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IRF-PAI PROVIDER REPORTS

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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

IRF-PAI Provider reports are requested on the CASPER Reports page (Figure 3-1).

Figure 3-1. CASPER Reports Page – IRF-PAI Provider Report Category

1. Select the IRF-PAI Provider link from the Report Categories frame on the left. A list of the individual IRF-PAI Provider 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 button.

   NOTE: IRF-PAI Provider 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-PAI Provider reports are automatically purged after 60 days.
The IRF Provider Threshold Report details the status of the measures required for the Annual Payment Update (APU) by fiscal year of the APU.

The criteria selection page (Figure 3-2) for the IRF Provider Threshold Report presents Fiscal Year (FY) options.

The Fiscal Year (FY) drop-down list contains only those APU fiscal years for which the measure data collection has begun. Data collection for fiscal year 2017 began 10/01/2014. The fiscal year 2018 option became available 10/01/2015, and so forth. Select the desired fiscal year.

The IRF Provider Threshold Report (Figure 3-3) details the following for the specified fiscal year:

- CCN
- Facility Name
- Facility City
- State
- Assessment Measures:
  - Target Percentage for Assessments Meeting Data Completion Threshold: 95%
  - Definitions:
    - Assessments Meeting Data Completion Threshold/Completed: Number of IRF-PAI assessments with 100 percent of the mandatory quality indicator data items, for this measure for the time period.
    - Percentage of Assessments Meeting Data Completion Threshold: Total number of Assessments Meeting Data Completion Threshold divided by the Number of Successfully Submitted Assessments, for the time period multiplied by 100 and rounded to the next highest whole number.
Successfully Submitted: A new assessment, or new assessments that meet the data criteria for uploaded files and are found “valid” and accepted by the QIES national data warehouse.

*: A symbol used to denote an intentionally empty field. For example, there will never be a date under the “Data Submission Deadline” column for the Year row as no “Yearly” deadline exists for the measure.

- Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) (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 Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
- 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: 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)
- 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)

**Totals by Year and Quarter**
- **Time Period**
- **Data Collection Start Date**
- **Data Collection End Date**
- **Data Submission Deadline**
- **Percentage of Assessments Meeting Data Completion Threshold**
- **Number of Successfully Submitted Assessments**
- **Number of Assessments Meeting Data Completion Threshold**

**Totals by Month**
- **Month**
- **Percentage of Assessments Meeting Data Completion Threshold**
- **Number of Successfully Submitted Assessments**
- **Number of Assessments Meeting Data Completion Threshold**
Figure 3-3. IRF Provider Threshold Report – Page 1 Excerpt

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Data Collection Start Date</th>
<th>Data Collection End Date</th>
<th>Data Submission Deadline</th>
<th>Percentage of Assessments Meeting Data Completion Threshold</th>
<th>Number of Assessments Meeting Data Completion Threshold</th>
<th>Number of Successfully Submitted Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 17 Q1</td>
<td>01/01/2017</td>
<td>03/31/2017</td>
<td>08/15/2017</td>
<td>99%</td>
<td>280</td>
<td>276</td>
</tr>
<tr>
<td>CY 17 Q2</td>
<td>04/01/2017</td>
<td>06/30/2017</td>
<td>11/15/2017</td>
<td>99%</td>
<td>251</td>
<td>248</td>
</tr>
<tr>
<td>CY 17 Q3</td>
<td>07/01/2017</td>
<td>09/30/2017</td>
<td>02/15/2018</td>
<td>99%</td>
<td>251</td>
<td>256</td>
</tr>
<tr>
<td>CY 17 Q4</td>
<td>10/01/2017</td>
<td>12/31/2017</td>
<td>05/15/2018</td>
<td>90%</td>
<td>87</td>
<td>73</td>
</tr>
<tr>
<td>Year</td>
<td>01/01/2017</td>
<td>12/31/2017</td>
<td>*</td>
<td>98%</td>
<td>879</td>
<td>858</td>
</tr>
</tbody>
</table>

Totals by Month:

