



Quality Reporting Program Provider Training



Public Reporting and Overview of Quality Reporting Program Reports



Tri Le, RTI International
May 9, 2018

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 & Medicaid Services (CMS)
- Central Line-Associated Blood Stream Infection (CLABSI)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Chief Executive Officer (CEO)
- *Clostridium difficile* infection (CDI)



Acronyms in This Presentation (cont. 1)

- CMS Certification Number (CCN)
- Comma-Separated Values File (CSV)
- Inpatient Rehabilitation Facility (IRF)
- Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
- Long-Term Care Hospital (LTCH)
- LTCH Continuity Assessment Record and Evaluation (LTCH CARE) Data Set
- Medicare Administrative Contractor (MAC)
- Methicillin-Resistant *Staphylococcus aureus* (MRSA)



Acronyms in This Presentation (cont. 2)

- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Post-Acute Care (PAC)
- QIES Technical Support Office (QTSO)
- Quality Improvement and Evaluation System (QIES)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Ventilator-Associated Event (VAE)



Objectives

- Navigate the Long-Term Care Hospital (LTCH) and Inpatient Rehabilitation Facility (IRF) Compare websites to obtain publicly reported quality measure results
- Identify the types of quality measures (QMs) by data source
- Describe the purpose of the reports available for IRF and LTCH quality reporting programs
- Identify how each report may be helpful for quality improvement

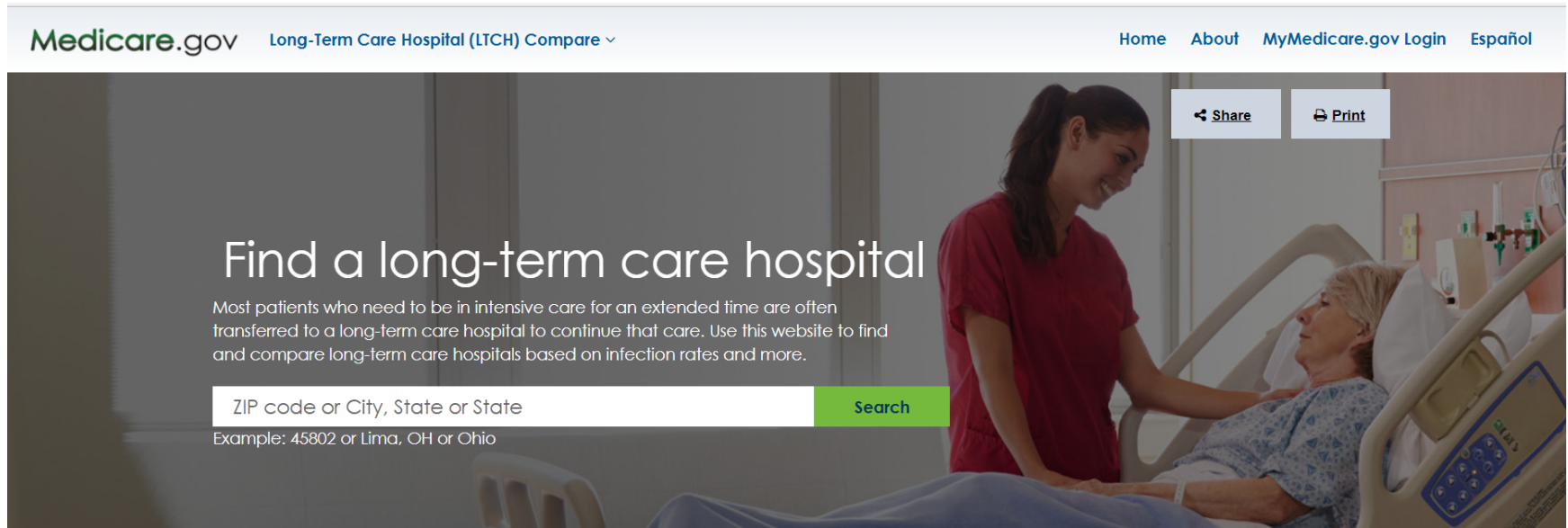


Compare Websites

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



LTCH Compare Website



www.medicare.gov/longtermcarehospitalcompare/

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



LTCH Compare Website (cont.)

