



MLN Connects[®]

National Provider Call

Quality Reporting Program Provider Training: Public Reporting and CASPER Quality Measure Reports

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Disclaimer

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Acronyms in this Presentation

- Automated Survey Processing Environment (ASPEN)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Certification and Survey Provider Enhanced Reports (CASPER)
- CMS Certification Number (CCN)
- Confidence Interval (CI)
- Inpatient Prospective Payment System (IPPS)
- Inpatient-Rehabilitation Facility (IRF)

Acronyms in this Presentation

- Inpatient-Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH-CARE)
- Medicare Administrative Contractor (MAC)
- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Prospective Payment System (PPS)
- Quality Measure (QM)
- Risk Standardized Readmission Rate (RSRR)
- Standard Infection Ratio (SIR)

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 Long-Term Care Hospitals (LTCHs) [1886(m)(5)(E)] and Inpatient-Rehabilitation Facilities (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 Inpatient prospective payment system (IPPS)/LTCH (Prospective Payment System) 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.

Agenda

- Identify the quality measures for public reporting in 2016
- Name and describe reports associated with public reporting
- Explain content of the Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure (QM) reports by data source
- Review how to interpret facility and patient level results
- Describe how to access reports in CASPER
- Identify resources for providers

Quality Measures

Types of quality measures based on data source:

- Assessment-Based Measures
 - LTCH: Long-Term Care Hospital Continuity Assessment Record & Evaluation (LTCH CARE) Data Set
 - IRF: Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Measures
- Claims-Based Measures

Quality Measures

The quality measures that are listed in the next several slides represent the quality measures that are included on the current versions of the IRF and LTCH QM Reports, which will be discussed throughout this presentation.

For an exhaustive list of QMs for each program, see the following websites:

- LTCH Quality Reporting:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>

- IRF Quality Reporting:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>

Quality Measures

Assessment-Based Measures:

- Percent of Resident or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (National Quality Forum (NQF) #0680)
 - Data collection began: 10/01/2014
- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - Data collection began: 10/01/2012

Quality Measures

CDC NHSN Measures:

