

4

IRF QUALITY REPORTING PROGRAM

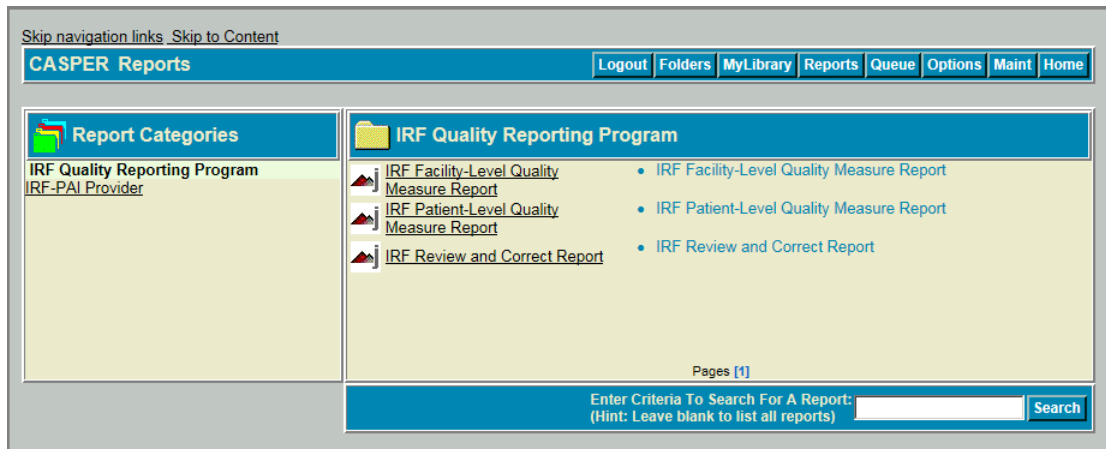
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NOTE: Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.

GENERAL INFORMATION

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) reports are requested on the **CASPER Reports** page (Figure 4-1).

Figure 4-1. CASPER Reports Page – IRF Quality Reporting Program Category



1. Select the IRF Quality Reporting Program link from the *Report Categories* frame on the left. A list of the individual IRF QRP reports you may request displays in the right-hand frame.

NOTE: Only those report categories to which you have access are listed in the *Report Categories* frame.

2. Select the desired underlined report name link from the right-hand frame. One or more **CASPER Reports Submit** pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.
3. Choose the desired criteria and select the **Submit** or **Next** button.

NOTE: IRF Quality Reporting Program reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting IRF Provider User's Guide for assistance in viewing, printing, saving and exporting the reports you request.

NOTE: IRF Quality Reporting Program reports are automatically purged after 60 days.

IRF FACILITY-LEVEL QUALITY MEASURE REPORT

The IRF Facility-Level Quality Measure Report provides facility-level quality measure values for a select 12-month period. IRF quality measure values are compiled from the following sources:

- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) data
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) data
- Medicare Fee-For-Service (FFS) claims

The **CASPER Reports Submit** criteria page (Figure 4-2) for the IRF Facility-Level Quality Measure Report presents *Begin Date*, *End Date*, and *Influenza Season Dates* criteria options.

Figure 4-2. IRF Facility-Level Quality Measure Report CASPER Reports Submit Page

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): 10/01/2015

End Date (mm/dd/yyyy): 09/30/2016

Influenza Season Dates: 07/01/2015 - 06/30/2016

Template Folder: My Favorite Reports

Template Name: IRF Facility-Level Quality Measure Report

Submit Back

Save & Submit Save

Begin Date and *End Date* values define the date range of the measure calculations to select for the report. A drop-down list provides the end dates of the calendar quarters for which pressure ulcer measure calculations are available. The default value is the end date of the most recently calculated quarter. You may select a different quarter end date from the list. *Begin Date* is a read-only field that displays the first day of the 4-quarter (12 months) period ending with the specified *End Date*.

The *Influenza Season Dates* field is a read-only display of the influenza season dates in effect during the period identified by the *End Date* and *Begin Date*.

NOTE: The influenza season reporting period is always July 1 through June 30. The earliest influenza season for which measure data are available is 07/01/2014 through 06/30/2015. If the selected *End Date* is prior to earliest influenza season for which measure data exists, the *Influenza Season Dates* field is blank.