Medicare.gov Long-Term Care Hospital (LTCH) Compare ▾

Home About MyMedicare.gov Login Español

Distance:
Within 50 miles ▾

Search

Filter hospitals

Map View

List View

9 long-term care hospitals within 50 miles from the center of 01960

Showing 1 - 9 of 9 results

SPAULDING HOSPITAL FOR CONTINUING MED CARE-CAMB

1575 CAMBRIDGE STREET
CAMBRIDGE, MA 02138
(617) 876-4344

Map and Directions

Add to Favorites

Add to Compare

16.6 miles

Ownership: Non-profit
Total LTCH beds: 180

TEWKSBURY HOSPITAL

365 EAST STREET
TEWKSBURY, MA 01876
(978) 851-7321

17.2 miles

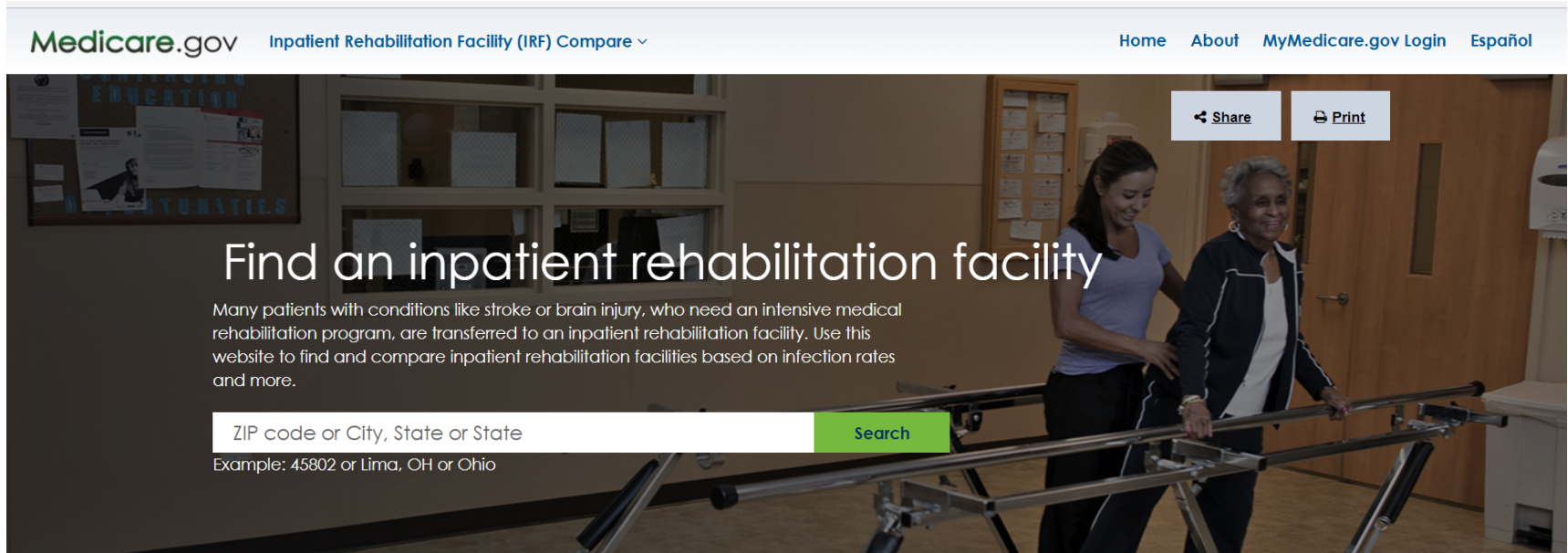
Ownership: Government
Total LTCH beds: 760

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



IRF Compare Website



www.medicare.gov/inpatientrehabilitationfacilitycompare/

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



IRF Compare Website (cont.)

Medicare.gov Inpatient Rehabilitation Facility (IRF) Compare

Home About MyMedicare.gov Login Español

Distance:
Within 50 miles

Search

Filter facilities

Map View

List View

10 inpatient rehabilitation facilities within 50 miles from the center of DENVER, CO

Showing 1 - 10 of 10 results

DENVER HEALTH MEDICAL CENTER

777 BANNOCK ST.
DENVER, CO 80204
(303) 602-7320

Map and Directions Add to Favorites Add to Compare

Conditions Treated

0.9 miles

Ownership: Government

PRESBYTERIAN/ST LUKE'S MEDICAL CTR

1719 E 19TH AVE
DENVER, CO 80218
(303) 602-7320

1.5 miles

Ownership: Government

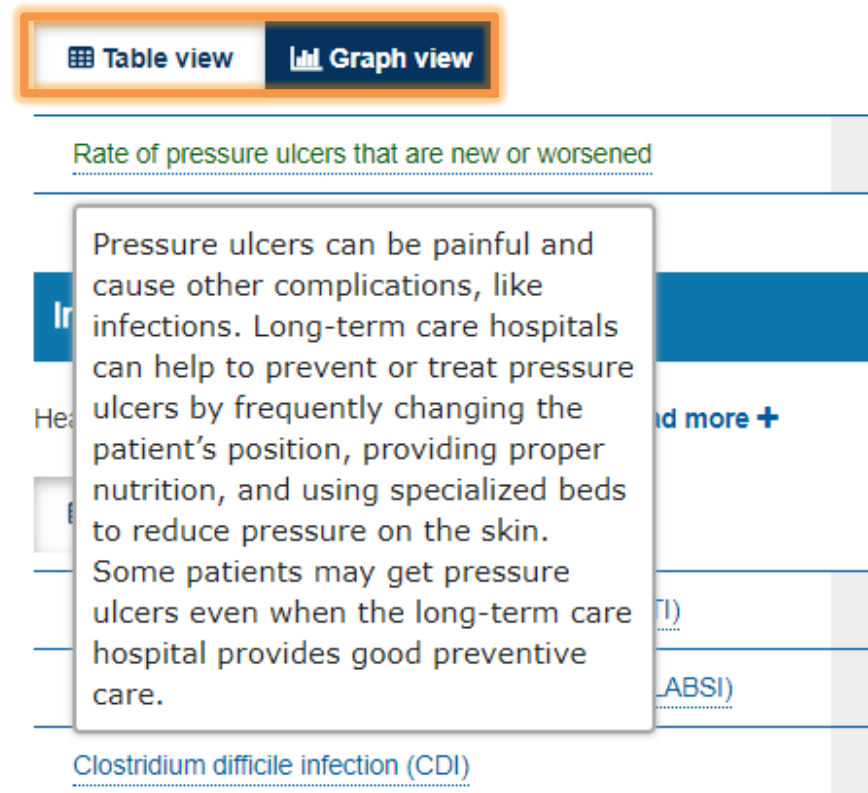
IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