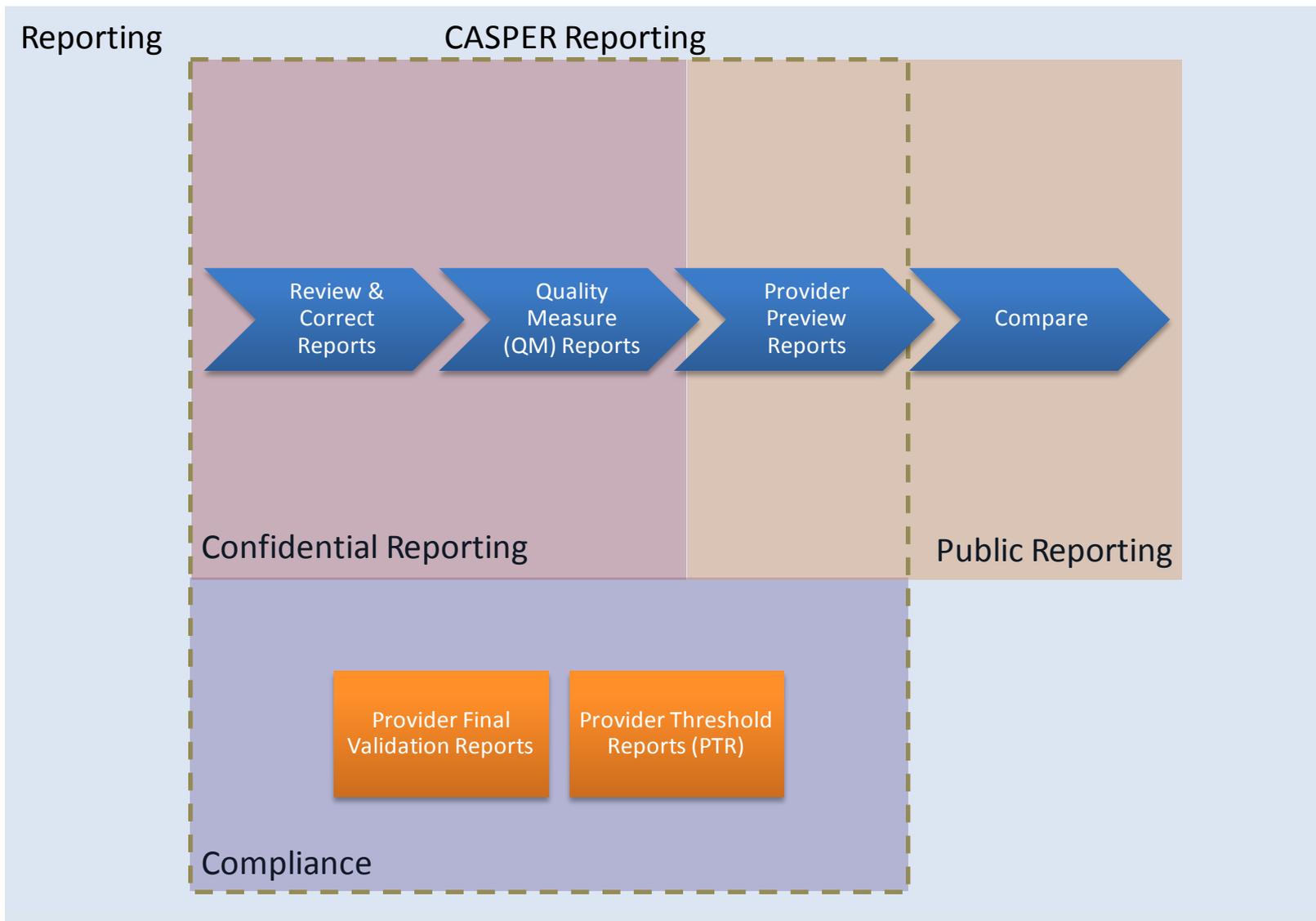
- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - Data collection began: 10/01/2012
- NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
 - NQF #0139 is an **LTCH-only** QM
 - Data collection began: 10/01/2012

Quality Measures

Claims-Based Measures:

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502)
 - Data Collection began 10/01/2012
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512)
 - Data Collection began 10/01/2012

Public Reporting Overview Graphic



Public Reporting Overview

- CASPER:
 - Provider Preview Reports (launched September 2, 2016)
 - Review and Correct Reports (launching spring 2017)
 - QM Reports: facility-level and patient-level (now available to providers)
- Public Reporting:
 - IRF Compare Website, LTCH Compare Website
 - Downloadable data from <https://data.medicare.gov/>

CASPER QM Reports Overview

CASPER QM Facility-Level and Patient-Level Reports:

- Centers for Medicare and Medicaid Services (CMS) and other contractors may also refer to these reports as “CASPER User-Requested Reports”
- Confidential Feedback Reports
 - Available to providers prior to public reporting for internal purposes only and not for public display
 - Used for feedback to help providers identify data errors and improve quality of care
- Contain quality measure information at the facility- and patient-level for a single reporting period

CASPER QM Reports Overview

CASPER QM Facility-Level and Patient-Level Reports:

- Available on demand
- Providers are able to select the data collection end date and obtain aggregate performance data
- Claims-based and CDC NHSN QMs are not included in Patient-Level Reports

Next slides provide details of the reports:

- Facility-Level Reports, then Patient-Level Reports
- Either a snap shot of the IRF or LTCH version of the report will be displayed. Any differences between the two settings will be noted.