The IRF Facility-Level Quality Measure Report (Figure 4-3) presents the following:

- Facility ID (for IRF-PAI Assessment-Based Measures only)
- CMS Certification Number (CCN)
- Facility Name
- City/State
- Report Period
 - For IRF-PAI Assessment-Based Measures: The beginning and ending reporting year dates for a four-quarter rolling year corresponding to the user-selected End Date. The End Date is based upon the quarter end dates for the pressure ulcer measure. For the patient influenza measure, the dates are the influenza season dates in effect for the user-selected quarter end date (End Date). The influenza season report period season was July 1 through June 30.
 - For the patient influenza measure, N/A indicates the user-selected End Date is prior to 06/30/2015 or after 12/31/2018.
 - For the pressure ulcer measure, the Report Period is 10/01/2017-09/30/2018 when the user-selected End Date is 12/31/2018 or after.
 - For CDC NHSN Measures: The beginning and ending reporting year dates for the CDC measure data. CDC data with the most recent reporting period end date on or before the user-selected End Date are included in the report.
 - N/A indicates the user-selected End Date is prior to 12/31/2015.
 - For the Medicare Fee-For-Service Measure: The beginning and ending reporting year dates corresponding to the user-selected quarter end date (End Date). Medicare Fee-For-Service data are reported for a two-year period.
 - N/A indicates the user-selected End Date is prior to 03/31/2016.
- Data was calculated on
 - For IRF-PAI data, this is the date the data were calculated for the 12-month period indicated in the Report Period field.
 - For the patient influenza measure, N/A indicates the user-selected End Date is prior to 06/30/2015 or after 12/31/2018.
 - For CDC NHSN data and Medicare FFS claims data, this is the date the data were loaded into the QIES national database.
- Comparison Group Period: the date range used for national rates for comparison with rates during the report period. National rates are calculated based on stays within this date range.
 - For the patient influenza measure, N/A indicates the user-selected End Date is prior to 06/30/2015 or after 12/31/2018.

- o For the CDC measures, N/A indicates the user-selected End Date is prior to 12/31/2015.
- o For the Medicare Fee-For-Service measure, N/A indicates the user-selected End Date is prior to 03/31/2016.
- Report Run Date: The date the report was run.
- Report Version Number: The version of the reporting system software that was used to product the report.

The remainder of the report provides the following information for the measure(s) indicated:

- IRF-PAI pressure ulcer measure (Page 1):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed. Dashes display in the Facility Observed Percent and Facility Adjusted Percent columns when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the pressure ulcer measure.
 - o Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - o Measure Name
 - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of stays in the IRF that triggered the measure during the report period.
 - o Denominator: The total number of qualified stays in the IRF that did not meet the exclusion criteria during the report period.
 - o Facility Observed Percent: The percentage of patients who could have the QM and actually triggered it. It is computed by dividing the numerator by the denominator.
 - o Facility Risk-Adjusted Percent: A computed rate whereby patient characteristics and the national average observed rate are applied to the Facility Observed Percent.
 - o Comparison Group: National Average: The nationwide average of the measure within the comparison group period. IRFs can compare their facility performance to the national average. The national observed mean is noted.

NOTE: The earliest pressure ulcer measure data available has a quarter end date (*End Date*) of 09/30/2015, which is the reporting year 10/01/2014 through 09/30/2015.

- IRF-PAI influenza vaccination measures (Page 2):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed. A dash displays in the Facility Percent column when the denominator is zero.
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 06/30/2015 or after 12/31/2018.
 - If no patient influenza measure data are available for the provider for a period during which influenza measure data were being collected.
 - o Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - o Measure Name
 - 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 (NQF #0680A)
 - Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)
 - Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of stays in the IRF that triggered the measure during the report period.
 - o Denominator: The total number of qualified stays in the IRF that did not meet the exclusion criteria during the report period.
 - o Facility Percent: The percentage of patients who could have the QM and actually triggered it. It is computed by dividing the numerator by the denominator.
 - o Comparison Group: National Average: The nationwide average of the measure within the comparison group period. IRFs can compare their facility performance to the national average.

NOTE: The earliest influenza vaccination measure data is for the influenza season 07/01/2014 through 06/30/2015. Collection of influenza vaccination measure data was discontinued as of 10/1/2018.