Compare Websites: Measure Results

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



Compare Websites: Other Information



SPOTLIGHT

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




TOOLS AND TIPS

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



ADDITIONAL INFORMATION

- Date Updated: March 1, 2018
- [Download the Database](#) 
- [Important contacts for patients and providers](#)
- [View providers and suppliers that are terminated or are at risk for termination from Medicare.](#)

Types of Quality Measures by Data Source

Assessment-Based Measures

LTCH Continuity Assessment Record and Evaluation (LTCH CARE) Data Set or Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Centers for Disease Control and Prevention (CDC)
National Healthcare Safety Network (NHSN) Measures

Claims-Based Measures

Assessment-Based Measures

IRF and LTCH

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
- 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)
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Assessment-Based Measures (cont. 1)

IRF

- Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
- Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
- Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

Assessment-Based Measures (cont. 2)

LTCH

- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
- Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (NQF #2632)



CDC NHSN Measures

IRF and LTCH

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)



CDC NHSN Measures (cont.)

LTCH

- National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
- National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure (QM Reports only)

Claims-Based Measures

IRF and LTCH

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge (NQF #2502/NQF #2512) (removal from Compare by October 2018)
- Potentially Preventable 30-Day Post-Discharge Readmission Measure
- Discharge to Community-Post Acute Care (PAC)
- Medicare Spending Per Beneficiary-Post Acute Care (PAC)



Claims-Based Measures (cont.)

