Internet Quality Improvement and Evaluation System (iQIES)

Reports

07/23/2020
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Table 1 - List of Available Reports in iQIES
Table 2 - Record of Changes
1. **Report Actions**

1.1 **Find a Report**

Most iQIES roles have access to run reports. Your role in iQIES determines the available report types, as well as the data you may access in the reports. To find a report, select **Find a Report Type** from the reports dropdown (Figure 1).

![Figure 1 - Reports Menu Dropdown](image1)

Enter your search criteria and select **Find Report Type** (Figure 2). You can select **Find Report Type without entering any criteria** to return a list of all reports available to you.

![Figure 2 - Find a Report Type Page](image2)

Enter any text in the **Report Keyword** field to search for a specific report. Making a **Report Category** selection will not change the **Report Type** selection list.
You may see slightly different *Report Category* (Figure 3) and *Report Type* (Figure 4) list items in your dropdowns; however, the options seen in iQIES will always be the latest.

The search results will show a list of reports.
1.2 Run a Report

Modify your search by selecting **Show Filters**. Find the desired report and select **Run Report** or select the report’s title from the Search Results list (**Figure 5**) to go to the report criteria page. The **Run Report** page (**Figure 6**) is the report criteria page.

![Figure 5 - Report Search Results for HHA Reports](image)

**Figure 5 - Report Search Results for HHA Reports**
Run Report

HHA Activity Report
Displays a list of accepted assessments, including modification and inactivation requests submitted by or on behalf the selected agency during the user specified period.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria
Select one

Date Range
Select one

Begin Date *   End Date *
MM/DD/YYYY    MM/DD/YYYY

Figure 6 - Report Criteria Page
Required fields are marked with a red asterisk and must be entered to run the report. Almost all reports will require at least two criteria to be filled out to run the report. The example below shows some possible errors when required fields are missing (Figure 7).

![Error Messages on Report Criteria Required Fields](image)

**Figure 7 - Error Messages on Report Criteria Required Fields**

Most reports offer a date range selection. This is a dropdown of different kinds of date ranges, depending on the *report type*. An example list of date ranges is shown below (Figure 8). This is just selecting dates for your report.

![Report Date Ranges](image)

**Figure 8 - Report Date Ranges**

Some reports may require additional information, like *Providers*, to be added. A search can be done within the report criteria page to find a specific provider (Figure 9). Select a state and enter provider information to find and add one or many providers. Once the search has been completed, select **Add** and **Remove** to add and delete *Providers* for the report (Figure 10).
Note: Make sure to select **Add** for the desired provider. You may view the provider in the **Providers Added** tab (**Figure 11**) before running the report to ensure the report will include the selected provider’s data.

You will not be able to find a provider if you are not authorized to view their information in the system.

![Figure 9 - Find and Add a Provider to the Report](image)

![Figure 10 - Remove a Provider from the Report](image)
Select **Run Report** once you have entered in your report criteria (*Figure 12*).
Run Report
HHA Activity Report

Displays a list of accepted assessments, including modification and inactivation requests submitted by or on behalf of the selected agency during the user-specified period.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria
Select one

Dates
Date Range
Fiscal Year to Date

Begin Date * 07/14/2020
End Date * 07/14/2020

Providers
Search for providers and "Add" providers for each report run.

State *

Provider Keyword
Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

Search

Add Providers (up to 25)

