

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 Submit Back
Template Name: IRF Facility-Level Quality Measure Report 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 do 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			<small>Page 1 of 10</small>	
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;"><small>Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)</small></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

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

Report Period: 10/01/2014 - 09/30/2015
Report Run Date: 08/09/2017
Report Version Number: 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: 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)
[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

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: IRF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures: Application of Falls
Select All Patient Influenza Vaccine
Application of Functional Assessment
Discharge Self-Care Score
Discharge Mobility Score
 Include Patient-Level Data

* To select multiple items, hold down the Ctrl key and click the desired items

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

Submit Back
Save & Submit 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 *Quality Measures* list box presents the measures that are available for the period associated with the selected *End Date*. All measures are selected by default. Alternately you may select only those measures of interest. Press and hold the Ctrl and/or Shift keys on the keyboard as you click to select/highlight multiple measures. You must select at least one measure.

NOTE: For the Q3 2018 End Date and prior, the following measures are reported:

- Pressure Ulcer (Short Stay)
- Application of Falls
- Patient Influenza Vaccine
- Application of Functional Assessment
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score.

For the Q4 2018 End Date, the following measures are reported:

- Application of Falls
- Patient Influenza Vaccine
- Application of Functional Assessment
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score.

For the Q1 2019 End Date and forward, the following measures are reported:

- Application of Falls
- Patient Influenza Vaccine
- Application of Functional Assessment
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score
- DRR
- Pressure Ulcer/Injury.

The *Include Patient-Level Data* checkbox, when selected, adds criteria options to the **CASPER Reports Submit** criteria page (Figure 4-7) for the inclusion of patient-level information in the report output.

The patient-level data criteria options presented are *Generate Patient-Level Data CSV*, *Status*, *Reporting Quarter*, *Data Correction Status*, *Primary Sort By*, and *Reverse Default Sort Order*.

Figure 4-7. IRF Review and Correct Report CASPER Reports Submit Page with Patient-Level Criteria

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: IRF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures: Application of Falls
Patient Influenza Vaccine
Application of Functional Assessment
Discharge Self-Care Score
Discharge Mobility Score
 Include Patient-Level Data
 Generate Patient-Level Data CSV

*Status: Triggered
Not Triggered
Excluded

*Reporting Quarter: Q1 2019
Q4 2018
Q3 2018
Q2 2018

Data Correction Status: Both Open Closed
Primary Sort By: Discharge Date Reverse Default Sort Order

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports Submit Back
Template Name: IRF Review and Correct Report Save & Submit Save

Select the *Generate Patient-Level Data CSV* checkbox to generate a separate patient-level data CSV file that is placed in *My Inbox* on the **CASPER Folders** page

Status options include *Triggered*, *Not Triggered*, and *Excluded*. All are selected by default. Press and hold the Ctrl key on the keyboard as you click to select/highlight only the status option(s) of interest. You must select at least one status.

NOTE: The *Triggered* option includes all variations of triggered measures: X, X-A, X-B, and X-C.

The *Reporting Quarter* list box presents the quarters for which measure data are available for the specified *End Date*. Press and hold the Ctrl key on the keyboard as you click to select/highlight only the reporting quarter option(s) of interest. You must select at least one reporting quarter.

Data Correction Status options include *Both* (the default), *Open*, and *Closed*.

Primary Sort By drop-down options include *Discharge Date* (the default), *Admission Date*, *Last Name/First Name*, and *Status or Score*. You may select only one sort-by option.

The default sort order for the optional patient-level data is as follows:

- Discharge Date (newest to oldest)
- Admission Date (newest to oldest)
- Lastname, Firstname (A to Z)
- Status (1-3) OR Score
 - 1 – Triggered
 - 2 – Not Triggered
 - 3 – Excluded
- Score (1-3)
 - 1 – Lowest (largest negative number first)
 - 2 – Highest Number
 - 3 – Excluded
- Patient ID (smallest to largest)

The *Reverse Default Sort Order* checkbox, when selected, reverses the order of each of the sort elements as follows:

- Discharge Date (oldest to newest)
- Admission Date (oldest to newest)
- Lastname, Firstname (Z to A)
- Status (3-1) OR Score
 - 1 – Triggered
 - 2 – Not Triggered
 - 3 – Excluded
- Score (3-1)
 - 1 – Lowest (largest negative number last)
 - 2 – Highest Number
 - 3 – Excluded
- Patient ID (largest to smallest)

The header of the IRF Review and Correct Report (Figure 4-8) presents the following for each selected measure:

- Facility ID
- CMS Certification Number (CCN)
- Facility Name
- City/State
- Requested Quarter End Date
- Report Release Date

