

REVIEW AND CORRECT REPORTS PROVIDER TRAINING

PARTICIPANT QUESTIONS FROM WEBCAST ON MAY 2, 2017

Current as of May 2017



#	Question Category	Question	Answer
1	Review and Correct Report	How do I access and use the Review and Correct Report?	<p>The Review and Correct Reports will be available to providers on a quarterly basis.</p> <p>Providers will not receive notification when new quarterly data are available in the Review and Correct Reports. New quarterly data will be available in the Review and Correct Reports on the first day following the end of a calendar quarter (January 1, April 1, July 1, and October 1).</p> <p>To identify whether new quarterly data are available, providers should follow these steps:</p> <ul style="list-style-type: none"> • Login to the Centers for Medicare & Medicaid Services (CMS) Network using the CMSNet User ID and password. • Access the Welcome to the CMS Quality Improvement and Evaluation System (QIES) Systems for Providers web page. • Select the Certification and Survey Provider Enhanced Reports (CASPER) link. Enter your QIES User ID and password on the QIES National System Login page. • On the CASPER Home page, select the Reports button from the menu bar. A list of report categories will display in the left frame of the page. • Select the provider-specific (Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), or Long-Term Care Hospital (LTCH)) Quality Reporting Program (QRP) link, and a list of quality measure reports will display in the right frame of the page. • Select the provider-specific (IRF, SNF, or LTCH) Review and Correct Report link, and the CASPER Report Submit page will display. • Verify the quarter and year option that displays in the End Date field. The quarter and year End Date option will automatically be updated on the first day following the end of the previous calendar quarter. The most current quarter and year option will display by default; however, older quarter and year options will also be available for selection. <p>Review and Correct Reports will remain in CASPER folders for 60 days. However, it is important that providers use the Review and Correct Reports while the Data Correction Period is still open so that they can correct information if needed. Therefore, obtaining and using the reports shortly after they become available is advised.</p>
2	Review and Correct Report	I cannot access our facility's Review and Correct Report. Where do I go for help?	<p>If you have any technical issues requesting or accessing the reports, please contact the QIES Technical Support Office Help Desk by email at Help@qtso.com or by phone at (800) 339-9313.</p>
3	Review and Correct Report	If there is a dash listed in the report, is there an issue?	<p>When you see a dash in the report, please review the table legend on the report. The dash indicates that the data are either not available or not applicable. However, providers should confirm that all required data have been submitted, if applicable.</p>

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4	Review and Correct Report	Do the SNFs actually have a report called the “Correct and review” report? I didn’t see it in QIES, just the regular ones.	SNFs will receive Review and Correct Reports. The first SNF QRP Review and Correct Reports are expected to be available in the CASPER system prior to the end of May 2017. Subsequent Review and Correct Reports will be available quarterly. For additional information on their initial release, please monitor the CMS SNF Quality Reporting Program Spotlights and Announcements website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html .
5	Review and Correct Report	Are these reports available in CASPER already? I haven’t been able to find them.	For IRFs and LTCHs, the Review and Correct Reports are now available. The first SNF QRP Review and Correct Reports are expected to be available in the CASPER system prior to the end of May 2017. Subsequent Review and Correct Reports will be available quarterly. For additional information on their release, please monitor the CMS SNF Quality Reporting Program Spotlights and Announcements website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html .
6	Review and Correct Report	When will the review reports be out on CASPER for SNFs? June 2018?	The first SNF QRP Review and Correct Reports are expected to be available in the CASPER system prior to the end of May 2017. Subsequent Review and Correct Reports will be available quarterly. For additional information on their release, please monitor the CMS SNF Quality Reporting Program Spotlights and Announcements website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html .