- IRF-PAI outcomes/processes performed measures (Page 3):
 - o Table Legend:
 - [a]: Measures the percentage of IRF patients who had an observed discharge score that met or exceeded the expected discharge score.
 - Note: Dashes represent a value that could not be computed. A dash displays in the Facility Percent column when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the measure.
 - o Source – Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - o Measure Name
 - Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF#2631)
 - IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
 - IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of stays in the IRF that triggered the measure during the report period.
 - o Denominator: The total number of qualified stays in the IRF that did not meet the exclusion criteria during the report period.
 - o Facility Percent: The percentage of patients who could have the QM and actually triggered it. It is computed by dividing the numerator by the denominator.
 - o Comparison Group: National Average: The nationwide average of the measure within the comparison group period. IRFs can compare their facility performance to the national average.
- IRF-PAI change in functional scores measures (Page 4):
 - o Table Legend:
 - [b]: For this report, this measure requires risk-adjustment and the data is not yet available
 - Note: Dashes represent a value that could not be computed
 - N/A = Not Available – Indicates no result value exists for the measure
 - o Source – Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

- o Measure Name
 - IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
 - IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Denominator: The total number of qualified stays in the IRF that did not meet the exclusion criteria during the report period.
- o Average Admission Score: The average score on admission of the measure for the facility.
- o Average Discharge Score: The average score on discharge of the measure for the facility.
- o Average Observed Change: The average observed change (Discharge – Admission) in score for the facility.
- o Average Risk-Adjusted Change: A computed rate whereby patient characteristics and the national average observed rate are applied to the Average Observed Change.
- o Comparison Group: National Average: The nationwide average of the measure within the comparison group period. IRFs can compare their facility performance to the national average.
- CDC NHSN infection measures (Page 5):
 - o Table Legend
 - [a]: Standardized infection ratio (SIR) = ratio of reported to predicted infections; lower SIR is better
 - [b]: (Lower Limit, Upper Limit)
 - [c]: National benchmark = 1
 - Note: Dashes represent a value that could not be computed
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to the earliest date of the available data.
 - If no CDC measure data are available for the provider.
 - Note: CDC measures do not have CASPER Patient-Level Quality Measure reports
 - Note: CDC data not available for a report period end date prior to 12/31/2015
 - o Source: Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN)
 - o Measure Name
 - 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)
- CMS Measure ID: The unique identification number assigned by CMS to each measure.
- Reported Number of Infections: The number of reported infections in the facility for the period.
- Device or Patient Days: The total number of days in the facility associated with the device or infection patient days. Used to calculate the Predicted Number of Infections.
- Predicted Number of Infections: Device or Patient Days multiplied by the national rate.
- Standardized Infection Ratio (SIR): Reported Number of Infections in the facility divided by the Predicted Number of Infections for the IRF.
- 95% Confidence Interval: 95% confidence level interval for the SIR displayed as (lower limit, upper limit).
- Comparison Group: National SIR: The reported number of infections in the nation divided by predicted number of infections in the nation. This allows providers to compare their SIR to national SIR.

NOTE: The earliest date for which CDC CAUTI data are available is 12/31/2015. A Comparison Group: National SIR value is available only on reports generated with an *End Date* on or after 12/31/2015. The earliest date for which CDC MRSA and CDI data are available is 01/01/2016. A Comparison Group: National SIR value is available only on reports generated with an *End Date* on or after 01/01/2016.

- Comparative Performance Category: A comparison of the performance of the IRF to the national benchmark depicted as one of the following:
 - Better than the National Benchmark
 - No Different than National Benchmark
 - Worse than the National Benchmark
- CDC NHSN influenza vaccination measure (Page 6):
 - Table Legend:
 - Note: Dashes represent a value that could not be computed - A dash displays in the Facility Percent column when the denominator is zero
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 10/01/2015

- If no healthcare personnel influenza measure data are available for the provider
 - Note: CDC measures do not have CASPER Patient-Level Quality Measure reports
- o Source: Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN)
- o Measure Name
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Numerator: The number of stays in the facility that triggered the measure during the report period.
- o Denominator: The total number of qualified stays in the IRF that did not meet the exclusion criteria during the report period.
- o Facility Percent: The facility's rate computed by dividing the numerator by the denominator.
- o Comparison Group: National Average: The nationwide average of the measure within the comparison group period. IRFs can compare their facility performance to the national average.
- Medicare FFS claims unplanned readmission measure (Page 7):

NOTE: The readmission measure data were only collected 03/31/2016 through 9/30/2018.