1 to 10 of 57 Providers 3 Providers Added

Provider Name CCN Address City State ZIP Code Actions
A BETTER ALTERNATIVE TO SENIOR CARE, INC 368426 20670 SOUTHGATE PARK BLVD MAPLE HEIGHTS Ohio 44137 Remove
A BETTER CONCERNED HOME HEALTH AGENCY 459341 3115 BELMEAD DRIVE WACO Texas 76705 Remove
A BETTER HEALTH CARE 108260 12800 UNIVERSITY DRIVE SUITE 335 FORT MYERS Florida 33907 Remove
A BETTER HOMECARE 679731 6250 WESTPARK SUITE 211 HOUSTON Texas 77057 Add
A BETTER LIFE HOMECARE LLC 227599 20 MAPLE STREET, FLOOR 2 SPRINGFIELD Massachusetts 01103 Add
A BETTER SKILLED HEALTH CARE INC 367050 167 LINDENWAY E MASSILLON Ohio 44646 Add
A BETTER SOLUTION IN HOME CARE 053116 3333 CAMINO DEL RIO SOUTH, SUITE 120 SAN DIEGO California 92108 Add
A Better Way 64606 123 Street City Wyoming 12345 Add
A BETTER WAY HOME CARE 287601 15332 MANCHESTER ROAD - SUITE 201 ELLISVILLE Missouri 63011 Add
ALWAYS BETTER CARE 297038 6950 VIA OLIVERO AVE STE B4 LAS VEGAS Nevada 89117 Add

Save Criteria Reset Criteria

Schedule Report Run

Run Report Cancel

Figure 12 - Populated Run Report Page
1.3 Save a Report

Once the report is fully generated in the browser, you can save the report by selecting **Save to My Reports** (Figure 13).

![Figure 13 - Save to My Reports](image)

You will need to enter a **Report Name** for your saved report and select a **folder destination**. Leave the default folder selected to save the report to the **My Reports** page (Figure 14). Read more about **My Reports** and using folders in Section 2.1.

![Figure 14 - Enter a Name and Select a Folder to Save the Report](image)

A notification message will let you know that the report was successfully saved (Figure 15), and you can now view your saved report in **My Reports**. Reminder, you can read more about **My Reports** and using folders in Section 2.1.

![Figure 15 - Successfully Saved Report](image)

1.4 Download a Report

Once the report is fully generated in the browser, you can download the report. Select **Download** to see available download format options and select one to download your report (Figure 16). Download format options may include HTML, CSV, and PDF, depending on the report type.
Select **Report Filter** to return to the report criteria page (**Figure 17**).

### 1.5 Schedule a Report

When on the report criteria page, you can schedule a report to run at a later date by selecting the **Schedule Report Run** checkbox (**Figure 18**).

Required fields for report scheduling will be marked with a red asterisk. The criteria on the page will be used for the scheduled report.
Depending on your selection in the Repeat dropdown, more fields for scheduling may appear (Figure 19). For example, in the figure below, Repeat is set to Monthly, so new fields Begin Date and End Date have appeared and are required.

Figure 19 - Additional Form Fields to Schedule Report Run

Figure 20 - Error Message on Schedule Report Field

Select Schedule Report to schedule your report. You will need to enter a Report Name for your scheduled report (Figure 21). Select Save to complete scheduling the report.
1.6 Save Report Criteria

Once you are on the report criteria page and have entered criteria, there will be two actions available before report scheduling and the Run Report button: Save Criteria and Reset Criteria.

You can save your entered report criteria by selecting Save Criteria (Figure 23). Once saved, you can choose the saved criteria from the Select Saved Criteria dropdown at the top of the report criteria page to easily fill out the criteria page in the future. This is just saving the filters you have entered on the report criteria page so you can fill out the same report criteria page in the future in one step.

Selecting Reset Criteria will clear all entered criteria on the page.
Once you have selected **Save Criteria**, enter a **Saved Criteria Name** to save your report criteria (**Figure 24**).

A notification message will let you know that the criteria was successfully saved, and you can now select your saved criteria from the **Select Saved Criteria** dropdown on the report criteria page (**Figure 25**).

Here is the **Select Saved Criteria** dropdown on the report criteria page (**Figure 26**).
Figure 26 - Select Saved Criteria Dropdown
2. Report Pages

In addition to *Find a Report Type*, there are three other pages you can view from the *Reports* menu dropdown: *My Reports*, *Reports Main*, and *Report Activity*.

*My Reports* is where you can find your saved reports.

*Reports Main* is where you can view your frequently, most run reports.