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7	Review and Correct Report	When selecting a timeframe for the Review and Correct Report, can I view data for only one particular quarter?	<p>The initial Review and Correct Report contains data for only one quarter, Q1 2017. With each subsequent calendar quarter, the report includes another quarter of quality measure data. For 2017, the report will return data based upon the following end dates:</p> <ul style="list-style-type: none"> • Q1 2017: Includes data for Quarter 1 of 2017 only. • Q2 2017: Includes data for Quarters 1 and 2 of 2017. • Q3 2017: Includes data for Quarters 1, 2, and 3 of 2017. • Q4 2017: Includes data for Quarters 1, 2, 3, and 4 of 2017. • Q1 2018: Includes data for Quarters 2, 3, and 4 of 2017 and Quarter 1 of 2018. <p>Providers will be allowed to request the report for older quarters, but requesting the report with an End Date for Q1 2017 is the only time that data will display for only one quarter.</p> <p>Any new or corrected records accepted by the Assessment Submission and Processing (ASAP) system for open quarters will be included in the next weekly quality measure calculations.</p> <p>NOTE: New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.</p>
8	Review and Correct Report	How often are Review and Correct Reports refreshed? How soon are corrections/edits reflected on the report?	<p>Data for the Review and Correct Reports are updated or refreshed as follows:</p> <ul style="list-style-type: none"> • Weekly measure calculations: Performed in the early morning hours every Monday. • Quarterly measure calculations: To allow a quarter to be displayed on the CASPER Review and Correct Report as soon as that quarter is completed, the Review and Correct quality measures are calculated and updated in the early morning hours of the first day of the following quarter. (This is essentially an extra weekly run that occurs on the first day of a new quarter.) • End-of-quarter calculations: To “close” a quarter, the Review and Correct quality measures are calculated and updated 4.5 months after that quarter is completed; on the 16th day of February, May, August, and October, the quarter will be processed and marked as “closed.” <p>NOTE: New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.</p>

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9	Review and Correct Report		<p>Quality measure data on the Review and Correct Reports are updated or refreshed weekly. The weekly calculations occur every Monday in the early morning hours. To be included in the next weekly quality measure calculations, any new or corrected qualifying records with a target date in the reporting period must be accepted by the ASAP system before the Data Correction Deadline.</p> <p>NOTE: New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.</p>
10	Review and Correct Report	Is there a reoccurring day of the week that reports are refreshed?	Weekly quality measure data calculations for the Review and Correct Report are performed in the early morning hours every Monday.
11	Review and Correct Report	How will I know that my Review and Correct Report is available for download? Will I receive a notification when reports are added to my CASPER folder?	<p>As with other user-requested CASPER reports, the completed reports will be automatically saved into the requester's My Inbox folder in the CASPER Reporting application. Here are the steps to locate the completed report:</p> <p>Following a report submission request, users receive verification that the report request was placed into the queue for processing. If desired, users can select the Queue button from the CASPER toolbar to view the status of a requested report. Select the Refresh button to refresh the CASPER Report Queue page so that you can monitor the progress of your report. When your report is no longer listed on the CASPER Report Queue page, it is done processing. Select the Folders button, and a list of folders associated to the user will be displayed in the left frame of the web page. Select the My Inbox link, and a list of the completed report links will display in the right frame of the web page, with the newest report at the top. The report link names identify the type of report in the folder. For example, the link for the LTCH Review and Correct Report is titled, "LTCH Review and Correct Report."</p>