- o Table Legend:
 - Note: Dashes represent a value that could not be computed – Dashes occur in the Observed Readmission Rate, Risk Standardized Readmission Rate, and Comparative Performance Category columns when the Number of Eligible Stays is zero
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 03/31/2016
 - If no Medicare Fee-for-Service claims measure data are available for the provider
 - Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports
- o Source: Medicare Fee-For-Service Claims
- o Measure Name
 - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs) (NQF #2502)

- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Number of Readmissions: The number of patients with an unplanned or potentially preventable readmission event in the 30-day post-discharge period.
- o Number of Eligible Stays: The total number of stays in the IRF that did not meet the exclusion criteria.
- o Observed Readmission Rate: The number of unplanned or potentially preventable readmissions following discharge in the IRF divided by number of eligible stays in the IRF.
- o Risk Standardized Readmission Rate (RSRR): A risk adjustment of the Observed Readmission Rate that accounts for patient characteristics and a statistical estimate of the IRF effect beyond patient mix.
- o National Observed Readmission Rate: The number of unplanned readmissions following discharge in the nation divided by number of eligible stays in the nation.

NOTE: The readmission measure data were only collected 03/31/2016 through 9/30/2018. A National Observed Rate value is available only on reports generated with an *End Date* on or after 03/31/2016 and on or before 9/30/2018.

- o Comparative Performance Category: A comparison of the performance of the IRF to the national benchmark depicted as one of the following:
 - Better than the National Rate
 - No different from the National Rate
 - Worse than the National Rate
- Medicare FFS claims potentially preventable readmission measures (Page 8):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed – Dashes occur in the Observed Readmission Rate, Risk Standardized Readmission Rate, and Comparative Performance Category columns when the Number of Eligible Stays is zero
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 03/31/2016
 - If no Medicare Fee-for-Service claims measure data are available for the provider
 - Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports
 - o Source: Medicare Fee-For-Service Claims

- o Measure Name
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program
 - Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Number of Readmissions: The number of patients with an unplanned or potentially preventable readmission event in the 30-day post-discharge period.
- o Number of Eligible Stays: The total number of stays in the IRF that did not meet the exclusion criteria.
- o Observed Readmission Rate: The number of unplanned or potentially preventable readmissions following discharge in the IRF divided by number of eligible stays in the IRF.
- o Risk Standardized Readmission Rate (RSRR): A risk adjustment of the Observed Readmission Rate that accounts for patient characteristics and a statistical estimate of the IRF effect beyond patient mix.
- o National Observed Readmission Rate: The number of unplanned or potentially preventable readmissions following discharge in the nation divided by number of eligible stays in the nation.

NOTE: The earliest date for which readmission measure data are available is 03/31/2016. A National Observed Rate value is available only on reports generated with an *End Date* on or after 03/31/2016.

- o Comparative Performance Category: A comparison of the performance of the IRF to the national benchmark depicted as one of the following:
 - Better than the National Rate
 - No different from the National Rate
 - Worse than the National Rate
- Medicare FFS claims discharge to community measure (Page 9):
 - o Table Legend
 - Note: Dashes represent a value that could not be computed – Dashes occur in the Observed Discharge to Community Rate, Risk Standardized Discharge to Community Rate, and Comparative Performance Category columns when the Number of Eligible Stays is zero.
 - N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 03/31/2016

- If no Medicare Fee-for-Service claims measure data are available for the provider
 - Note: Claims-based measures to not have CASPER Patient-Level Quality Measure reports.
- o Source: Medicare Fee-For-Service Claims
- o Measure Name
 - Discharge To Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Number of Discharges to Community: The number of patients discharged to community during the report period.
- o Number of Eligible Stays: The total number of stays in the IRF that did not meet the exclusion criteria.
- o Observed Discharge to Community Rate: The number of discharges to community in the IRF divided by number of eligible stays in the IRF.
- o Risk Standardized Discharge to Community Rate (RSRR): A risk adjustment of the Observed Discharge to Community Rate that accounts for patient characteristics and a statistical estimate of the IRF effect beyond patient mix.
- o National Observed Discharge to Community Rate: The number of discharges to community in the nation divided by number of eligible stays in the nation.