CASPER QM Facility-Level Reports

Header:

- Facility ID
- CMS Certification Number (CCN)
- Facility Name (IRF) / Provider Name (LTCH)
- City/State
- Report Period
- Data was calculated on
- Comparison Group Period
- Report Run Date
- Report Version Number

CASPER QM Facility-Level Reports



CASPER Report IRF Facility-Level Quality Measure Report

Page 1 of 4

Facility ID: XXXXXX
CCN: 123457
Facility Name: My IRF
City/State: Waltham, MA

Report Period: 01/01/2015 – 12/31/2015
Data was calculated on: 10/01/2016
Comparison Group Period: 01/01/2015 – 12/31/2015
Report Run Date: 12/20/2016
Report Version Number: 1.00

CASPER QM Facility-Level Reports

Important Notes:

- Please review the data about your facility, including Facility Name, CCN, primary contact information, date of certification (exception IRF T–units)
- Major source of Public Reporting Helpdesk questions concerning the Provider Preview Reports
- Extremely important to make certain the Medicare Certification Date for your facility is correct within the Automated Survey Processing Environment (ASPEN) system
- CMS has no ability to either monitor the validity of the Medicare Certification Dates within ASPEN, nor do we have the authority to issue a correction within the system

CASPER QM Facility-Level Reports

Facility Information: Ensure Accuracy—How to Correct

- To update your facility information, contact your Medicare Administrative Contractor (MAC) 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 be displayed below the map. You can find your Regional Office at <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>. PDFs of contact information for each RO are available at the bottom of the page.

Assessment-Based QMs

Report:

- Source (IRF-PAI/LTCH CARE Data Set)
- Measure Name
- CMS Measure ID
- Numerator
- Denominator
- Facility Observed Percent
- Comparison Group U.S. National Average

Assessment-Based QMs



CASPER Report LTCH Facility-Level Quality Measure Report

Page 1 of 4

Facility ID: ~~xxxxxxx~~
CCN: 123457
Provider Name: My LTCH
City/State: Waltham, MA

Report Period: 01/01/2015 – 12/31/2015
Data was calculated on: 10/01/2016
Comparison Group Period: 01/01/2015 – 12/31/2015
Report Run Date: 12/20/2016
Report Version Number: 1.00

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	Comparison Group U.S. National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	L001.01	9	280	3.2%	3.0%	2.9% ¹

1: U.S. national observed mean is 1.9616.

Assessment-Based QMs



CASPER Report IRF Facility-Level Quality Measure Report

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Facility ID: ~~xxxxxxx~~
 CCN: 123457
 Facility Name: My IRF
 City/State: Waltham, MA

Report Period: 07/01/2015 – 06/30/2016
 Data was calculated on: 10/01/2016
 Comparison Group Period: 07/01/2015 – 06/30/2016
 Report Run Date: 12/20/2016
 Report Version Number: 1.00

Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Comparison Group U.S. National Average
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	I002.01	220	250	88.0%	90.9%
Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)	I003.01	174	250	69.6%	71.2%
Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)	I004.01	41	250	16.4%	17.9%
Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine (NQF #0680C)	I005.01	5	250	2.0%	1.8%

NHSN Measures

- NHSN CAUTI Outcome Measure (NQF #0138)
- NHSN CLABSI Outcome Measure (NQF #0139) (**LTCH only**)

NHSN Measures



CASPER Report LTCH Facility-Level Quality Measure Report

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CCN:	123457	Report Period:	01/01/2015 – 12/31/2015
Provider Name:	My LTCH	Data was calculated on:	10/01/2016
City/State:	Waltham, MA	Comparison Group Period:	01/01/2015 – 12/31/2015
		Report Run Date:	12/20/2016
		Report Version Number:	1.00

Table Legend

- a: Standardized infection ratio – ratio of reported to predicted infections; lower SIR is better
- b: (Lower Limit, Upper Limit)
- c: Standardized infection ratio (SIR) U.S. national benchmark = 1
- d: CDC measures do not have patient-level quality measure reports

Source: Centers for Disease Control and Prevention (CDC) NHSN

Measure Name	CMS Measure ID	Reported Number of Infections	Device Days	Predicted Number of Infections	SIR ^a	95% Confidence Interval ^b	Comparison Group U.S. National SIR ^a	Comparative Performance Category ^c
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) ^d	L006.01	3	5277	10.242	0.293	(0.075, 0.797)	0.547	Better than the U.S. National Benchmark
National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139) ^d	L007.01	3	5277	10.242	0.293	(0.075, 0.797)	0.547	Better than the U.S. National Benchmark