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12	Review and Correct Report	While reviewing our facility's Review and Correct Report we noticed that there is an error in our report for "street address." Do I contact the Public Reporting Help Desk to correct this error?	<p>The facility information (i.e., address, CMS Certification Number (CCN) number, telephone number) display is taken from the Automated Survey Processing Environment. CMS does not have the authority to update this information.</p> <p>To update your facility information, please contact your Medicare Administrative Contractor by visiting https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map. Click on your State on the map or select it from the drop-down list below the map. Contact information for your State will then appear below the map.</p> <p>You can find your Regional Office at https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html. PDFs of contact information for each Regional Office are available at the bottom of the web page.</p> <p>NOTE: The CCN Number displayed for IRF Sub-units (T-units) located within acute care facilities may not accurately reflect the actual Medicare Certification Date. The date displayed may reflect the annual certification date of the acute care facility. CMS is working on a solution to display the correct certification date on the reports.</p>
13	Review and Correct Report	Slide 47, regarding timeframes of patient flu measure: The reporting quarters don't seem to align with the start and end date columns of the data. For example, the Q3 2016–2017 reporting quarter starts 1/1/17 and ends 3/31/17. That seems to be Q1 2017 and not Q3 2016–2017.	<p>We interpret your question regarding alignment for Slide 47 to be in reference to the quarters displayed on the report. Slide 47 refers to the quality measure "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (National Quality Forum (NQF) #0678). Slide 49 refers to the "Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Flu Vaccine (Short Stay) (NQF # 0680).</p> <p>The difference is related to the timeframe used to calculate the measures. When reviewing the flu measure for IRF and LTCH for the QRP, results reported are based on the influenza season, which begins on July 1 and ends on June 30 of the following year. Therefore, Q1 for this measure starts on July 1 and ends on September 30. For the other measures, Q1 begins January 1 and ends on March 30.</p>
14	Review and Correct Report	Am I correct to say that for SNF, the "Number of Eligible Patients..." (Column 6) should reconcile with the Minimum Data Set (MDS) 3.0 Resident Level Quality Measure Report already available on CASPER (if this report is run for the correct time period)? The same patients are counted on both reports, correct?	<p>The number of eligible patients/residents as reported in the Review and Correct Report is based on the specific denominator definitions for each of the SNF QRP Quality Measures and is related to Medicare Part A stays for Medicare Part A patients/residents only. This number may not directly reconcile with the information contained in the quality measure reports. For information on each of the QRP Quality Measures, please refer to the SNF QRP web page linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html</p>

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15	Review and Correct Report	On the announcements for this new report, it says that these reports will allow us to “obtain aggregate performance for the past four full quarters (when data is available).” Will we be able to narrow down this date range to just one quarter, or even just one month? There is a significant burden if we have to review a full year of data just to get information on the most recent period.	You will not be able to single out a quarter beyond the first quarter. We will consider your comment as we work to develop and refine these reports in the future.
16	Review and Correct Report	You said that Review and Correct Reports would be available on a quarterly basis, but that they would be updated weekly. Can you please clarify? If the reports are updated weekly, how are they only available quarterly?	The Review and Correct Reports are available on a quarterly basis for up to the past four full quarters as the data are available. The reports include information regarding whether the Data Correction Period is open or closed, which means whether assessments can be corrected. The reports are refreshed or updated weekly to reflect any changes made.
17	Data Submission Requirements, Including Data Corrections	CASPER Reporting, such as the IRF Provider Threshold Report, does not currently provide detail on all Quality Measures stated for use in Fiscal Year (FY) 2018 Annual Payment Updates (APUs), yet the data submission deadlines are scheduled for May 15, 2017. Will CMS supply providers with the reporting and information necessary to meet requirements, and will this be available prior to the data submission deadlines? If not, will measures not currently supplied in reporting be removed from impacting FY 2018 APUs?	Providers should verify that all required data have been submitted to CMS. The threshold report is just one tool created to assist providers for the IRF setting and is currently being updated to include all measures; however, this does not absolve providers of the data submission requirements. There are other reports available to assist providers with submission requirements.

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18	Data Submission Requirements, Including Data Corrections	Our facility noticed an operational issue with our electronic medical record, but corrected the assessment data and updated inaccuracies in the QIES ASAP system prior to the 4.5-month Data Correction Deadline. We would like to confirm that the corrected data will be included in the data for public reporting.	<p>If you corrected the assessment data via the CMS QIES ASAP system prior to the submission deadline/"freeze" date, then the updates will be reflected for public reporting.</p> <p>If a provider corrects assessment data after the quarterly reporting deadline, the corrected data will only be reflected in the quality measure facility- and patient-level reports. Corrections will not be reflected in the Review and Correct Reports, Provider Preview Reports, or Compare website. It is important for providers to verify their assessment data via CASPER prior to the correction submission deadline. Using the CASPER system, you can monitor the assessment data entered to correct any errors.</p> <p>Please refer to the setting-specific web pages for details related to QRP reporting data submission deadlines.</p> <p>SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html</p> <p>IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html</p> <p>LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html</p>
19	Data Submission Requirements, Including Data Corrections	Please clarify if there's any other special requirement for the May 15, 2017, SNF QRP reporting deadline (aside from the MDS submission to QIES ASAP system).	<p>We refer you to the SNF QRP web pages for additional information regarding data submission deadlines and requirements. There are also dedicated web pages for the IRF and LTCH QRPs.</p> <p>SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html</p> <p>IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html</p> <p>LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html</p>