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage of Assessments Meeting Data Completion Threshold</th>
<th>Number of Successfully Submitted Assessments</th>
<th>Number of Assessments Meeting Data Completion Threathold</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 17 January</td>
<td>99%</td>
<td>104</td>
<td>102</td>
</tr>
<tr>
<td>CY 17 February</td>
<td>99%</td>
<td>90</td>
<td>39</td>
</tr>
<tr>
<td>CY 17 March</td>
<td>99%</td>
<td>86</td>
<td>55</td>
</tr>
<tr>
<td>CY 17 April</td>
<td>99%</td>
<td>74</td>
<td>73</td>
</tr>
<tr>
<td>CY 17 May</td>
<td>99%</td>
<td>82</td>
<td>51</td>
</tr>
<tr>
<td>CY 17 June</td>
<td>99%</td>
<td>95</td>
<td>94</td>
</tr>
<tr>
<td>CY 17 July</td>
<td>99%</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>CY 17 August</td>
<td>98%</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td>CY 17 September</td>
<td>96%</td>
<td>93</td>
<td>91</td>
</tr>
<tr>
<td>CY 17 October</td>
<td>94%</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>CY 17 November</td>
<td>94%</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>CY 17 December</td>
<td>94%</td>
<td>41</td>
<td>41</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.
• CDC Measures:
  o Completion Threshold: “Yes” for each month in the reporting quarter
  o Definitions:
    ▪ Yes = Monthly reporting plan, event data and summary data submitted to CDC
    ▪ No = As of “Reported to CMS Date”, one or more of monthly reporting plan, event data or summary data is missing for the month
    ▪ N/A = Data collection is not yet available as of the report run date
    ▪ CDC Data Reported to CMS = Date displayed on the report is the date of the most recent CDC data load prior to the report run date (approx. monthly)
  o National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
  o National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
  o National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)
    ▪ CDC Data Reported to CMS mm/dd/yyyy
      ▪ Time Period
      ▪ Data Collection Start Date
      ▪ Data Collection End Date
      ▪ Submission Deadline
      ▪ Month 1
      ▪ Month 2
      ▪ Month 3
  o Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
    ▪ Time Period
    ▪ Data Collection Start Date
    ▪ Data Collection End Date
    ▪ Submission Deadline
    ▪ Submission Status

NOTE: The IRF Provider Threshold Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
The IRF-PAI Assessment Print report details the assessment items submitted for a select Assessment ID.

The criteria selection page (Figure 3-4) for the IRF-PAI Assessment Print report presents an Assessment ID option.

You must enter a valid Assessment ID. Only those assessments submitted by or on behalf of a facility/state to which your User ID is authorized are allowed.

The IRF-PAI Assessment Print report (Figure 3-5) details the following for the specified Assessment ID:

- State
- Facility Name
- Patient Name
- Assessment ID
- Assessment Section Heading
  - Assessment Item ID
  - Assessment Item Description
  - Assessment Item Value

**NOTE:** The IRF-PAI Assessment Print report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
The value of an item for which a blank (skipped) was submitted may be shown as a caret (^).

The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.
IRF-PAI ASSESSMENTS WITH ERROR NUMBER XXXX

The IRF-PAI Assessments with Error Number XXXX report lists the assessments submitted with a specified error during a specified period.

The criteria selection page (Figure 3-6) for the IRF-PAI Assessments with Error Number XXXX report presents Date Criteria, from (mm/dd/yyyy), thru (mm/dd/yyyy), and Error Number options.

Figure 3-6. CASPER Reports Submit Page – IRF-PAI Assessments with Error Number XXXX

Date Criteria defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the from date being after the thru date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.

You must select one or more error numbers from the Error Number list box.
The IRF-PAI Assessments with Error Number XXXX report (Figure 3-7) details the following for the submitted assessments that encountered the error during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Error Number
- Error Message
- Submission Date
- Last Name
- First Name
- Assessment ID
- IRF Item(s)
- Data Submitted

Figure 3-7. IRF-PAI Assessments with Error Number XXXX

- CMS Certification Number (CCN)
- Facility Name: MARY GREELEY ACUTE REHABILITATION
- Facility City: AMES
- Error Number: -1071
- Error Message: Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record.

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Last Name</th>
<th>Assessment ID</th>
<th>IRF Item(s)</th>
<th>Data Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/26/2018</td>
<td></td>
<td>6494039</td>
<td>USERID, FAC_ID</td>
<td></td>
</tr>
<tr>
<td>10/26/2018</td>
<td></td>
<td>6494049</td>
<td>USERID, FAC_ID</td>
<td></td>
</tr>
<tr>
<td>10/27/2018</td>
<td></td>
<td>6494120</td>
<td>USERID, FAC_ID</td>
<td></td>
</tr>
<tr>
<td>10/27/2018</td>
<td></td>
<td>6494130</td>
<td>USERID, FAC_ID</td>
<td></td>
</tr>
<tr>
<td>10/27/2018</td>
<td></td>
<td>6494143</td>
<td>USERID, FAC_ID</td>
<td></td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public.