NHSN Measures

- Reported Number of Infections
- Device Days
- Predicted Number of Infections
- Standardized infection ratio (SIR)
- 95% Confidence Interval
- Comparison Group U.S. National SIR
- Comparative Performance Category

NHSN Measures

Table Legend:

- A. Standardized infection ratio—Ratio of reported to predicted infections; lower SIR is better
- B. (Lower Limit, Upper Limit)
- C. Standardized infection ratio (SIR) U.S. national benchmark=1
- D. CDC measures are not included in CMS patient-level quality measure reports

NHSN Measures

- Reported Number of Infections:
 - Numerator
- 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.
- 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.
- SIR:
 - 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.

NHSN Measures

- 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
 - Ratio of Reported to Predicted Infections–SIR 0.293 (0.075, 0.797)

NHSN Measures

- Comparison Group U.S. National SIR:
 - Reported number of infections in the nation divided by predicted number of infections in the nation
- Comparative 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

Claims-Based Measures

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from IRFs (NQF #2502)
- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from LTCHs (NQF #2512)

Claims-Based Measures

- Number of Unplanned Readmissions Following Discharges
- Number of Eligible Stays
- Crude Readmission Rate
- Risk Standardized Readmission Rate (RSRR)
- U.S. National Crude Rate
- Comparative Performance Category

Claims-Based Measures



CASPER Report LTCH Facility-Level Quality Measure Report

Page 4 of 4

CCN: 123457
 Provider Name: My LTCH
 City/State: Waltham, MA

Report Period: 01/01/2013 – 12/31/2014
 Data was calculated on: 10/01/2016
 Comparison Group Period: 01/01/2013 – 12/31/2014
 Report Run Date: 12/20/2016
 Report Version Number: 1.00

Source: Medicare Fee-For-Service Claims

Measure Name	CMS Measure ID	Number of Unplanned Readmissions Following Discharge	Number of Eligible Stays	Crude Readmission Rate	Risk Standardized Readmission Rate (RSRR)	U.S. National Crude Rate	Comparative Performance Category
All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512) ^a	L008.01	402	2,312	17.30%	15.30%	18.90%	Better than the U.S. National Rate

Note: Readmission measure will not have a patient-level quality measure report

CASPER QM Patient-Level Reports

- Contains quality measure information at the patient level for a single reporting period
- Providers are able to specify the reporting end date and obtain aggregate performance for the current quarter (may be partial) and past three quarters
- Assessment-Based Measures only

CASPER QM Patient-Level Reports

- Facility ID
- CCN
- City/State
- Report Period
- Report Run Data
- Report Version Number
- Status Legend
 - X: Triggered
 - NT: Not Triggered
 - E: Excluded from analysis based on exclusion criteria

CASPER QM Patient-Level Reports



CASPER Report IRF Patient-Level Quality Measure Report

Page 1 of 2

Facility ID: xxxxxx
 CCN: 123457
 Facility Name: My IRF
 City/State: Waltham, MA

Report Period: 02/01/2015 – 01/31/2016
 Report Run Date: 04/01/2016
 Report Version Number: 1.00

Status Legend

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on exclusion criteria

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

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)	Future QM Added Here					
Doe, Charles	654867	11/01/2014	12/01/2014	X						
Doe, Fred	545454	10/25/2014	11/23/2014	NT						
Doe, Holly	484851	08/08/2014	09/04/2014	X						
Doe, Jill	841515	07/16/2014	08/04/2014	E						
Doe, John	846544	06/28/2014	07/27/2014	NT						
Doe, Katie	878791	05/17/2014	05/24/2014	X						
Doe, Mary	321546	03/28/2014	04/04/2014	NT						
Doe, Mike	796131	03/01/2014	03/12/2014	X						
Doe, Paul	454556	02/11/2014	02/21/2014	NT						
Doe, Ruth	115897	01/11/2014	01/16/2014	E						

CASPER QM Patient-Level Reports

- Percent of Resident or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
- How to interpret the Y/N for overall measure and submeasures:
 - Y for overall measure = Y in one submeasure
 - N for overall measure = N in all submeasures