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20	Data Submission Requirements, Including Data Corrections	When will these measures be recalculated following the May 15 deadline for corrections?	<p>The QRPs have quarterly submission deadlines. The Review and Correct Reports show which quarters are open for corrections and which quarters are closed. We also refer you to the QRP web pages for quarterly submission deadline information.</p> <p>SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html</p> <p>IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html</p> <p>LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html</p>
21	Data Submission Requirements, Including Data Corrections	Beyond completing MDS on Medicare Part A patients, what must SNFs do to comply with the data submission requirement?	<p>CMS expects that data are submitted according to submission deadlines and requirements detailed on the SNF QRP web page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html.</p>

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22	Data Submission Requirements, Including Data Corrections	Is the quality reporting only for Medicare facilities?	<p>SNFs:</p> <ul style="list-style-type: none"> • Medicare-certified SNFs submit assessment-based measures via the MDS 3.0 and include only Medicare Part A patients. • Claims-based measures include only Medicare Part A patients. <p>IRFs:</p> <ul style="list-style-type: none"> • Assessment-based measures are submitted via the IRF-Patient Assessment Instrument (PAI) and include all Medicare Part A and Medicare Advantage patients. • Claims-based measures include only Medicare Part A patients. • Centers for Disease Control and Prevention (CDC) data are submitted via the National Healthcare Safety Network (NHSN), and patient data include all patients, regardless of payer source. <p>LTCHs:</p> <ul style="list-style-type: none"> • Assessment-based measures are submitted via the LTCH CARE Data Set, and patient data include all patients, regardless of payer source. • Claims-based measures include only Medicare Part A patients. • CDC data are submitted via NHSN, and patient data include all patients, regardless of payer source.
23	Data Submission Requirements, Including Data Corrections	Will CMS restrict the 2% reimbursement withhold for QRP for SNF to only these three measures?	<p>Yes, currently, the three assessment-based measures requiring submission for the SNF QRP that are potentially subject to the 2% APU adjustment for FY 2018 are “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened” (Short Stay) (NQF #0678), “Application of Percent of Residents Experiencing One or More Falls with Major Injury” (Long Stay) (NQF #0674), and “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).</p>

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24	Data Submission Requirements, Including Data Corrections	When is the freeze date again?	<p>Freeze dates or submission deadlines are specific to the setting and measure. Generally, providers may correct data in the QIES ASAP system 4.5-months/135 days after the reporting timeframe has ended. The specific measures and dates are listed on the setting-specific QRP web pages.</p> <p>SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html</p> <p>IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html</p> <p>LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html</p>
25	Data Submission Requirements, Including Data Corrections	Does 4th quarter 2016 data alone determine the Medicare Completeness criteria for FY18?	The FY 2018 SNF APU determination is based on one quarter of data from October 1, 2016, to December 31, 2016. This means that FY 2018 compliance determination will be based on data submitted for admissions to the SNF on and after October 1, 2016, and discharged from the SNF up to and including December 31, 2016.
26	Data Submission Requirements, Including Data Corrections	The website is not clear if our regular MDS submissions are all that needs to be done. Are there other submission steps/deadlines that we are currently not doing that need to be added?	SNFs currently submit MDS 3.0 data to CMS through the QIES ASAP system. The implementation of the SNF QRP does not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system, and no additional reporting is required.
27	Data Submission Requirements, Including Data Corrections	Please clarify the need to submit the data. Aren't the data being submitted automatically when the MDS is closed and submitted? What needs to be submitted?	Yes, the data required for the SNF QRP are being submitted when you enter your MDS assessments. The implementation of the SNF QRP does not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system, and no additional reporting is required.