IRF

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



Knowledge Check 1

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

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



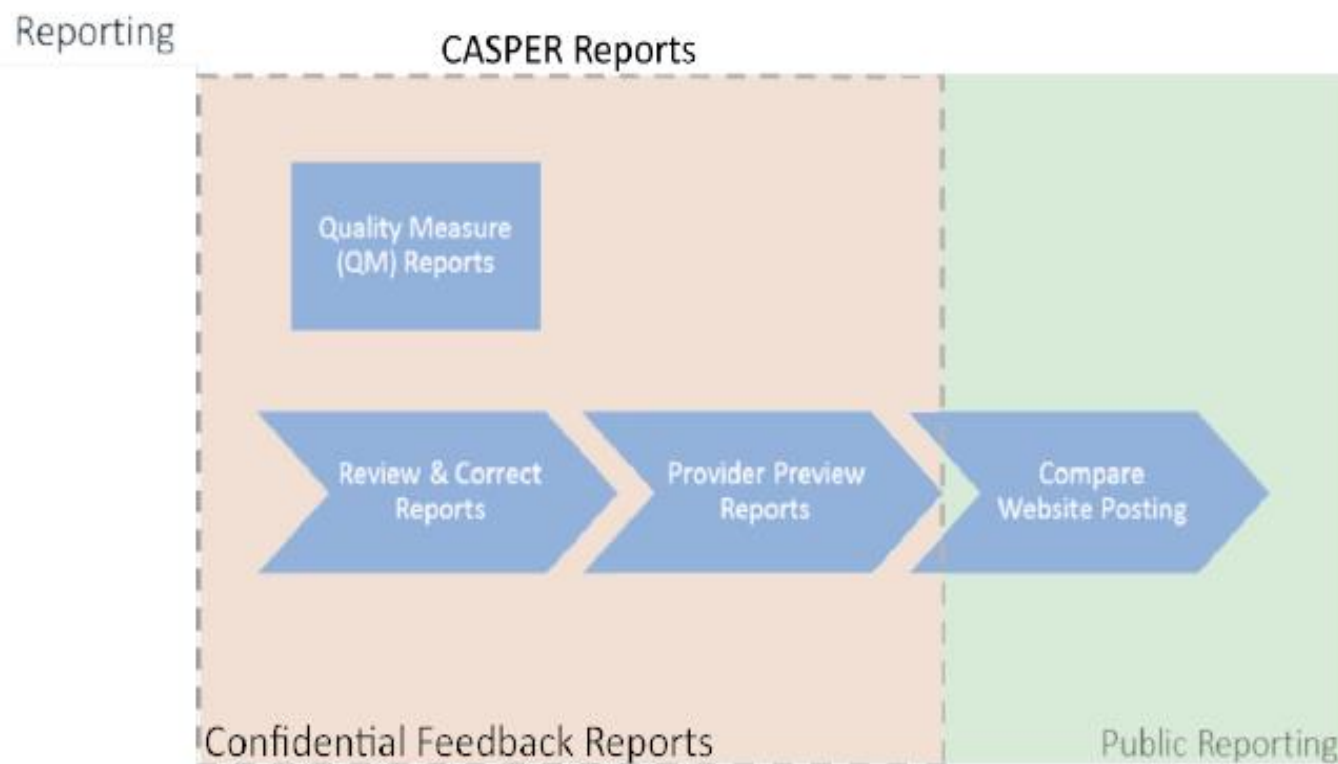
Overview of Reports

Review
and
Correct
Report

QM
Reports

Provider
Preview
Report

Public Reporting Graphic



Review and Correct Report

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



Review and Correct Report

- User on-demand reports
- Confidential to providers
- Displays quarterly reports: When reporting quarter ends, the report is available the next business day
- Available for providers to run with updated data weekly (until the data correction deadline)
- Displays data correction deadlines and whether the data correction period is open or closed



Review and Correct Report (cont. 1)

- Accessed through Certification and Survey Provider Enhanced Reports (CASPER)
- Provides a “snapshot” of current performance based on assessments in CASPER
- Contains QM information at the facility level
- Assessment-based measures only
- Only observed (raw) data are provided; risk-adjusted rates are not shown



Review and Correct Report (cont. 2)

- Providers are able to obtain aggregate performance for up to the past four full quarters as data are available
- Subsequent Review and Correct Reports:
 - After the first quarter, data for the subsequent reporting quarters are added
 - Cumulative data are displayed
 - When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters)

Data Collection Periods

Calendar Year Data Collection Quarter	Data Collection/ Submission QRP	Quarterly Review and Correction Periods
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

Review and Correct Report Example 1

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

LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 CMS Measure ID: L001.01

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your LTCH	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	4	131	3.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	7	174	4.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	5	136	3.7%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	5	141	3.5%
Cumulative	01/01/2017	12/31/2017	-	-	21	582	3.6%



Review and Correct Report

Example 2

LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

CMS Measure ID: L001.01

Table Legend

Dash (-): Data not available or not applicable.


Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your LTCH	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	2	88	2.3%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	4	131	3.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	7	174	4.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	5	136	3.7%
Cumulative	04/01/2017	03/31/2018	-	-	18	529	3.4%

Upcoming Enhancements to the Review and Correct Report

- Addition of a patient-level data table to supplement facility-level data
- Patient-level data will be available as comma-separated values (CSV) flat file
- Ability to sort patient-level data by fields such as:
 - Patient last name
 - Patient ID
 - Patient status
- Ability to request report by individual quality measure



How to Obtain the Review and Correct Report




Centers for Medicare & Medicaid Services

Welcome to the CMS QIES Systems for Providers

Reminder: When an existing LTCH receives a new Medicare provider number, the LTCH must discontinue submitting data under the old provider number.

[LTCH User Registration](#)

 [LTCH CARE Submissions](#)

LTCH CARE Submission User's Guide

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

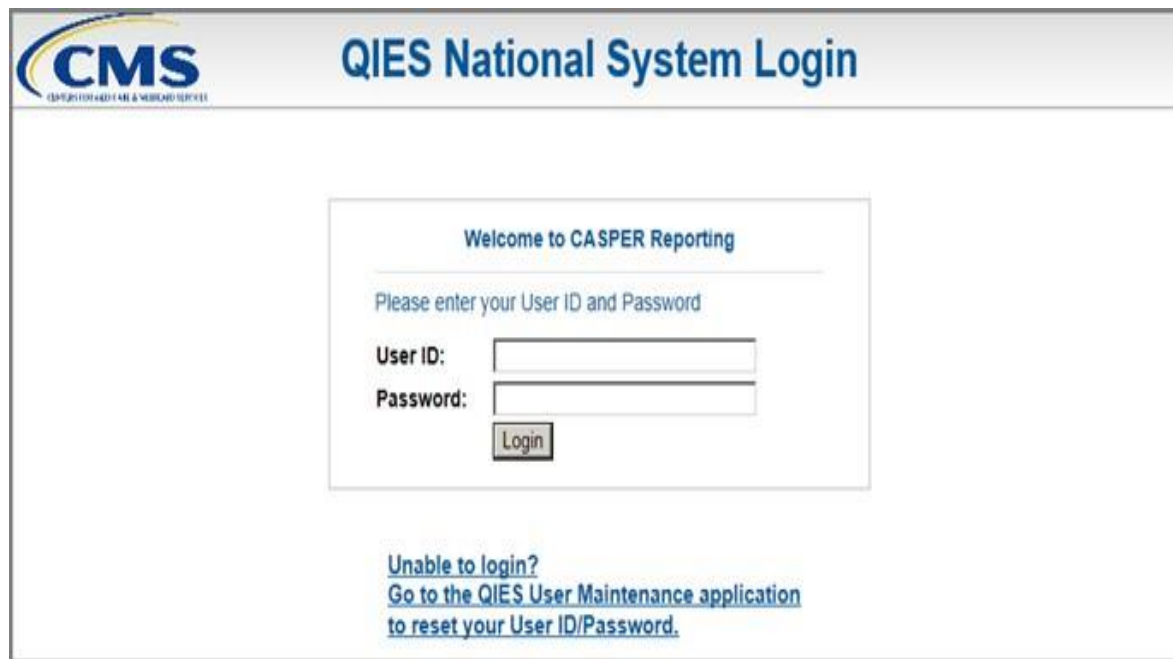
CASPER Reporting User's Manual:

[QIES User Maintenance Application](#)

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

[LTCH Forms](#)

How to Obtain the Review and Correct Report (cont. 1)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain the Review and Correct Report (cont. 2)

The image displays two screenshots of the CASPER web application interface.