*Report Activity* is where you can find your scheduled reports and view your recently run reports, in chronological order.

Read more about each page below. **Note:** Reports shown in figures below will not necessarily be the reports you see in iQIES. For example, frequently and recently run reports are unique to the logged in user.

### 2.1 My Reports

Select *My Reports* from the *Reports* menu dropdown to view all your saved reports, which can be organized into folders. This is the document center for your saved reports. Use the *Search My Reports* field to enter any text and select *Search* to search through your saved reports.

Depending on the reports you have access to, there may already be some system-created folders in *My Reports*, for example folders for Provider Preview Reports and Final Validation Reports.

To create a new reports folder, select **New Folder** *(Figure 27).*

![Figure 27 - My Reports Page](image)

Enter a *Folder Name* and select **Save** *(Figure 28).*
When you save a report, you can use the Save to Folder dropdown menu to save it to a certain folder in My Reports (Figure 29).

In My Reports, select More (Figure 30, Figure 31, Figure 32) to see a saved report or folder’s available actions. System-created folders cannot be changed or deleted.
Figure 30 - View Available Saved Report and Folder Actions

Figure 31 - Available Saved Report Actions

Figure 32 - Available Folder Actions
2.2 Reports Main

Select Reports Main from the Reports menu dropdown to access your frequently run reports, search for available report types, or view your saved reports. Frequently run reports can be run again by selecting Run Report. You can search for reports by selecting Find Report Type or see your saved reports by selecting View My Reports.

The reports shown in Frequently Run Report Types (Figure 33) are unique to the logged in user and will not necessarily match the figure below.

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Category</th>
<th>Last Run Date</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY 2022 LTCH QRP Provider Threshold Report</td>
<td>Quality Reporting Program</td>
<td>05/18/2020 11:17 AM</td>
<td>Run Report</td>
</tr>
<tr>
<td>LTCH Provider Final Validation</td>
<td>Provider</td>
<td>05/18/2020 10:27 AM</td>
<td>Run Report</td>
</tr>
<tr>
<td>LTCH Review and Correct Report</td>
<td>Quality Reporting Program</td>
<td>05/27/2020 10:08 AM</td>
<td>Run Report</td>
</tr>
<tr>
<td>OASIS Error Detail Report</td>
<td>Provider</td>
<td>05/26/2020 2:42 PM</td>
<td>Run Report</td>
</tr>
</tbody>
</table>

Figure 33 - View Frequently Run Reports in Reports Main

2.3 Report Activity

Select Report Activity from the Reports menu dropdown to view scheduled and recently run reports.

The recently run reports shown in Report Log are unique to the logged in user and will not necessarily match the figure below (Figure 34).

Select Edit to edit a scheduled report.
Report Activity

View report activity and edit scheduled reports below or visit My Reports to manage your saved reports.

**Scheduled Reports**

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Next Run Date</th>
<th>Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCH Final Schedule</td>
<td>Provider</td>
<td>06/01/2020 12:22 PM EDT</td>
<td>Scheduled every Monday</td>
<td>Edit</td>
</tr>
<tr>
<td>My Report</td>
<td>Provider</td>
<td>06/01/2020 2:57 PM EDT</td>
<td>Scheduled every Monday</td>
<td>Edit</td>
</tr>
</tbody>
</table>

**Report Log**

1 - 10 of 16 Reports

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Run Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHA Activity Report</td>
<td>Provider</td>
<td>05/27/2020 2:24 PM</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>HHA Error Summary by Agency</td>
<td>Provider</td>
<td>05/27/2020 2:22 PM</td>
<td>COMPLETE</td>
</tr>
</tbody>
</table>

Figure 34 - Report Activity Page

On the Edit Scheduled Report Run page, you can change the report criteria as well as the scheduling information (Figure 35). You can also remove the scheduled report by selecting Cancel Scheduled Run.
Displays detailed information regarding all the records for the provider contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors, if any encountered.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk [*].