CASPER QM Patient-Level Reports



CASPER Report IRF Patient-Level Quality Measure Report

Page 2 of 2

Facility ID: ~~xxxxxx~~
 CCN: 123457
 Facility Name: My IRF
 City/State: Waltham, MA

Report Period: 07/01/2014 – 06/30/2015
 Report Run Date: 04/01/2016
 Report Version Number: 1.00

Status Legend

Y: Yes
 N: No
 E: Excluded from analysis based on exclusion criteria

Quality Measures: Patient Seasonal Influenza Vaccination Measure
 Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)	Residents or Patients Who Received the Seasonal Influenza Vaccine	Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine	Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine	Future QM Added Here	Future QM Added Here	Future QM Added Here
Doe, Charles	654867	11/01/2014	12/01/2014	N	N	N	N			
Doe, Fred	545454	10/25/2014	11/23/2014	Y	Y	N	N			
Doe, Holly	484851	08/08/2014	09/04/2014	Y	Y	N	N			
Doe, Jill	841515	07/16/2014	08/04/2014	Y	Y	N	N			
Doe, John	846544	06/28/2014	07/27/2014	Y	Y	N	N			
Doe, Katie	878791	05/17/2014	05/24/2014	Y	Y	N	N			
Doe, Mary	321546	03/28/2014	04/04/2014	Y	N	Y	N			
Doe, Mike	796131	03/01/2014	03/12/2014	Y	N	Y	N			
Doe, Paul	454556	02/11/2014	02/21/2014	Y	N	N	Y			
Doe, Ruth	115897	01/11/2014	01/16/2014	E	E	E	E			

How to Obtain Reports - IRF version



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.

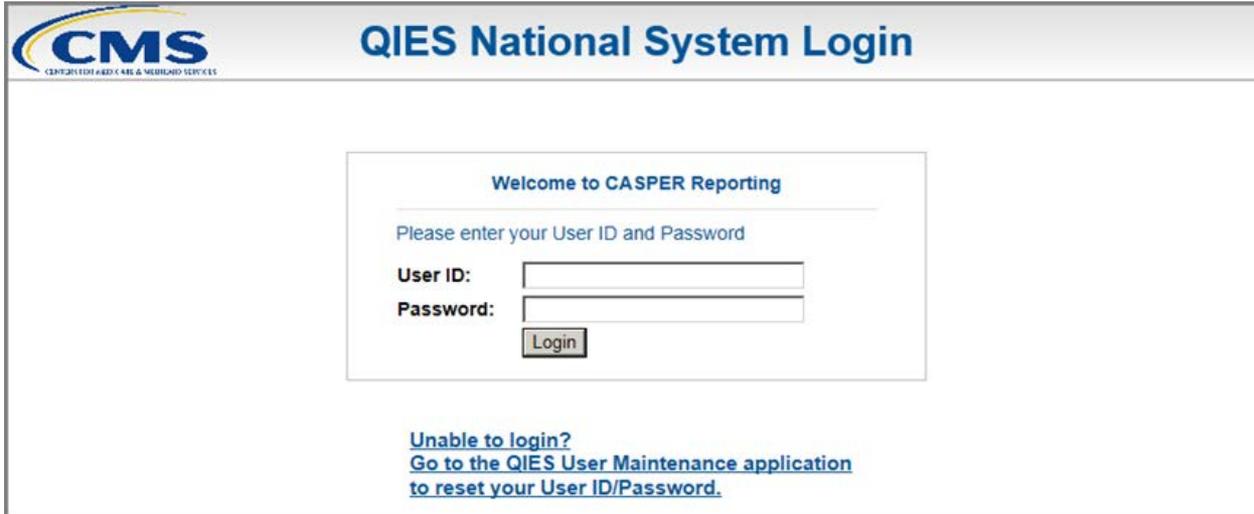
CASPER Reporting User's Manual:

[QIES User Maintenance Application](#)

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

[IRF-PAI Forms](#)

How to Obtain Reports



The image shows the login page for the QIES National System. At the top left is the CMS logo with the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES'. To the right of the logo is the title 'QIES National System Login'. Below the title is a central box with the heading 'Welcome to CASPER Reporting'. Inside this box, it says 'Please enter your User ID and Password'. There are two input fields: 'User ID:' and 'Password:'. Below the password field is a 'Login' button. At the bottom of the page, there is a link for 'Unable to login?' and another link: 'Go to the QIES User Maintenance application to reset your User ID/Password.'