The report is sorted by State Code, CCN, Error Number, Submission Date, Last Name, First Name, and Assessment ID.

NOTE: The IRF-PAI Assessments with Error Number XXXX report may contain privacy information.
IRF-PAI DISCHARGES

The IRF-PAI Discharges report lists the patients discharged during a select period.

The criteria selection page (Figure 3-8) for the IRF-PAI Discharges report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy)* options.

**Figure 3-8. CASPER Reports Submit Page – IRF-PAI Discharges**

*Date Criteria* defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.

The IRF-PAI Discharges report (Figure 3-9) details the following for the patients discharged during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Patient ID
- Patient Name
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Discharge Date
- Submission Date

**Figure 3-9. IRF-PAI Discharges**

![Image of IRF-PAI Discharges Report]

The report is sorted by State Code, CCN, Last Name, and Discharge Date.

**NOTE:** The IRF-PAI Discharges Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
IRF-PAI ERROR DETAIL BY FACILITY

The IRF-PAI Error Detail by Facility report details the errors encountered in successful submissions during a specified period.

The criteria selection page (Figure 3-10) for the IRF-PAI Error Detail by Facility report presents *Date Criteria, from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

**Figure 3-10. CASPER Reports Submit Page – IRF-PAI Error Detail by Facility**

*Date Criteria* defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.

The IRF-PAI Error Detail by Facility report (Figure 3-11) details the following for the errors encountered in successful submissions during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Assessment ID
• Submission Date
• Error Number
• Error Message
• Error Type
• IRF Item(s)
• Data Submitted

Figure 3-11. IRF-PAI Error Detail by Facility

The report is sorted by State Code, CCN, Submission Date, Assessment ID, Error Number, Item In Error, and Value In Error, ascending.

NOTE: The IRF-PAI Error Detail by Facility Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
IRF-PAI ERROR NUMBER SUMMARY BY FACILITY BY VENDOR

The IRF-PAI Error Number Summary by Facility by Vendor report summarizes the errors encountered in assessments submitted during a specified period.

The criteria selection page (Figure 3-12) for the IRF-PAI Error Number Summary by Facility by Vendor report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

**Figure 3-12. CASPER Reports Submit Page – IRF-PAI Error Number Summary by Facility by Vendor**

*Date Criteria* defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.
The IRF-PAI Error Number Summary by Facility by Vendor report (Figure 3-13) summarizes the following about the errors encountered in assessments submitted by the selected facility(ies) during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Vendor Name
- Vendor E-mail
- Error Number
- Error Message
- Number of Errors
- Number of Assessments with the Error
- Percent of Assessments with the Error

Figure 3-13. IRF-PAI Error Number Summary by Facility by Vendor

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

The report is sorted by State Code, CCN, Vendor EIN, and the Number of Errors.

NOTE: Any alteration to this report is strictly prohibited.
The IRF-PAI Errors by Field by Facility report lists the errors encountered in the fields of successful submissions made during a specified period.

The criteria selection page (Figure 3-14) for the IRF-PAI Errors by Field by Facility report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

**Figure 3-14. CASPER Reports Submit Page – IRF-PAI Errors by Field by Facility**

*Date Criteria* defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from* (mm/dd/yyyy) and *thru* (mm/dd/yyyy) dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.
The IRF-PAI Errors by Field by Facility report (Figure 3-15) details the following about the errors encountered in the fields of accepted assessments submitted during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Message Type
- Total Assessments Submitted
- Error Number
- Error Message
- IRF Item(s)
- Number of Assessments
- Percent of Assessments

Figure 3-15. IRF-PAI Errors by Field by Facility

The report is sorted by State Code, Facility ID, Number of Assessments, Error number.

NOTE: The IRF-PAI Errors by Field by Facility Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
IRF-PAI FACILITY FINAL VALIDATION

The IRF-PAI submission system automatically creates an IRF-PAI Facility Final Validation Report within 24 hours of the submission of a file. These automatically-generated reports are placed in the facility’s final validation reports folder, which is named:

[State Code] IRF [Facility ID] VR

If necessary, you may request another final validation report for a specific submission file or date range by selecting the IRF-PAI Facility Final Validation in the IRF-PAI Provider report category.