NOTE: The earliest date for which discharge to community measure data are available is 03/31/2016. A National Observed Rate value is available only on reports generated with an *End Date* on or after 03/31/2016.

- o Comparative Performance Category: A comparison of the performance of the IRF to the national benchmark depicted as one of the following:
 - Better than the National Rate
 - No different from the National Rate
 - Worse than the National Rate
- Medicare FFS claims spending per beneficiary measure (Page 10):
 - o Table Legend:
 - [a]: The treatment period is the time during which the patient receives care services from the attributed IRF, and includes Part A, Part B, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims.
 - [b]: The associated services period is the time during which any Medicare Part A and Part B services other than those in the treatment period are counted towards the episode spending.


- Note: Dashes represent a value that could not be computed – Dashes occur in the Average Spending During Treatment Period, Average Spending During Associated Services Period, and Average Total Spending During Episode columns when the Number of Eligible Episodes is zero.
- N/A = Not Available – Occurs under the following conditions:
 - If the user-selected End Date is prior to 03/31/2016
 - If no Medicare Fee-for-Service claims measure data are available for the provider
- Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports.
- Source: Medicare Fee-For-Service Claims and Eligibility Files
- Measure Name
 - Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program
- Comparison Group: Facility numbers are compared to the nations.
- CMS Measure ID: The unique identification number assigned by CMS to each measure.
- Number of Eligible Episodes: The number of episodes in the facility that did not meet the exclusion criteria.
- Average Spending Per Episode
 - Spending During Treatment Period: The non-risk-adjusted average spending per episode during the time the patient received care services from the facility, starting the day of admission and ending at discharge.
 - Spending During Associated Services Period: The non-risk-adjusted average spending per episode during the associated services period. IRF standard episodes start the day of admission and end 30 days after the last day of the episode's treatment period. IRF site-neutral episodes start at the end of the treatment period and end 30 days after the last day of the episode's treatment period.
 - Total Spending During Episode: The non-risk-adjusted sum of Spending During Treatment Period and Spending During Associated Services Period.
- MSPB Amount
 - Average Risk-Adjusted Spending: The average risk-adjusted episode Medicare spending across all episodes for the facility.
 - National Median: The average risk-adjusted episode Medicare spending across all episodes for all IRF providers.
- MSPB Score: The ratio of the IRF's MSPB Amount to the episode-weighted median MSPB Amount across all IRF providers. MSPB Score calculations are performed separately for IRF standard and IRF site-neutral episodes to ensure that they are compared only to other

episodes of the same type. The final MSPB Score combines the ratios of the episode types to construct one facility score.

NOTE: The earliest date for which spending per beneficiary measure data are available is 03/31/2016. A National Observed Rate value is available only on reports generated with an *End Date* on or after 03/31/2016.

NOTE: The IRF Facility-Level Quality Measure Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-3. IRF Facility-Level Quality Measure Report *

		CASPER Report IRF Facility-Level Quality Measure Report				Page 1 of 10
Facility ID: [REDACTED] CCN: [REDACTED] Facility Name: [REDACTED] City/State: [REDACTED]			Report Period: 10/01/2014 - 09/30/2015 Data was calculated on: 08/08/2017 Comparison Group Period: 10/01/2014 - 09/30/2015 Report Run Date: 08/09/2017 Report Version Number: 2.00			
<p>Table Legend Note: Dashes represent a value that could not be computed N/A = Not Available</p> <p style="text-align: center;"><i>Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)</i></p>						
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	1	87	1.2%	1.2%	0.9%
<p>This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>						

* Fictitious, sample data are depicted.

The report is sorted by State Code and CCN.

IRF PATIENT-LEVEL QUALITY MEASURE REPORT

The IRF Patient-Level Quality Measure Report identifies each patient with a qualifying Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) record used to calculate the facility-level quality measure values for a select 12-month period. The report displays each patient's name and indicates how/if the patient's assessment affected the IRF's quality measures.

NOTE: The IRF Patient-Level Quality Measure Report only provides patient-level information for the quality measures associated with IRF-PAI records and does not provide patient-level information for the CDC NHSN or Medicare FFS quality measures.

The **CASPER Reports Submit** criteria page (Figure 4-4) for the IRF Patient-Level Quality Measure Report presents *Begin Date*, *End Date*, and *Influenza Season Dates* criteria options.