The image shows the main dashboard of the CASPER system. At the top left, there are links for 'Skip navigation links' and 'Skip to Content'. Below these is a blue header bar with the text 'CASPER Topics'. To the right of this bar is a toolbar with buttons for 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. The 'Reports' button is circled in red. Below the header bar, there are two main content areas. On the left is a 'Topics' sidebar with a list of links: 'Home Page', 'Merge PDF Feature', 'IE Active X Plug-in', 'ZIP Feature', 'Java JRE', 'PSR/Jasper Report Viewer & Unzip Utility', and 'CMS Tally Template'. On the right is a 'Home Page' section with the heading 'Welcome to CASPER' and the instruction 'Use the buttons in the toolbar above as follows:'. Below this instruction are definitions for each toolbar button: 'Logout' (End current session and exit the CASPER (dvqsap33) 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 dashboard, there is a 'Welcome:' label followed by a user name.

How to Obtain Reports

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

Pages [1]

Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports) [Search](#)

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.

Skip navigation links

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: IRF Facility-Level Quality Measure Report

Begin Date (mm/dd/yyyy):

End Date (mm/dd/yyyy): ▼

Influenza Season Dates:

Template Folder: ▼

Template Name: ▼

[Submit](#) [Back](#)

[Save & Submit](#) [Save](#)

How to Obtain Reports

Skip navigation links

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: IRF Patient-Level Quality Measure Report

Begin Date (mm/dd/yyyy):
End Date (mm/dd/yyyy):
Influenza Season Dates:

Template Folder:
Template Name:

Skip navigation links [Skip to Content](#)

CASPER Folders [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Folders

My Inbox

Info	Click Link to View Report	Date Requested	Select
	IRF Patient-Level Quality Measure Report	10/31/2016 13:29:35	<input type="checkbox"/>
	IRF Facility-Level Quality Measure Report	10/31/2016 13:29:12	<input type="checkbox"/>

Pages [1]

How to Obtain Reports



CASPER Report IRF Facility-Level Quality Measure Report

Page 1 of 4

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

Report Period: 07/01/2015 - 06/30/2016
 Data was calculated on: 09/20/2016
 Comparison Group Period: 07/01/2015 - 06/30/2016
 Report Run Date: 10/17/2016
 Report Version Number: 1.00

Table Legend

N/A = Not Available

Note: Dashes represent a value that could not be computed



Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	Comparison Group U.S. National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	I001.01	1	19	5.3%	6.5%	0.9% ^[1]

[1]: U.S. national observed mean is 1.0215.

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

How to Obtain Reports



CASPER Report IRF Facility-Level Quality Measure Report

Page 2 of 4

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

Report Period: 07/01/2015 - 06/30/2016
 Data was calculated on: 10/01/2016
 Comparison Group Period: 07/01/2015 - 06/30/2016
 Report Run Date: 10/31/2016
 Report Version Number: 1.00

Table Legend

N/A = Not Available

Note: Dashes represent a value that could not be computed

Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Comparison Group U.S. National Average
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	I002.01	10	10	100.0%	94.3%
Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)	I003.01	7	10	70.0%	68.9%
Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)	I004.01	3	10	30.0%	23.6%
Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)	I005.01	0	10	0.0%	1.7%

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How to Obtain Reports



CASPER Report IRF Facility-Level Quality Measure Report

Page 3 of 4

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

Report Period: 04/01/2015 - 03/31/2016
 Data was calculated on: 10/05/2016
 Comparison Group Period: 04/01/2015 - 03/31/2016
 Report Run Date: 10/31/2016
 Report Version Number: 1.00