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28	Quality Measures	For the LTCH functional status measures, can you please explain the difference between the “Application of...” measure and the “Percent of...” measure?	<p>In this instance, the term “application” is used in the quality measure title to indicate that the measure is a modified version of the NQF-endorsed measure.</p> <p>The “Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function” (NQF #2631) is a functional process measure developed for the LTCH setting that requires the collection of admission and discharge functional status data using standardized clinical assessment items that assess specific functional activities in the areas of self-care, mobility, cognition, communication, and bladder continence.</p> <p>The “Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function” (NQF #2631) is a cross-setting quality measure that was adapted for use in all post-acute care settings to meet the requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). The cross-setting measure includes a subset of the items used in the original measure, “Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function” (NQF #2631).</p>
29	Quality Measures	You said that new or worsened pressure ulcers were measured across IRFs, SNFs, and LTCHs. How are they comparable given that IRFs and SNFs only report Medicare patients, while LTCHs are required to report all patients?	<p>The quality measure “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened” (NQF #0678) is currently calculated using the following populations for each post-acute care setting: Medicare Part A and Medicare Advantage for the IRF setting, all payers for the LTCH setting, and Medicare Part A for SNF settings. The measures are calculated using standardized data elements as required by the IMPACT Act. At this time, pressure ulcer quality measure scores are not compared across post-acute care settings but rather are compared within each setting and are updated on a quarterly basis. This measure is currently publicly reported for IRFs and LTCHs and can be located at the following websites at: https://www.medicare.gov/inpatientrehabilitationfacilitycompare and https://www.medicare.gov/longtermcarehospitalcompare, respectively.</p>
30	Quality Measures	For quality measure NQF #0678 (“Pressure Ulcers New or Worsened”), if a patient has two pressure ulcers, would this count as one (as in per patient) or two in the report (as in per ulcer)?	<p>The quality measure “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened” reports the number of patients with new or worsened pressure ulcers, not the number of pressure ulcers. For additional information on the calculation of the measure, please refer to the setting-specific QRP web page for downloads for QM User Manuals or Measure Specifications documents.</p>
31	Quality Measures	When will the number of patients that meet or exceed the functional outcomes measures in IRF be available?	<p>For the IRF Functional Outcome Measures “Discharge Self-Care Score for Medical Rehabilitation Patients” (NQF #2635) and “Discharge Mobility Score for Medical Rehabilitation Patients” (NQF #2636), that information will be available once risk-adjustment models are updated. Both of these quality measures require calculation of expected scores using risk-adjustment model results, because the numerator is the number of patients in an IRF with a discharge score that is equal to or higher than the calculated expected discharge score.</p>