- Report Run Date
- Data Calculation Date
- Report Version Number

For the selected measures that are available for the period, the following information is provided:

- IRF-PAI Quality Measure Name
- Table Legend consisting of one or more of the following, as appropriate:
 - * 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) [Influenza measure only]
 - ** There are no discharges for the associated influenza vaccination season during this period of the influenza season [Influenza measure only]
 - Dash (-): Data not available or not applicable
 - X: Triggered
 - X-A: Triggered – Residents of patients who received the seasonal influenza vaccination (NQF #0680A) [Influenza measure only]
 - X-B: Triggered – Residents of patients who were offered and declined the seasonal influenza vaccination (NQF #0680C) [Influenza measure only]
 - X-C: Triggered – Residents of patients who did not receive, due to medical contraindication, the seasonal influenza vaccine (NQF #0680C) [Influenza measure only]
 - NT: Not Triggered
 - E: Excluded from analysis based on quality measure exclusion criteria
 - Note: Triggered if the patient had an observed discharge self-care score that met or exceeded the expected discharge self-care score
 - Note: Triggered if the patient had an observed discharge mobility score that met or exceeded the expected discharge mobility score

The *Facility-Level Data* section of the report details facility-level results of each selected measure that is available for the period as follows:

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

- CMS ID: The identifier assigned to a measure by CMS

- 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
 - 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
- Number of Eligible IRF Stays (Change in Self-Care and Mobility Score measures only)
- Number of IRF Stays that Triggered the Quality Measure
- Number of IRF Stays Included in the Denominator
- Facility Percent
- Your IRF's Average Observed Change in Self-Care Score* [Change in Self-Care measure only]
- * Observed Change in Self-Care Score = (Observed Discharge Self-Care Score - Observed Admission Self-Care Score) [Change in Self-Care measure only]
- Your IRF's Average Observed Change in Mobility Score* [Change in Mobility Score measure only]
- * Observed Change in Mobility Score = (Observed Discharge Mobility Score - Observed Admission Mobility Score) [Change in Mobility Score measure only]

When selected, a *Patient-Level Data* section of the report immediately follows the *Agency-Level Data* section for each selected measure and presents the following for the related patient records:

- Reporting Quarter
- Patient Name (Last, First)
- Patient ID
- Admission Date
- Discharge Date
- Data Correction Deadline
- Data Correction Period as of Report Run Date

- Observed Discharge Self-Care Score
- Observed Discharge Mobility Score
- Observed Change in Self-Care Score
- Observed Change in Mobility Score
- Status

NOTE: The IRF Review and Correct Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-8. IRF Review and Correct Report *

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES		CASPER Report IRF Review and Correct Report		Page 1 of 824				
Facility ID:		Requested Quarter End Date:	Q1 2020					
CCN:		Report Release Date:	04/01/2020					
Facility Name:		Report Run Date:	04/04/2020					
City/State:		Data Calculation Date:	01/17/2019					
		Report Version Number:	2.0					
IRF-PAI Quality Measure: Application of Falls								
Table Legend								
Dash (-): Data not available or not applicable								
X: Triggered								
NT: Not Triggered								
E: Excluded from analysis based on quality measure exclusion criteria								
Facility-Level Data								
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of IRF Stays that Triggered the Quality Measure	Number of IRF Stays Included in the Denominator	Facility Percent
Q1 2020	I013.01	01/01/2020	03/31/2020	08/15/2020	Open	14	522	2.7%
Q4 2019	I013.01	10/01/2019	12/31/2019	05/15/2020	Open	13	484	2.7%
Q3 2019	I013.01	07/01/2019	09/30/2019	02/15/2020	Closed	16	842	1.9%
Q2 2019	I013.01	04/01/2019	06/30/2019	11/15/2019	Closed	21	989	2.1%
Cumulative	-	04/01/2019	03/31/2020	-	-	64	2,837	2.3%
Patient-Level Data								
Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status	
Q1 2020		45752555	07/01/2019	03/31/2020	08/15/2020	Open	NT	
Q1 2020		45752391	07/01/2019	03/31/2020	08/15/2020	Open	NT	
Q1 2020		45752886	04/01/2019	03/31/2020	08/15/2020	Open	NT	
Q1 2020		45753391	10/03/2018	03/31/2020	08/15/2020	Open	NT	
Q1 2020		45753049	10/03/2018	03/31/2020	08/15/2020	Open	NT	
Q1 2020		45753672	10/01/2018	03/31/2020	08/15/2020	Open	X	
<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 facility-level records are sorted by State ID, CCN, Measure, and Reporting Quarter.

Patient records are sorted by Discharge Date, Admission Date, Lastname, Firstname, Status, and Patient ID according to the user-selected criteria.