NOTE: The records included in an automatically-generated IRF-PAI Facility Final Validation Report for a particular submission are identical to the records included in a user-generated IRF-PAI Facility Final Validation Report for the same submission. However, differences in the order in which the records are presented may exist.

The IRF-PAI Facility Final Validation Report provides detailed information about the status of select submission files. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.

The criteria selection page (Figure 3-16) for the IRF-PAI Facility Final Validation Report presents Submission ID, Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 3-16. CASPER Reports Submit Page – IRF-PAI Facility Final Validation Report

You must enter either a valid Submission ID or submission date criteria.
*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters or an incorrect date format.

**NOTE:** An error results if you enter both a Submission ID and date criteria. Because of this, there is no default value for the *Date Criteria* field.

The IRF-PAI Facility Final Validation Report (Figure 3-17) details the following for the specified submission file.

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>This is the title of the report.</td>
</tr>
<tr>
<td>IRF-PAI Facility Final Validation</td>
<td>This is the sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>The date and time that the processing of the file was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss</td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it was received by the system.</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td>Facility ID</td>
<td>The Facility ID submitted in the FAC_ID field of the assessment record.</td>
</tr>
<tr>
<td>Facility CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the facility that created the assessment record.</td>
</tr>
<tr>
<td>Facility Name</td>
<td>The name of the facility that created the assessment record.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>State Code</td>
<td>The facility’s two-character state code.</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The total number of records that were processed for the facility from the submission file.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records that were saved to the database from the submission file.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records for the facility that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records for the facility that were not saved into the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Facility Authority</td>
<td>The total number of records for the facility that were submitted by a user without authority to submit for the facility.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all records for the facility in the submission file.</td>
</tr>
<tr>
<td>Record</td>
<td>The record ID.</td>
</tr>
<tr>
<td>Status</td>
<td>The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. <strong>NOTE</strong>: Records with an Invalid status are available only on the IRF-PAI Submitter Final Validation Report.</td>
</tr>
<tr>
<td>Asmt_ID</td>
<td>The unique ID assigned to the assessment by the QIES ASAP system.</td>
</tr>
<tr>
<td>Name (5A, 4)</td>
<td>The patient’s last (5A) name and first (4) name.</td>
</tr>
<tr>
<td>Res_int_ID</td>
<td>The unique number assigned to the patient by the system. The combination of state code and resident internal ID uniquely identifies the patient in the national repository. This field is populated if the patient exists on the Resident table (new patients created by an accepted record are on the table). The field is displayed as 0 if the patient is new and the record is rejected.</td>
</tr>
<tr>
<td>SSN (7)</td>
<td>The patient’s Social Security Number (7).</td>
</tr>
<tr>
<td>Type of Transaction</td>
<td>The type of transaction: New Record, Modification or Inactivation. If = 1, this record is a new original assessment. If = 2, the current record is a request to modify an existing record. If = 3, the current record is a request to inactivate an existing record.</td>
</tr>
<tr>
<td>Medicare Number</td>
<td>The Patient Medicare Number (2) of the assessment record.</td>
</tr>
<tr>
<td>Admission Date</td>
<td>The Admission Date of the assessment record.</td>
</tr>
<tr>
<td>Discharge Date (40)</td>
<td>The Discharge Date (40) of the assessment record.</td>
</tr>
<tr>
<td>XML File Name</td>
<td>The name of the XML file submitted.</td>
</tr>
<tr>
<td>IRF Item(s)</td>
<td>The IRF-PAI item identifier(s) of the items in error (either fatal or warning). <strong>NOTE</strong>: If values are compared for more than one field at a time, both item identifiers display.</td>
</tr>
<tr>
<td>Data Submitted</td>
<td>The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td>The number used to identify the error that was encountered for the corresponding field. The severity of the error is identified as either Warning or Fatal.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Message</td>
<td>The description of the error that was encountered for the corresponding field.</td>
</tr>
</tbody>
</table>

**NOTE**: The IRF-PAI Facility Final Validation Report may contain privacy information.

The report is sorted by State, Facility ID, Submission ID, Patient Last Name, Patient First Name, Submission Processing Order Number, Error Type Description, Item in Error Text, and Value in Error Text.

**Figure 3-17. IRF-PAI Facility Final Validation Report**

The report is sorted by State, Facility ID, Submission ID, Patient Last Name, Patient First Name, Submission Processing Order Number, Error Type Description, Item in Error Text, and Value in Error Text.