Figure 4-4. IRF Patient-Level Quality Measure Report CASPER Reports Submit Page

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): 10/01/2015
End Date (mm/dd/yyyy): 09/30/2016
Influenza Season Dates: 07/01/2015 - 06/30/2016

Template Folder: My Favorite Reports
Template Name: IRF Patient-Level Quality Measure Report

Submit Back
Save & Submit Save

Begin Date and *End Date* values define the date range of the measure calculations to select for the report. A drop-down list provides the end dates of the calendar quarters for which pressure ulcer measure calculations are available. The default value is the end date of the most recently calculated quarter. You may select a different quarter end date from the list. *Begin Date* is a read-only field that displays the first day of the 4-quarter (12 months) period ending with the specified *End Date*.

The *Influenza Season Dates* field is a read-only display of the influenza season dates in effect during the period identified by the *End Date* and *Begin Date*.

NOTE: The influenza season reporting period was July 1 through June 30 during the years for which influenza measure data was collected. As of 10/1/2018 influenza measure data is no longer collected. The earliest influenza season for which measure data are available is 07/01/2014 through 06/30/2015.

If the selected *End Date* is prior to earliest influenza season for which measure data exists, the *Influenza Season Dates* field is blank. Likewise, if the selected *End Date* is after the last influenza season for which measure data exists, the *Influenza Season Dates* field is blank.

The IRF Patient-Level Quality Measure Report (Figure 4-5) presents the following:

- Facility ID
- CMS Certification Number (CCN)
- Facility Name
- City/State
- Report Period
 - For IRF-PAI Assessment-Based Measures: The beginning and ending reporting year dates for a four-quarter rolling year corresponding to the user-selected End Date. The End Date is based upon the quarter end dates for the pressure ulcer measure. For the patient influenza measure, the dates are the influenza season dates in effect for the user-selected quarter end date (End Date). The influenza season report period season was July 1 through June 30.
 - For the patient influenza measure, N/A indicates the user-selected End Date is prior to 06/30/2015 or after 12/31/2018.
 - For the pressure ulcer measure, the Report Period is 10/01/2017-09/30/2018 when the user-selected End Date is 12/31/2018 or after.
 - For the Medicare Fee-For-Service Measure: The beginning and ending reporting year dates corresponding to the user-selected quarter end date (End Date). Medicare Fee-For-Service data are reported for a two-year period.
 - N/A indicates the user-selected End Date is prior to 03/31/2016.
- Report Run Date: The date the report was run.
- Report Version Number: The version of the reporting system software that was used to product the report.

The remainder of the report provides the following information and measure status for the measure(s) indicated:

- Quality Measures: Undesirable Outcomes/Processes Not Performed:
 - Status Legend:


- **X:** Triggered
- **NT:** Not triggered
- **E:** Excluded from analysis based on quality measure exclusion criteria
- **N/A:** Not available
- Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
- Patient Name
- Patient ID
- Admission Date
- Discharge Date
- Quality Measure Name
 - 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)
- Quality Measures: Desirable Outcomes/Processes Performed
 - Status Legend:
 - **X:** Triggered
 - **NT:** Not triggered
 - **E:** Excluded from analysis based on quality measure exclusion criteria
 - **N/A:** Not available
 - Table Legend:
 - [a]: Triggered if the patient had an observed discharge score that met or exceeded the expected discharge score.
 - [b]: For this report, this measure requires risk-adjustment and the data is not yet available.
 - Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - Patient Name
 - Patient ID
 - Admission Date
 - Discharge Date
 - Quality Measure Name
 - Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF#2631)
 - IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
 - IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

- Quality Measures: Patient Seasonal Influenza Vaccination Measure
 - o Status Legend:
 - Y: Yes
 - N: No
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A: Not available
 - o Table Legend:
 - [a]: Submeasures for the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay).
 - o Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - o Patient Name
 - o Patient ID
 - o Admission Date
 - o Discharge Date
 - o Quality Measure Name
 - 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 (NQF #0680A)
 - Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)
 - Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)
- Quality Measures: Change in Functional Scores
 - o Status Legend:
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A: Not available
 - Note: Values are change in scores from admission to discharge
 - o Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
 - o Patient Name
 - o Patient ID
 - o Admission Date
 - o Discharge Date
 - o Quality Measure Name
 - IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)