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32	Quality Measures	Data for Falls from IRF are from the IRF PAI, so if a patient had a fall on 3/30 but were not discharged until 4/2, the fall would not show up on the report until Quarter 2 even though it happened in Quarter 1. Correct?	You are correct. The performance period for assessment-based measures refers to the date when a patient was discharged. Please note only falls resulting in major injury are reported in the Review and Correct Reports, other CASPER Reports, and for public reporting. The “Application of Percent of Residents Experiencing One or More Falls with Major Injury” (NQF #0674) measure is based on the completion of the discharge item J1900C. The IRF-PAI would not be submitted in QIES before April 2. If the patient experienced a major injury, the measure results would count the fall with major injury based on patient’s discharge date, that is, during Quarter 2 (April 1–June 30) of that calendar year.
33	Quality Measures	Can you please explain how the flu performance is calculated for IRF?	Please refer to the specifications found in the IRF QM User Manual V1.1, April 2016: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html . This document provides details about the record selection and the methods used to calculate the numerators, denominators, and percent values.
34	Quality Measures	For the Mobility and Self-Care average observed change, are you using the new Quality Improvement tool or the FIM®?	For “IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients” (NQF #2633) and “IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients” (NQF #2634), the measures are derived from the self-care and mobility items in the Quality Indicators Section GG of the IRF-PAI. For further information on the specifications for these measures, please refer to: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF_Final_Rule_Quality_Measure_Specifications_7-29-2015.pdf .
35	Quality Measures	When calculating the number of eligible patients discharged from a provider during the reporting timeframe used for the quality measure, do you only include Medicare patients?	SNFs collect data for Medicare Part A patients/residents only. For IRFs, only Medicare Part A and C patients are included. For LTCHs, all patients are included regardless of payer.
36	Quality Measures	If my facility’s observed performance rate is high, is this good or bad?	When interpreting the observed performance rate, you need to consider the quality measure. For example, if you are reviewing “Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine,” a high performance rate (e.g., 95%) is good. However, for other measures such as “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened,” lower results are better. For the IRF function measures, such as “IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients” and “IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients,” the average observed change scores are reported.

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37	Quality Measures	Can you explain again what will be reported for the flu measure, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) that is different from other measures?	The difference is related to the timeframe used to calculate the measure. When reviewing the flu measure for IRF and LTCH for the QRP, results reported are based on the influenza season, which begins on July 1 and ends on June 30 of the following year. Therefore, Q1 for this measure starts on July 1 and ends on September 30. For the other measures, Q1 begins January 1 and ends on March 30.
38	Quality Measures	If I want to find out how to calculate the measure, where can I find this information?	You can review the quality measure specifications listed on the setting-specific QRP websites. SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Technical-Information.html LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html
39	Quality Measures	When the report says “adjusted for risk” regarding the Pressure Ulcer quality measure, how are the adjustments done? How do we verify if the data are correct?	Please refer to the setting-specific quality measure manuals that contain measure-specific information, including risk adjustors. Please note that the Review and Correct Reports contain observed results only. The Quality Measure and Provider Preview Reports provide risk-adjusted results. SNF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Technical-Information.html LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html
40	Quality Measures	Is there a way to measure the facility’s progress in quality measures on a more frequent basis than quarterly?	Providers can run the Review and Correct Reports and quality measure patient-level and facility-level data reports on a weekly basis to assist with their internal quality improvement activities.

#	Question Category	Question	Answer
41	Quality Measures	Are the quality measures for the SNF taken from the submitted MDS assessments? How do we verify our data are correct?	<p>The data for calculating the SNF QRP Quality Measures are obtained from the submission of MDS 3.0 data through CMS' QIES ASAP system. No additional reporting is required.</p> <p>SNFs have opportunities to review their information and validate their data for measure calculation using other reports available through CASPER such as data submission reports, which give providers information on fatal errors and warning messages related to data submission. For example, various data submission reports provide details regarding assessment items submitted for a selected MDS 3.0 assessment and others summarize errors encountered in assessments submitted during a specified period.</p>
42	Other CASPER Reports to Use With the Review and Correct Report	Please provide examples of CASPER reports that can be used in conjunction with the Review and Correct Report to examine patient-level information.	Please see Appendix A for other CASPER reports.
43	Other CASPER Reports to Use With the Review and Correct Report	When will we be able to compare our quality measures to other facilities on IRF Compare?	<p>You can compare your facility's results with other IRFs now on IRF Compare in one of two ways. On the Compare website home page, you can search by entering a ZIP Code, city and State, or State. If the search results produce more than one IRF within the geographic area selected, you can scroll and select the IRFs you want to compare and then the lower right green box, "Add to Compare." This allows you to compare up to three facilities at a time.</p> <p>Another method is to download the national data results by going to the home page and selecting the lower right box "Additional Information" then "Download the Database." There is a Data Dictionary to accompany the dataset.</p> <p>The IRF Compare website includes results for three quality measures:</p> <ul style="list-style-type: none"> • "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) • "All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities" (NQF #2502)