Table Legend

- [a]: Standardized infection ratio – ratio of reported to predicted infections; lower SIR is better
 - [b]: (Lower Limit, Upper Limit)
 - [c]: Standardized infection ratio (SIR) U.S. national benchmark = 1
 - [d]: CDC measures do not have patient-level quality measure reports
- N/A = Not Available
 Note: CDC data not available for a report period end date prior to 12/31/2015



Source: Centers for Disease Control and Prevention (CDC) NHSN

Measure Name	CMS Measure ID	Reported Number of Infections	Device Days	Predicted Number of Infections	SIR ^[a]	95% Confidence Interval ^[b]	Comparison Group U.S. National SIR ^[a]	Comparative Performance Category ^[c]
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) ^[d]	1006.01	0	21	0.047	N/A	(N/A, N/A)	0.933	N/A

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 Any alteration to this report is strictly prohibited.

How to Obtain Reports



CASPER Report IRF Facility-Level Quality Measure Report

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

Report Period: 01/01/2013 - 12/31/2014
 Data was calculated on: 07/07/2016
 Comparison Group Period: 01/01/2013 - 12/31/2014
 Report Run Date: 10/31/2016
 Report Version Number: 1.00

Table Legend

N/A = Not Available

Note: Dashes represent a value that could not be computed

Note: Readmission measure data not available for a report period end date prior to 03/31/2016



Source: Medicare Fee-For-Service Claims

Measure Name	CMS Measure ID	Number of Unplanned Readmissions Following Discharge	Number of Eligible Stays	Crude Readmission Rate	Risk Standardized Readmission Rate (RSRR)	U.S. National Crude Rate	Comparative Performance Category
All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502) ^[a]	I007.01	12	170	7.06%	12.72%	13.02%	Better than the U.S. National Rate

[a]. Note: Readmission measure will not have a patient-level quality measure report.

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How to Obtain Reports



CASPER Report
IRF Patient-Level Quality Measure Report

Page 2 of 5

Facility ID: [REDACTED] **Report Period:** 07/01/2015 - 06/30/2016
CCN: [REDACTED] **Report Run Date:** 10/18/2016
Facility Name: [REDACTED] **Report Version Number:** 1.00
City/State: [REDACTED]

Status Legend
 X: Triggered
 NT: Not triggered
 E: Excluded from analysis based on quality measure exclusion criteria

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

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)
[REDACTED]	4634198	06/25/2015	07/01/2015	NT
[REDACTED]	36237838	12/16/2015	12/29/2015	NT
[REDACTED]	36237839	12/03/2015	12/28/2015	NT
[REDACTED]	14328943	11/10/2015	12/08/2015	NT
[REDACTED]	35256456	12/23/2015	12/31/2015	NT
[REDACTED]	33175175	06/30/2015	07/11/2015	X
[REDACTED]	34739259	06/18/2015	07/02/2015	NT

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How to Obtain Reports



CASPER Report IRF Patient-Level Quality Measure Report

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

Report Period: 07/01/2015 - 06/30/2016
 Report Run Date: 10/18/2016
 Report Version Number: 1.00