Top Screenshot: Welcome to CASPER

The top navigation bar includes links: Skip navigation links, Skip to Content, CASPER Topics, Logout, Folders, MyLibrary, **Reports** (circled in red), Queue, Options, Maint, Home.

The left sidebar lists Topics: Home Page, Merge PDF Feature, IE Active X Plug-in, ZIP Feature, Java JRE, PSR/Jasper Report Viewer & Unzip Utility, CMS Tally Template.

The main content area displays "Welcome to CASPER" and instructions for using the toolbar buttons:

- 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
- Home** - Return to this page

A "Welcome:" message is displayed below the instructions.

Bottom Screenshot: CASPER Reports

The top navigation bar is identical to the first screenshot, with the "Reports" button circled in red.

The left sidebar lists Report Categories: LTCH Provider, **LTCH Quality Reporting Program** (circled in red).

The main content area displays the "LTCH Quality Reporting Program" section, listing several reports:

- LTCH Facility-Level Quality Measure Report
- LTCH Patient-Level Quality Measure Report
- LTCH Review and Correct Report

At the bottom, there is a search bar with the text "Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)" and a "Search" button.

How to Obtain the Review and Correct Report (cont. 3)

Skip navigation links

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

Report: LTCH Review and Correct Report

Begin Date: Q1 2017
End Date: Q1 2017

Template Folder: My Favorite Reports
Template Name: LTCH Review and Correct Report

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





Skip navigation links Skip to Content

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

Folders

My Inbox
* IA LTCH VR
* IA LTCH

My Inbox

Info	Click Link to View Report	Date Requested	Select
	LTCH Review and Correct Report	02/06/2017 12:32:45	<input type="checkbox"/>
	LTCH Admissions	02/16/2016 16:26:30	<input type="checkbox"/>
	LTCH Submitter Final Validation	10/21/2015 14:35:04	<input type="checkbox"/>
	LTCH Provider Final Validation	10/21/2015 14:16:42	<input type="checkbox"/>

Pages [1]

[SelectAll](#) [Print PSRs](#) [Zip](#) [MergePDFs](#) [Move](#) [Delete](#)

Knowledge Check 2

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

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



Quality Measure (QM) Reports

QM Reports

- Also referred to as Confidential feedback reports
- User-Requested Reports available in CASPER
- Available to providers prior to public reporting for internal purposes only and not for public display
 - Used for feedback to help providers to improve quality of care
- Contain QM information at the facility and patient levels for a single reporting period



QM Reports (cont.)

- 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



QM Report: Facility-Level Example



CASPER Report IRF Facility-Level Quality Measure Report

Page 1 of 10

Facility ID: x|xxxxx
CCN: 123457
Facility Name: MY IRF
City/State: WALTHAM, MA

Report Period: 10/01/2016 – 09/30/2017
Data was calculated on: 10/01/2017
Comparison Group Period: 10/01/2016 – 09/30/2017
Report Run Date: 10/01/2017
Report Version Number: 2.00

Table Legend

Note: Dashes represent a value that could not be computed
N/A = Not Available

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

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	I001.02	21	582	3.6%	3.1%	0.8%

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



QM Report: Patient-Level Example

Status Legend

X: Triggered

NT: Not triggered

E: Excluded from analysis based on quality measure exclusion criteria

N/A: Not available

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

Patient Name	Patient ID	Admission Date	Discharge Date	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)
DOE, CHARLES	654867	11/01/2016	12/01/2016	X	NT
DOE, FRED	545454	10/25/2016	11/23/2016	X	NT
DOE, HOLLY	484851	08/08/2016	09/04/2016	NT	NT
DOE, JILL	841515	07/16/2016	08/04/2016	E	NT
DOE, JOHN	846544	06/28/2016	07/27/2016	X	NT
DOE, KATIE	878791	05/17/2016	05/24/2016	NT	X
DOE, MARY	321546	03/28/2016	N/A	N/A	N/A
DOE, MIKE	796131	03/01/2016	03/12/2016	NT	E
DOE, PAUL	454556	02/11/2016	02/21/2016	NT	NT
DOE, RUTH	115897	01/11/2016	01/16/2016	E	E

