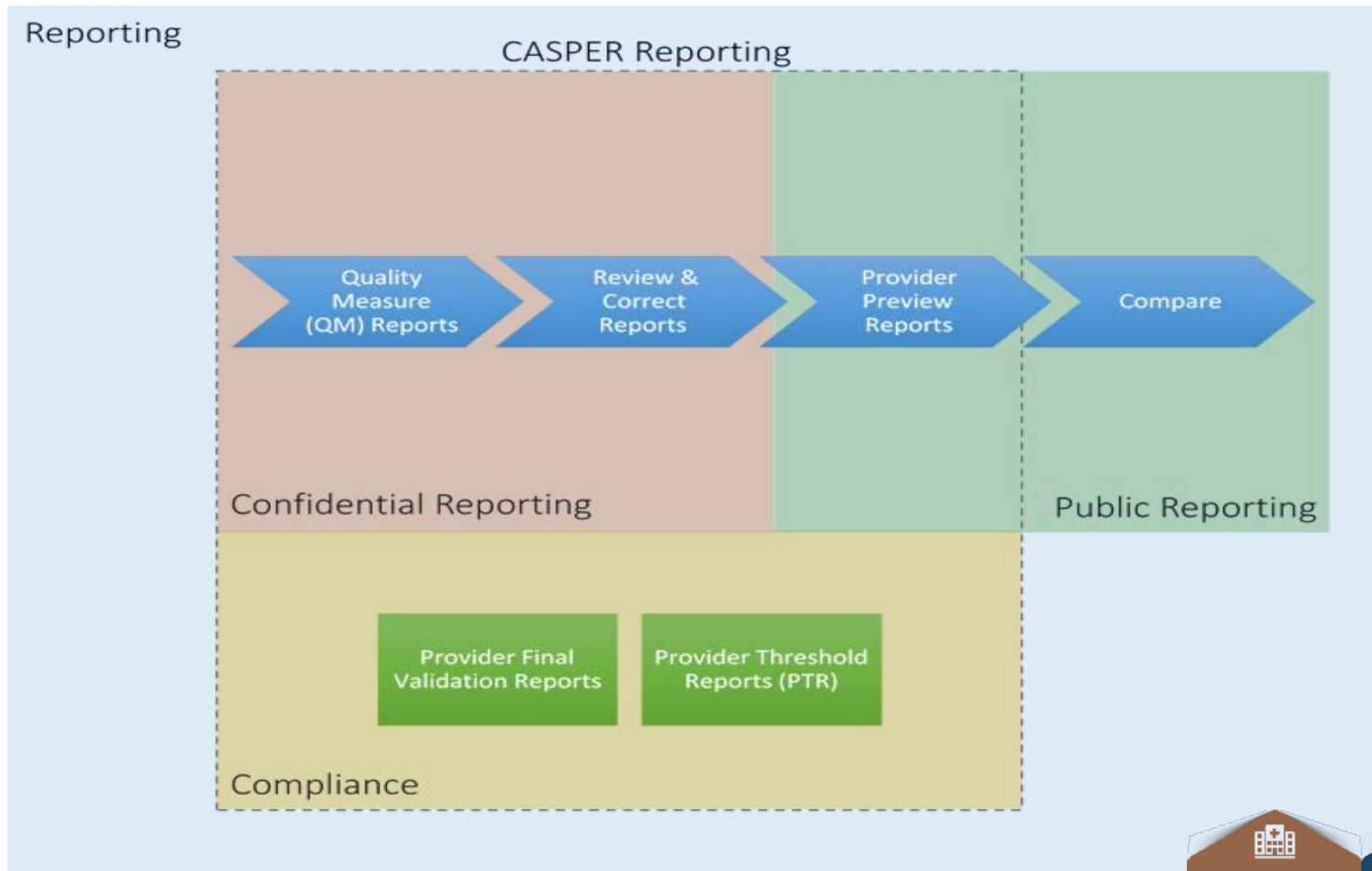
# Process for Requesting CMS Review of Preview Report Data

- 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 IRF or LTCH Compare.

# Process for Requesting CMS Review of Preview Report Data

- CMS will not review any email requests for review of data that include protected health information (PHI)

# Summary



# LTCH Resources

- Assessment Submission: User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:  
<https://www.qtso.com/LTCHtrain.html>
- CASPER Reports: LTCH User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:  
<https://www.qtso.com/LTCHtrain.html>
- LTCH Public Reporting Help Desk Email:  
[LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov)



# IRF Resources

- Assessment Submission: User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:  
<https://www.qtso.com/IRFtrain.html>
- CASPER Reports: IRF User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:  
<https://www.qtso.com/IRFtrain.html>
- IRF Public Reporting Help Desk Email:  
[IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov)



# Public Reporting

# Questions?