Status Legend

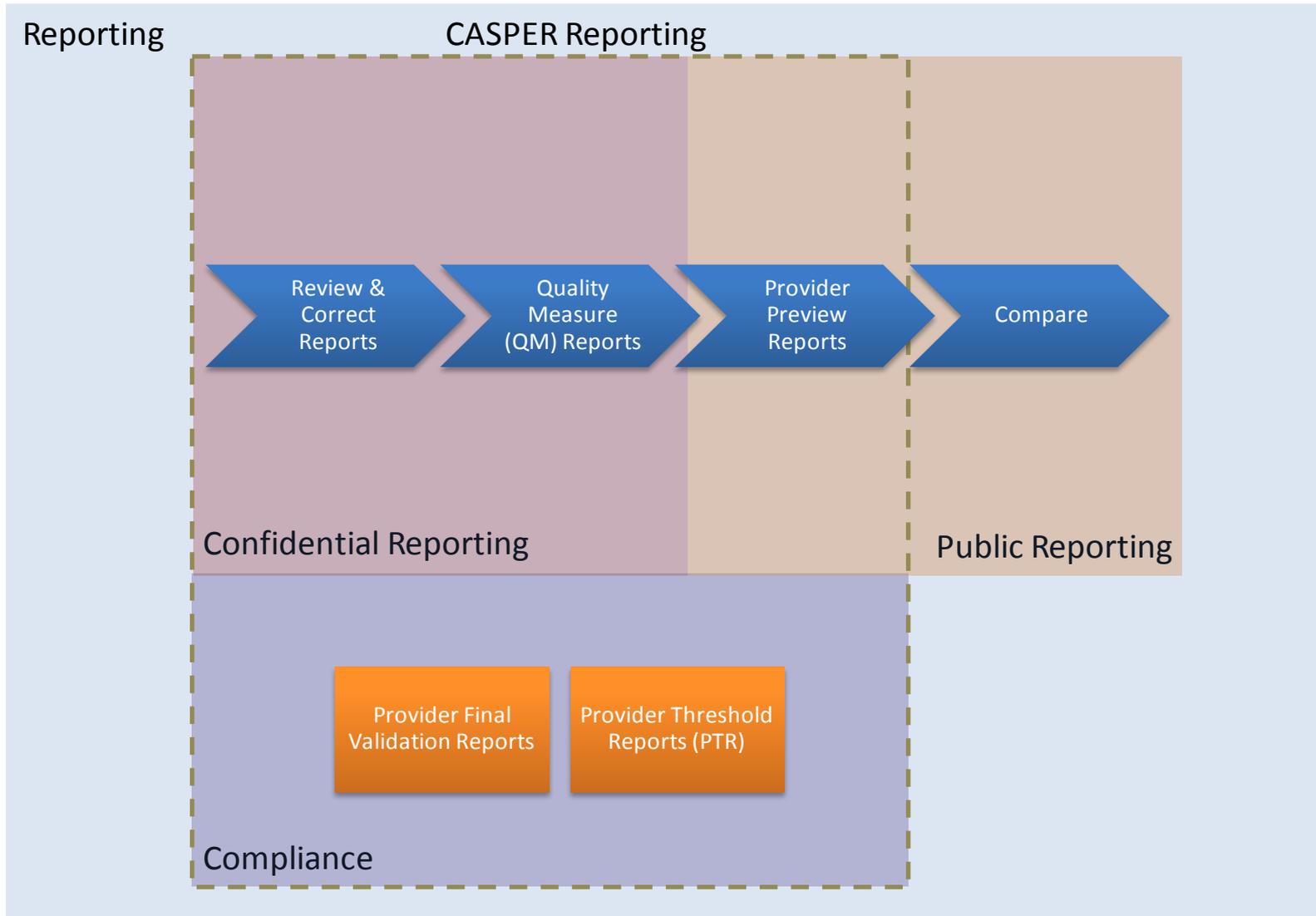
Y: Yes
 N: No
 E: Excluded from analysis based on quality measure exclusion criteria

Quality Measures: Patient Seasonal Influenza Vaccination Measure
 Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)	Residents or Patients Who Received the Seasonal Influenza Vaccine	Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine	Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine
[REDACTED]	36124098	12/03/2015	12/16/2015	Y	Y	N	N
[REDACTED]	36085613	12/02/2015	12/12/2015	Y	Y	N	N
[REDACTED]	36060826	11/27/2015	12/10/2015	Y	Y	N	N

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Summary



IRF Resources

- Assessment Submission: User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:
<https://www.qtso.com/hhatrain.html>
- CASPER Reports: IRF User Guides & Training page on the QIES Technical Support Office (QTSO) Web site:
<https://www.qtso.com/irfpaitrain.html>
- IRF Public Reporting Help Desk Email:
IRFPRquestions@cms.hhs.gov
- IRF Quality Reporting: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>

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
- LTCH Quality Reporting:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>

Question & Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects[®] National Provider Call Program by providing your feedback about today's call
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call

Thank You

- For more information about the MLN Connects[®] National Provider Call Program, visit <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>
- For more information about the Medicare Learning Network[®], visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html>

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