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

NOTE: The IRF Patient-Level Quality Measure Report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-5. IRF Patient-Level Quality Measure Report *

		CASPER Report IRF Patient-Level Quality Measure Report		Page 8 of 33	
Facility ID: CCN: Facility Name: City/State:	[Redacted] [Redacted] [Redacted] [Redacted]	Report Period: Report Run Date: Report Version Number:	10/01/2014 - 09/30/2015 08/09/2017 2.00		
Status Legend X: Triggered NT: Not triggered E: Excluded from analysis based on quality measure exclusion criteria N/A: Not available					
Quality Measures: <u>Undesirable Outcomes/Processes Not Performed</u> Source: <i>Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)</i>					
				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)
Patient Name	Patient ID	Admission Date	Discharge Date		
[Redacted]	32427931	10/03/2014	10/18/2014	NT	N/A
[Redacted]	32427953	10/09/2014	10/21/2014	NT	N/A
[Redacted]	33684134	03/02/2015	03/11/2015	NT	N/A
[Redacted]	33175175	06/30/2015	07/11/2015	X	N/A
This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.					

* Fictitious, sample data are depicted.

The report records are sorted by State Code, CCN, Patient Last Name, Patient First Name, Patient ID ascending, and Discharge Date descending.

IRF REVIEW AND CORRECT REPORT

The IRF Review and Correct Report allows Inpatient Rehabilitation Facilities to review their quality measure (QM) data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline, which is 4.5 months after the end of the quarter.

NOTE: Correction periods for each quarter end as follows:

- Q1 (1/1-3/31) – August 15
- Q2 (4/1-6/30) – November 15
- Q3 (7/1-9/30) – February 15
- Q4 (10/1-12/31) – May 15

The IRF Review and Correct Report provides a breakdown, by measure and by quarter, of the provider's QM data for four rolling quarters. The report also identifies the open/closed status of each quarter's data correction period as of the report run date.

NOTE: Quality Measure calculations are performed weekly and on the first day of each quarter.

The **CASPER Reports Submit** criteria page (Figure 4-6) for the IRF Review and Correct Report presents *Begin Date* and *End Date* criteria options.

Figure 4-6. IRF Review and Correct Report CASPER Reports Submit Page

The screenshot shows a web interface for submitting reports. At the top, there are navigation links: Skip navigation links, CASPER Reports Submit, Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this is a section titled "Report: IRF Review and Correct Report". In the center, there are two fields: "Begin Date:" with a text input containing "Q1 2019" and "End Date:" with a dropdown menu showing "Q4 2019". At the bottom, there are two dropdown menus: "Template Folder:" with "My Favorite Reports" and "Template Name:" with "IRF Review and Correct Report". To the right of these are four buttons: "Submit", "Save & Submit", "Back", and "Save".

Begin Date and *End Date* values define the date range of the QM calculations to select for the report. A drop-down list associated with the *End Date* field provides the calendar quarters for which calculated quality measure data is available. The default value is the most recently completed calculated quarter. You may select a different quarter from the list. *Begin Date* is a read-only field that displays the first quarter of the 4-quarter period ending with the specified *End Date*.

NOTE: Only qualifying patient stays with a record containing a Discharge Date between the Begin Date and End Date are included in the QM calculations for the report.

The IRF Review and Correct Report (Figure 4-7) presents the following:

- CMS Certification Number (CCN)
- Facility Name
- Street Address Line 1
- Street Address Line 2
- City
- State
- ZIP Code
- County Name
- Telephone Number

The remainder of the report details each measure. The following fields are common to all measures:

- Reporting Quarter: The quarter and calendar year for which the data were collected or, for NQF #0680, the quarter and influenza season for which the data were collected

NOTE: Since Quarter 1 of the influenza season is between 7/1 and 9/30, which is before the start of the influenza vaccination season (10/1), no data will exist for Quarter 1 of the influenza season.

NOTE: When the user-selected End Date is Q4 2018 or after, pressure ulcer measure data for Q4 2017 through Q3 2018 are displayed.

- Start Date: Beginning date of the reporting quarter
- End Date: Ending date of the reporting quarter
- Data Correction Deadline: The date after which the data for the reporting quarter are frozen

NOTE: Corrections of the data for a reporting quarter made after the Data Correction Deadline will not affect QM results.