QM Report Patient-Level Influenza Measure

- 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

QM Report Patient-Level Influenza Measure Example

Status Legend

Y: Yes

N: No

E: Excluded from analysis based on quality measure exclusion criteria

N/A: Not available

Table Legend

[a]: Submeasures for the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Quality Measures: Patient Seasonal Influenza Vaccine 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) (NQF #0680)	Residents or Patients Who Received the Seasonal Influenza Vaccine [a] (NQF #0680A)	Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine [a] (NQF #0680B)	Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine [a] (NQF #0680C)
DOE, CHARLES	654867	11/01/2016	12/01/2016	N	N	N	N
DOE, FRED	545454	10/25/2016	11/23/2016	Y	Y	N	N
DOE, HOLLY	484851	08/08/2016	09/04/2016	Y	Y	N	N
DOE, JILL	841515	07/16/2016	08/04/2016	Y	Y	N	N
DOE, KATIE	878791	05/17/2016	05/24/2016	Y	Y	N	N
DOE, MARY	321546	03/28/2016	N/A	N/A	N/A	N/A	N/A
DOE, MIKE	796131	03/01/2016	03/12/2016	Y	N	Y	N
DOE, PAUL	454556	02/11/2016	02/21/2016	Y	N	N	Y
DOE, RUTH	115897	01/11/2016	01/16/2016	E	E	E	E

How Quality Measure Reports May Be Helpful to Providers

- Refreshed monthly; updates providers about facility- and patient-level results for a single reporting period
- Snapshot of performance for quality improvement purposes based on data submitted and results risk-adjusted as applicable
- The Review and Correct Report and QM Reports are not static and do not “match”




How to Obtain QM Reports


CENTERS FOR MEDICARE & MEDICAID SERVICES

Welcome to the CMS QIES Systems for Providers

Reminder: When an existing LTCH receives a new Medicare provider number, the LTCH must discontinue submitting data under the old provider number.

[LTCH User Registration](#)

 [LTCH CARE Submissions](#)

LTCH CARE Submission User's Guide

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

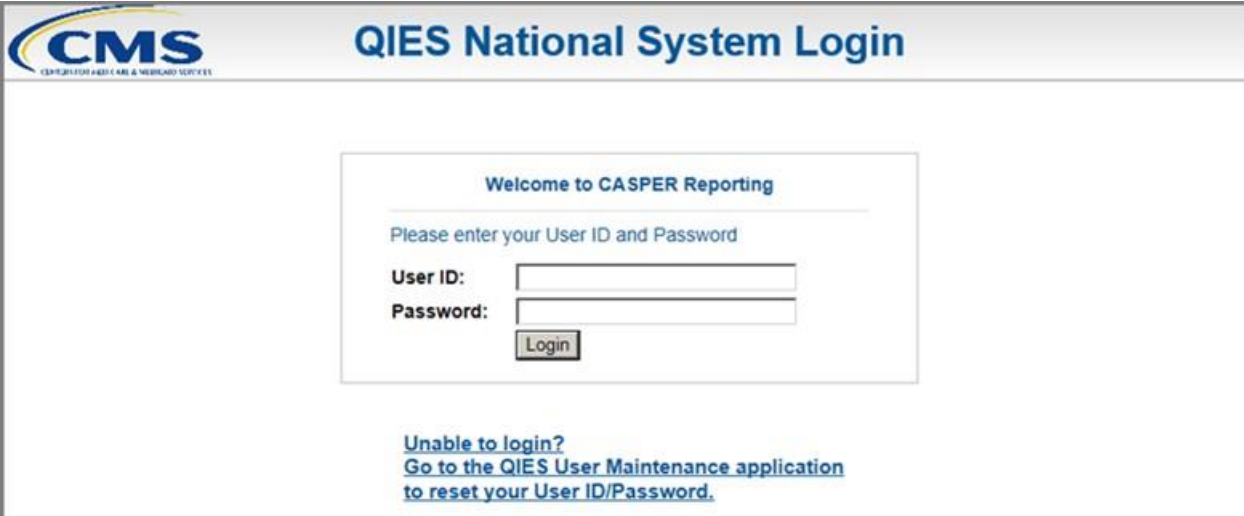
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[LTCH Forms](#)

How to Obtain QM Reports (cont. 1)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

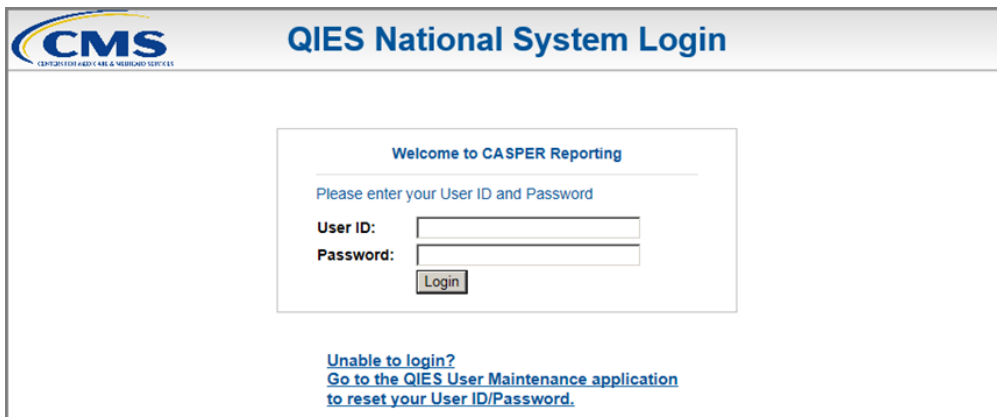
User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain QM Reports (cont. 2)



The screenshot shows the 'QIES National System Login' page. At the top left is the CMS logo. The main heading is 'QIES National System Login'. Below this is a box titled 'Welcome to CASPER Reporting'. Inside the 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 box, there are two links: 'Unable to login?' and 'Go to the QIES User Maintenance application to reset your User ID/Password.'