Select Saved Criteria
Scheduled: LTCH Final Schedule

Dates
Date Range
Select one

Begin Date
End Date

Providers
Search for providers and “Add” providers for each report run.

State *
Provider Keyword

Add Providers (up to 25)

0 Providers 1 Provider Added

Scheduled Report Run
Modify the details of your scheduled report run.

Report Name *
LTCH Final Schedule

Repeat *
Weekly

Day *
Every Monday

Begin Date *
05/18/2020

Run Time *
12:22 PM

End Date *
05/23/2024

Time Zone *
America/New York

Save Changes Cancel Scheduled Run

Figure 35 - Edit a Scheduled Report
### 3. List of Reports

The table below details the available reports in iQIES.

**Table 1 - List of Available Reports in iQIES**

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Group</th>
<th>Category</th>
<th>Report Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHA Provider Preview Report</td>
<td>N/A</td>
<td>N/A</td>
<td>Allows providers to view the measure results for all publicly-reported quality measures in advance of those same data publicly reported on the CMS website. These reports are automatically placed in each provider's Provider Preview Report folder, typically on a quarterly basis.</td>
</tr>
<tr>
<td>HHA Activity Report</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Displays a list of accepted assessments, including modification and inactivation requests submitted by or on behalf of the selected agency during the user specified period.</td>
</tr>
<tr>
<td>HHA Discharge</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Provides information about the patients discharged from the selected agency during the specified period.</td>
</tr>
<tr>
<td>HHA Error Summary by Agency</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Summarizes the errors encountered in submissions by the selected agency during a specified period.</td>
</tr>
<tr>
<td>HHA Roster Report</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Displays the patients for whom the last submitted RFA is 01, 03, 04, or 05, and M0090 is prior to the current date by no more than 180 days for one or more select agencies.</td>
</tr>
<tr>
<td>OASIS Agency Final Validation</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Contains detailed information regarding all records for the agency contained in the submission file. This includes the number of records that were accepted or rejected, if any, encountered.</td>
</tr>
<tr>
<td>OASIS Error Detail Report</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected agency. Included in the report are the OASIS items and submitted data that caused the selected error to occur.</td>
</tr>
<tr>
<td>OASIS Submitter Final Validation Report</td>
<td>HHA Provider Reports</td>
<td>Provider</td>
<td>Contains detailed information regarding the records contained in the user defined submission file. This includes the number of test records that passed and failed, records that were accepted or rejected, as well as warning and fatal errors for the records.</td>
</tr>
<tr>
<td>Report Name</td>
<td>Group</td>
<td>Category</td>
<td>Report Purpose</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Agency Patient-Related Characteristics Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Provides the mean value of each OASIS patient-related characteristics (patient attributes or circumstances) measure for episodes of care that ended during two specified periods (current and prior) for the agency, along with national reference mean values for the current period.</td>
</tr>
<tr>
<td>HHA Process Measures Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Displays, for each process quality measure, measure rates for episodes of care that ended during two specified periods (Current and Prior), as well as the national observed rate. Data are not available in these reports for Current or Prior Period Start Dates prior to 01/2018.</td>
</tr>
<tr>
<td>HHA Review and Correct Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Allows providers to review their QM data to identify if there are any corrections or changes needed to the assessment-based data prior to the quarter's data submission deadline, which is 4.5 months following the end of the reporting quarter. The report will provide a breakdown by measure and by quarter, of the HHA's assessment-based QM data for four rolling quarters. The report also identifies whether each quarter's data correction period is open or closed as of the report run date. The report output will also provide patient-level data in a CSV format the user can access via the user's My Reports page.</td>
</tr>
<tr>
<td>Outcome Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Provides utilization outcome mean measure rates, physiologic, functional, cognitive, and emotional status end-result outcome measure rates, and claims-based outcome measure rates for an agency's patients with episodes of care that ended (for end-result outcomes) or began (for claims-based outcomes) in a specified period. It compares these findings to a national reference standard and a prior period for the agency. Some measures have risk-adjustment, in which case the prior measure value will be risk-adjusted. Data are not available in these reports for Previous or Current Start Dates prior to 01/2018.</td>