#	Question Category	Question	Answer
44	Other CASPER Reports to Use With the Review and Correct Report	Which CASPER report should I use to research how my facility's performance rate was calculated for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) Quality Measure?	<p>The QM User Manuals for the LTCH and IRF settings (go to the Downloads section of the web pages linked below) provide the full specifications for calculating this measure and also can be useful for researching how your facility's performance rate was calculated.</p> <p>For the specifications for calculating the SNF QRP Quality Measures, please refer to our website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html</p> <p>IRF: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html</p> <p>LTCH: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html</p>
45	Other CASPER Reports to Use With the Review and Correct Report	How do I validate data on my Review and Correct Report? Are there other reports that I can reference?	Yes, there are additional reports that can be used in conjunction with the information contained in the Review and Correct Reports. Please see Appendix A for additional reports that are available.
46	Other CASPER Reports to Use With the Review and Correct Report		We have received multiple questions regarding access to patient-level data for readmissions. At this time we are unable to provide patient-level data for this purpose. However, we are actively working on a process that would allow providers access to patient-level information.
47	General	Multiple large sections of presentation were skipped in the live presentation.	There was a technical difficulty with the web stream between 2:07 p.m. and 2:16 p.m. The video in its entirety has been posted to the CMS YouTube site for participants to review at the following URL: https://youtube/hG_Ks0pX3ao . We apologize for the inconvenience.
48	General	Are you going to give us the answers to your slide presentation so we can share as a tool with our care teams?	<p>Post-training materials with answers to knowledge check questions have been posted on the following webpages under the Downloads section.</p> <p>SNF Quality Reporting Training: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html</p> <p>IRF Quality Reporting Training: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Training.html</p> <p>LTCH Quality Reporting Training: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html.</p>

#	Question Category	Question	Answer
49	Other	How secure are the data? What happens if someone accesses the information and changes the data on the Government system? How would you know this occurred? How would you obtain the original data again?	<p>CASPER reports are available for 60 days. However, providers can save this information per their facility guidelines. Access to QIES is granted based on request from facilities, and access is limited based on provider-type. Facilities themselves dictate which staff/vendor can access the QIES system.</p> <p>The QIES national systems meet the Acceptable Risk Safeguards requirements required by CMS. The CMS network is a private network where users access the Submissions systems to submit data to the ASAP system and where users access the CASPER Reporting application, which provides access to the various provider-level reports.</p> <p>One set of user ID and password credentials is required to login to the CMS Network, and a separate set of user ID and password credentials is required to login to the ASAP system and CASPER Reporting application. The QIES User ID that submitted the records to the ASAP system is associated to each assessment record and can be found at the top of the IRF-PAI Facility Final Validation Report. Only users who have been granted access to submit data or access reports for a provider have access to that provider's data.</p>
50	Other	Is it true that only a number of staff have access to CASPER?	This is correct. Please contact the QIES Technical Support Office Help Desk by email at Help@qtso.com or by phone at (800) 339-9313.
51	Other	How are the penalties for the claims-based measures going to work, since there is nothing additional to complete?	You are correct. There is no additional information required to submit for claims-based measures. There are no penalties associated with the claims-based measures.

Appendix A: Other Certification and Survey Provider Enhanced Reports (CASPER)

There are other CASPER Reports available to providers to help ensure submission and accuracy of data. Listed below are a few examples. Providers can find details on these reports and other useful reports in the CASPER Reporting User's Guide.

- **Facility Final Validation Report**

- Automatically created and stored in each provider's validation report shared folder.
- Displays detailed information about each record in the submission file (including patient information) that the Assessment Submission and Processing (ASAP) system was able to successfully process.
- Providers should review each final validation report to identify whether the ASAP system accepted or rejected the records.
- Providers should review all errors (warning messages or fatal errors) displayed in the final validation report to determine whether additional action is required to ensure the ASAP system accepts the assessment. This is especially important for records that were rejected with fatal errors.
- Providers can refer to Section 5 Error Messages to review additional details about the warning messages or fatal errors that display on the final validation report to determine the type of corrective action required, if any.