- Data Correction Period as of Report Run Date:
 - Open = As of the Report Run Date, the data correction deadline of the reporting quarter is either today or in the future; data may still be corrected

- o Closed = As of the Report Run Date, the data correction deadline is in the past; data can no longer be corrected and affect the QM results

The following unique information is provided for the measure(s) indicated:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) [Page 1]
 - o CMS Measure ID: I001.02
 - o Table Legend:
 - Dash (-): Data not available or not applicable.
 - o Number of Patient Stays that Triggered the Quality Measure in your IRF
 - o Number of Eligible Patients Discharged from your IRF
 - o Your IRF's Observed Performance Rate
- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) [Page 2]
 - o CMS Measure ID: I002.01
 - o Table Legend:
 - * Based on influenza season which starts on July 1st and ends on June 30th (i.e. Quarter 1 of the influenza season starts on July 1st and ends on September 30th).
 - ** There are no discharges for the associated influenza vaccination season during this period of the influenza season.
 - Dash (-): Data not available or not applicable.
 - o Number of Patient Stays that Triggered the Quality Measure in your IRF
 - o Number of Eligible Patients Discharged from your IRF
 - o Your IRF's Observed Performance Rate


NOTE: As of 10/1/2018 influenza measure data is no longer collected. Influenza measure data is available only from 07/01/2014 through 9/30/2018.

- 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) [Page 3]
 - o CMS Measure ID: I008.01
 - o Table Legend:
 - Dash (-): Data not available or not applicable.
 - o Number of Patient Stays that Triggered the Quality Measure in your IRF
 - o Number of Eligible Patients Discharged from your IRF
 - o Your IRF's Observed Performance Rate

- IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) [Page 4]
 - CMS Measure ID: I011.01
 - Table Legend:
 - Dash (-): Data not available or not applicable.
 - Number of Patient Stays that Met or Exceeded the National Average in your IRF
 - Number of Eligible Patients Discharged from your IRF
 - Your IRF's Observed Performance Rate
- IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) [Page 5]
 - CMS Measure ID: I012.01
 - Table Legend:
 - Dash (-): Data not available or not applicable.
 - Number of Patient Stays that Met or Exceeded the National Average in your IRF
 - Number of Eligible Patients Discharged from your IRF
 - Your IRF's Observed Performance Rate
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) [Page 6]
 - CMS Measure ID: I013.01
 - Table Legend:
 - Dash (-): Data not available or not applicable.
 - Number of Patient Stays that Triggered the Quality Measure in your IRF
 - Number of Eligible Patients Discharged from your IRF
 - Your IRF's Observed Performance Rate
- IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) [Page 7]
 - CMS Measure ID: I009.01
 - Table Legend:
 - * Average Observed Change in Self-Care Score = (Average Discharge Self-Care Score – Average Admission Self-Care Score).
 - Dash (-): Data not available or not applicable.
 - Number of Eligible Patients Discharged from your IRF
 - Your IRF's Average Observed Change in Self-Care Score*
- IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) [Page 8]
 - CMS Measure ID: I010.01
 - Table Legend:

- * Average Observed Change in Mobility Score = (Average Discharge Mobility Score – Average Admission Mobility Score).
- Dash (-): Data not available or not applicable.
- Number of Eligible Patients Discharged from your IRF
- Your IRF’s Average Observed Change in Mobility Score*

Figure 4-7. IRF Review and Correct Report *



CASPER Report
IRF Review and Correct Report
IRF-PAI Quality Measures: Report #1 for 2018

Run Date: 06/08/2018
 Page 1 of 8

CMS Certification Number: [Redacted]
Facility Name: [Redacted]
Street Address Line 1: [Redacted]
Street Address Line 2: [Redacted]
City: [Redacted]
State: [Redacted]
ZIP Code: [Redacted]
County Name: [Redacted]
Telephone Number: [Redacted]

IRF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: I001.02

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 IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	4	4	100.0%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Closed	4	4	100.0%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	4	4	100.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	4	4	100.0%
Cumulative	04/01/2017	03/31/2018	-	-	16	16	100.0%

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

* Fictitious, sample data are depicted.

The report records are sorted by State Code and CCN in ascending order when multiple providers are selected.