The screenshot shows the 'CASPER Topics' screen. At the top, there is a navigation bar with links: 'Logout', 'Folders', 'MyLibrary', 'Reports' (circled in red), 'Queue', 'Options', 'Maint', and 'Home'. Below the navigation bar, there is a 'Topics' section on the left 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'. The main content area is titled 'Home Page' and 'Welcome to CASPER'. It contains a section titled 'Use the buttons in the toolbar above as follows:' followed by a list of instructions 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, there is a 'Welcome:' section.

Knowledge Check 3

Which report currently displays patient-level information?

- A. Review and Correct Report
- B. Provider Preview Report
- C. QM Reports
- D. None of the above



Provider Preview Report

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018



Provider Preview Report

- Contains facility-level QM data
- Automatically generated and saved into your provider's shared folder in the CASPER application
- Displays results that will be posted on the Compare websites
- Available about 5 months after the end of each data collection quarter



Provider Preview Report (cont. 1)

- After the data collection period has ended, providers are unable to correct the underlying data in these reports
- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date)
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders



Provider Preview Report (cont. 2)

Important Notes:

- Please review the data about your facility
- Providers may email the Centers for Medicare & Medicaid Services (CMS) Public Reporting Help Desk at LTCHPRquestions@cms.hhs.gov or IRFPRquestions@cms.hhs.gov if they have questions related to the report
- The order of the measures may not represent the order in which they will be displayed on the Compare websites
- The titles of the measure(s) are not the consumer language titles that will appear on the Compare websites
- The crosswalk between these titles will be available on the Compare websites



Provider Preview Report (cont. 3)

Report Run Date: 09/01/2016

Page 1

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. 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. Select the "How it works" tab then the "View More" button under "The data" to access this crosswalk.



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
8. This LTCH/IRF is not required to submit quality data to Medicare because it is paid under a Medicare waiver program



Footnote Details

1. The number of cases/patient stays is too small to report.

- When the number of cases/patients does not meet the required minimum amount for public reporting
- When the number of cases/patients is too small to reliably tell how well a hospital is performing
- To protect personal health information

Footnote Details (cont. 1)

2. Data not available for this reporting period.

- Provider has been open for less than 6 months
- There were no data to submit for this measure
- There were zero device days or procedures (CDC NHSN measures)
- The LTCH/IRF had no claims data (claims-based measures)

Footnote Details (cont. 2)

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.

Footnote Details (cont. 3)

5. Data not submitted for this reporting period.

- The provider did not submit required data for the QRP
- The provider did not submit CDC data to the NHSN system

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)

Footnote Details (cont. 4)

7. Results cannot be calculated for this reporting period.

- The predicted number of infections is less than one (CDC NHSN measures only)

8. This LTCH/IRF is not required to submit quality data to Medicare because it is paid under a Medicare waiver program.

Provider Preview Report Format

Report Run Date: 09/01/2016

Page 1

LTCH Provider Preview Report

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%



How to Access the Provider Preview Report

Skip navigation links Skip to Content


CASPER Folders Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

- * IA LTCH 1185034
- * IA LTCH 1185034 VR

*** IA LTCH 1185034**

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

Pages [1]

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs

CASPER Resources

- A variety of CASPER report user guides are available online:
 - LTCH User Guides & Training
<https://www.qtso.com/ltchtrain.html>
 - IRF-PAI User Guides & Training
<https://www.qtso.com/irfpaitrain.html>

How the Provider Preview Report May Be Helpful to Providers

- Refreshed quarterly; CASPER reports are delivered to providers via CASPER; not “on demand” reports
- Allow 30 day-review period prior to posting on Compare websites
- Provides results of performance for quality improvement purposes



Requesting CMS Review of Preview Report Data

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

Requesting CMS Review of Preview Report Data (cont. 1)

- Requests for CMS review of Provider Preview Report data must be submitted during the 30-day review period
 - The 30-day review period begins the day the Provider Preview Reports are issued in the provider's CASPER folders
- Providers will not have the opportunity to request the correction of underlying data if the data correction deadline has passed



Requesting CMS Review of Preview Report Data (cont. 2)

- LTCHs and IRFs are required to submit their request to CMS via email at the following addresses:
 - LTCHPRquestions@cms.hhs.gov
 - IRFPRquestions@cms.hhs.gov
 - Include the following subject line: “[Provider/Facility Name] Public Reporting Request for Review of Data” and CMS Certification Number (CCN)
 - E.g., Saint Mary’s Public Reporting Request for Review of Data, XXXXXX



Requesting CMS Review of Preview Report Data (cont. 3)

- The email request must include the following information:
 - CCN
 - Business name
 - Business address
 - CEO or CEO-designated representative contact information, including name, email address, telephone number, and physical mailing address
 - Information supporting the provider's belief that the data contained within the Provider Preview Report are erroneous (numerator, denominator, or QM result), including, but not limited to, the following:
 - QMs affected, and aspects of QM affected (numerator, denominator, or other QM result)



Requesting CMS Review of Preview Report Data (cont. 4)

- CMS will review all requests and provide a response with a decision via email
- Data that CMS agrees to correct will be reflected with the subsequent quarterly release of quality data on the Compare websites
- **CMS will not review any email requests that include protected health information**



Knowledge Check 4

Which report displays results that will be posted on the Compare websites?