- **Submitter Validation Report**

- User-requested report available in the CASPER Reporting application.
- Displays detailed information about each record in the submission file (including patient information) that the ASAP system was able to successfully process.
- Identifies whether the records were accepted or rejected and lists all errors encountered while the record was being processed.
- Returns data based on the Submitter User ID, which is the user ID that submitted the assessment records to the ASAP system. As such, only the submitter of the ZIP file can request this report.
- Returns details for all records in the ZIP file, including those that the ASAP system could not process because of severe errors with the file or record.
- Providers can refer to Section 5 Error Messages to review additional details about the warning messages or fatal errors that display on the final validation report to determine the type of corrective action required, if any.

- **Error Detail by Facility Report**
 - Details the errors encountered in successful submissions during a specified period.
 - Providers can request this report for a period of time to identify the warning messages and fatal errors that were encountered in the records submitted to the ASAP system during a specified period.
 - Another way to identify any records that were rejected because of fatal errors that may require action and resubmission to the ASAP system before the Data Submission Deadline is reached.
 - This report is not available to Swing Bed providers.

- **Assessments With Error XXXX (available for Inpatient Rehabilitation Facility (IRF) and some of the Long-Term Care Hospital (LTCH) measures; not available for Skilled Nursing Facility measures, which have no error messages associated to “-” and how the dash works against the provider’s Annual Payment Update (APU))**
 - Lists the assessments submitted with a specified error for select facilities during a specified period.
 - This report can be requested for a particular error, such as error -5004 (IRFs) or error -3900 (LTCHs).
 - When the report is requested for the APU warning error, providers can see a list of assessments that received the APU errors during the selected period.
 - This report is not available to Swing Bed providers.

- **LTCH Admission and Discharge Reports**
 - Lists patients who were admitted or discharged during a specified period.
 - Could be used to ensure admission and discharge assessments have been accepted by the ASAP system.
 - Could be used to obtain a list of patients who have an admission and discharge record with target dates during the quarterly reporting period to identify the patient stays that may have been included in the quarterly reporting period. *This would provide a list of patients with accepted records during the time period; some stays may be excluded because of the measure exclusion criteria, but it could be a place for the providers to start.*
 - Minimum Data Set nursing home skilled nursing facilities have Admission and Discharge Reports, but swing bed providers do not.

- **IRF Discharges Report**
 - Lists patients who have had an IRF-Patient Assessment Instrument (PAI) record accepted by the ASAP system during the selected period.

- o IRFs do not have an Admissions Report because the admission and discharge assessment data are submitted in one record.
- o Could be used to ensure that there is an accepted IRF-PAI record for all discharged patients.
- o Could be used to obtain a list of patients who have an admission and discharge record with target dates during the quarterly reporting period to identify the patient stays that may have been included in the quarterly reporting period. *This would provide a list of patients with accepted records during the time period; some stays may be excluded because of the measure exclusion criteria, but it could be a place for the providers to start.*
- **Activity or Submission Activity Report**
 - o Lists assessment records, including modifications and inactivation requests, that were submitted to and accepted by the ASAP system during a specified period.
 - o Could be used to verify whether all records for all patients have been submitted to and accepted by the ASAP system.
 - o Could be used to obtain a list of patients who have an assessment with target dates during the quarterly reporting period to identify the patient stays that may have been included in the quarterly reporting period. *This would provide a list of patients with accepted records during the time period; some stays may be excluded because of the measure exclusion criteria, but it could be a place for the providers to start.*
 - o Displays the Submission Date, so providers could use this report to determine whether the new or corrected records were accepted by the ASAP system prior to the Data Correction Deadline.
 - o This report is not available to Swing Bed providers.
- **Assessment Print Reports**
 - o Lists data submitted for each item for each accepted record.
 - o Could be used to easily validate the data that were submitted in an item used in a measure calculation.
 - o Report is requested by assessment ID. This value can be obtained from the final validation report.