**NOTE**: The IRF-PAI Facility Final Validation Report may contain privacy information.
IRF-PAI SUBMISSION ACTIVITY

The IRF-PAI Submission Activity report details the accepted assessments submitted during a specified period.

The criteria selection page (Figure 3-18) for the IRF-PAI Submission Activity report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 3-18. CASPER Reports Submit Page – IRF-PAI Submission Activity

Date Criteria defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the from date being after the thru date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.

The IRF-PAI Submission Activity report (Figure 3-19) details the following about the accepted assessments submitted during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Patient ID
The report is sorted by State Code, CCN, Last Name, Submission Date, Discharge Date, Transaction Type Code (Type Rec), and Correction Number.

**NOTE:** The IRF-PAI Submission Activity Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
IRF-PAI SUBMISSION STATISTICS BY FACILITY

The IRF-PAI Submission Statistics by Facility report lists the submissions made by or on behalf of select facilities during a specified period.

The criteria selection page (Figure 3-20) for the IRF-PAI Submission Statistics by Facility report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 3-20. CASPER Reports Submit Page – IRF-PAI Submission Statistics by Facility

Date Criteria defines the range of submission dates to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the from date being after the thru date, missing date(s), and the use of future dates, alpha characters or an incorrect date format.

The IRF-PAI Submission Statistics by Facility report (Figure 3-21) details the following about the submissions made during the specified period:

- CMS Certification Number (CCN)
- Facility Name
- Facility City
- Submission Date/Time
- Submission ID
- Records Processed
- Records Rejected
- Records Accepted
- Percent Rejected

Figure 3-21. IRF-PAI Submission Statistics by Facility

The report is sorted by State Code, CCN, and Submission Date/Time.

NOTE: The IRF-PAI Submission Statistics by Facility Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
The IRF-PAI Submitter Final Validation Report provides detailed information about the status of a select submission file. The report indicates whether the records submitted were accepted or rejected and details the warning and fatal errors encountered.

**NOTE:** The IRF-PAI Submitter Final Validation Report can be requested by the user who submitted a file. The User ID of the requestor must match the User ID of the submitter.

The criteria selection page (Figure 3-22) for the IRF-PAI Submitter Final Validation Report presents a *Submission ID* field.

**Figure 3-22. CASPER Reports Submit Page - IRF-PAI Submitter Final Validation Report**

You must enter a valid *Submission ID*.

**NOTE:** This report is available only for files submitted on or after 10/1/2012.

The IRF-PAI Submitter Final Validation Report (Figure 3-23) details the following for the specified submission file.

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>This is the title of the report.</td>
</tr>
<tr>
<td>IRF-PAI Submitter Final Validation</td>
<td>This is the sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second. <em>mm/dd/yyyy hh:mm:ss</em></td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>The date and time that the processing of the file was complete. The time is recorded to the nearest second. <em>mm/dd/yyyy hh:mm:ss</em></td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it was received by the system.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The total number of records that were processed for the facility from the submission file.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records that were saved to the database from the submission file.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records for the facility that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records for the facility that were not saved into the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Facility Authority</td>
<td>The total number of records for the facility that were submitted by a user without authority to submit for the facility.</td>
</tr>
<tr>
<td># Invalid Records</td>
<td>The total number of records from the submission file that could not be processed due to a file defect. For example, record was not an XML file (.doc, .jpg) or was not a properly formed XML file.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all records for the facility in the submission file.</td>
</tr>
<tr>
<td>Record</td>
<td>The record ID.</td>
</tr>
<tr>
<td>Accepted, Rejected, or Invalid Status</td>
<td>The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. Invalid displays when the record could not be validated because it was an invalid XML or unexpected type of file, such as a Word doc.</td>
</tr>
<tr>
<td>NOTE: Records with an Invalid status are available only on the IRF-PAI Submitter Final Validation Report.</td>
<td></td>
</tr>
<tr>
<td>State Code</td>
<td>The facility’s two-character state code.</td>
</tr>
<tr>
<td>Facility ID</td>
<td>The Facility ID submitted in the FAC_ID field of the assessment record.</td>
</tr>
<tr>
<td>Facility Name</td>
<td>The name of the facility that created the assessment record.</td>
</tr>
<tr>
<td>Facility CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the facility that created the assessment record.</td>
</tr>
<tr>
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