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



Knowledge Check 5

The IRF and LTCH QRP reports reviewed can all be accessed through:

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



Knowledge Check 6

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

- A. True
- B. False



Knowledge Check 7

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

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



Facility Demographic Information: Ensure Accuracy

How to Correct Facility Demographic Information: MAC

- When requesting updates to your facility demographic data, it is important to ask for updates to your data within ASPEN system, and not your data on the Compare site
- Contact your Medicare Administrative Contractor (MAC) to update your demographic information
 - MAC contact information is available at the following link: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>

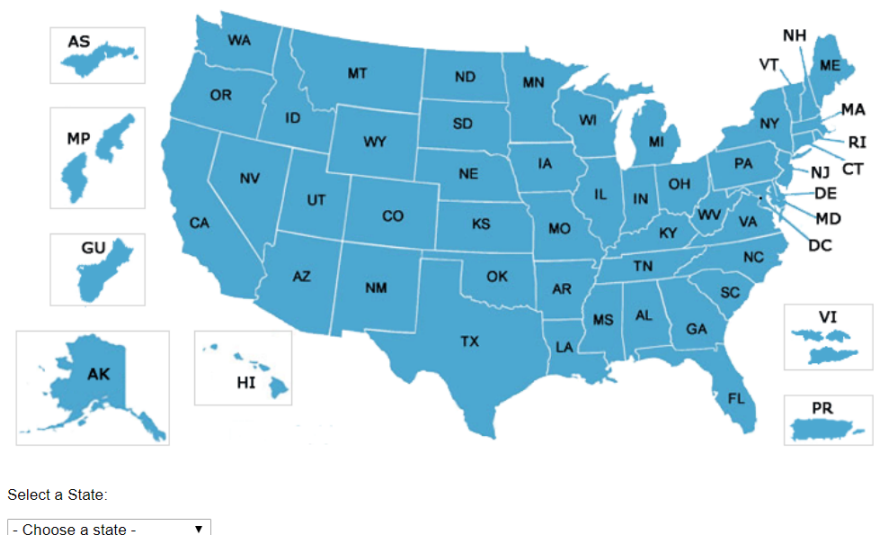


How to Correct Facility Demographic Information: MAC (cont.)

- Once on the website, 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

Review Contractor Directory - Interactive Map

The Review Contractor Directory - Interactive Map allows you to access state-specific CMS contractor contact information. You may receive correspondence from one or several of these contractors in your state. They may request medical records from you, as they perform business on behalf of CMS. You can use this website to access their contact information including emails, phone numbers and websites.



How to Correct Facility Demographic Information: IRF Subunits

- IRF subunits can update the data in the IRF-PAI assessments fields by updating the demographic fields in their software
 - Facility Address Line 1
 - Facility Address Line 2
 - Facility City
 - Facility ZIP Code
 - Facility Contact Person Name
 - Facility Contact Person Phone Number
 - Facility Contact Person Phone Extension



Summary

- LTCH Compare:
 - <https://www.medicare.gov/longtermcarehospitalcompare/>
- IRF Compare:
 - <https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>
- There are three types of QMs based on each of the following data sources:
 1. Assessment-based
 2. Claims-based
 3. CDC NHSN



Summary (cont.)

- Key IRF and LTCH QRP reports:
 1. Review and Correct Report
 2. QM Reports
 3. Provider Preview Report
- All are accessed through CASPER (user on-demand, automatic)



Summary: Review and Correct Report

- The Review and Correct Report provides a snapshot of:
 - Facility-level performance at the time of the report (not risk-adjusted)
 - Data correction deadlines
 - Whether the data correction period is open or closed
- Data are presented by quarter. After four quarters, oldest quarter dropped



Summary: QM Reports

- QM Reports provide both facility- and patient-level information for a single reporting period
- Also referred to as the Confidential Feedback Reports
- Claims-based and CDC NHSN QMs are not included in patient-level reports

Summary: Provider Preview Report

- The Provider Preview Report reflects data to be posted on LTCH/IRF Compare
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders



Action Plan

- Become familiar with and periodically review on-demand reports (Review and Correct and QM reports) for your facility early in the reporting periods
- Review facility-level information to ensure accuracy



Action Plan (cont.)

- Utilize results to assist with quality improvements efforts and ensure data submission accuracy
- Review the Provider Preview Report within 30 days to ensure accuracy



Questions?

IRF-PAI v2.0

LTCH CARE Data Set v4.00 | Public Reporting | May 2018