</tr>
<tr>
<td>Potentially Avoidable Event Patient Listing Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Lists each of the Potentially Avoidable Event measures, statistics for each, and the patients who experienced those events for a select agency during a specified period.</td>
</tr>
<tr>
<td>Report Name</td>
<td>Group</td>
<td>Category</td>
<td>Report Purpose</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Potentially Avoidable Event Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Provides risk-adjusted Potentially Avoidable Event mean measure rates for episodes of care that ended during two specified periods (current and prior) and compares these findings to a national reference. Data are not available in these reports for Previous or Current Start Dates prior to 01/2018.</td>
</tr>
<tr>
<td>Tally: Agency Patient-Related Characteristics Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Displays, for the selected agency and timeframe, each episode of care used in the calculation for the Agency Patient-Related Characteristics measures and the calculated value for each measure. Patient characteristics with a percent sign (%) included in the characteristic description are those characteristics that are either present or absent. Values are presented in the report as &quot;y&quot; if the patient characteristic was present, &quot;n&quot; if the patient characteristic was not present, and &quot;.&quot; if data were not available.</td>
</tr>
<tr>
<td>Tally: Outcome Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Displays, for the selected agency and timeframe, each episode of care that was used in the calculations for the Outcome Report. For each episode of care, the patient's name, SOC/ROC Date, Branch ID, and the outcome measure value will be listed. The following values may be present: 'y' indicates the measure was achieved; 'n' indicates the measure was not achieved; '-' indicates there was no data available; and '/' indicates the stay was excluded from the measure.</td>
</tr>
<tr>
<td>Tally: Process Report</td>
<td>HHA QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Displays, for the selected agency and timeframe, each episode of care that was used in the calculations for the Process Measures Report. For each episode of care, the patient's name, SOC/ROC Date, Branch ID, and the process measure value are listed. The following values may be present: 'y' indicates the measure was achieved; 'n' indicates the measure was not achieved; '-' indicates there was no data available; and '/' indicates the stay was excluded from the measure.</td>
</tr>
<tr>
<td>IRF Arthritis Verification Report</td>
<td>IRF-PAI Reports</td>
<td>Administrative Reports</td>
<td>Lists patients with an IRF-PAI record during the cost reporting period and item 24A1 (Arthritis Conditions Recorded) contained a “Yes” response. This report is used in conjunction with the IRF Rehab Eligibility report for determining IRF PPS compliance (60% rule).</td>
</tr>
<tr>
<td>Report Name</td>
<td>Group</td>
<td>Category</td>
<td>Report Purpose</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IRF Rehab Eligibility Report</td>
<td>IRF-PAI Administrative Reports</td>
<td>Administrative Reports</td>
<td>Provides presumptive (the 60% rule) calculations of Inpatient Rehabilitation Facility Medicare eligibility. Each IRF’s cost reporting period and associated review periods are displayed, in addition to the IRF’s percent of compliance for the cost reporting period.</td>
</tr>
<tr>
<td>IRF Provider Preview Report</td>
<td>N/A</td>
<td>N/A</td>
<td>Allows IRFs to view measure results for all publicly-reported quality measures in advance of those same data being publicly reported on the CMS website. These reports are automatically placed in each provider’s Provider Preview Report folder, typically on a quarterly basis.</td>
</tr>
<tr>
<td>IRF-PAI Discharges Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Lists all patients discharged from the IRF within the requested date range.</td>
</tr>
<tr>
<td>IRF-PAI Error Detail Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Displays assessments with a submission date within the requested date range and an error number equal to one of the selected error numbers. Included in the report are the IRF-PAI items and submitted data that caused the selected error to occur.</td>
</tr>
<tr>
<td>IRF-PAI Error Number Summary by Facility by Vendor</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Summarizes the errors encountered in IRF-PAI records by vendor submitted by or on behalf of the provider during a specified time period.</td>
</tr>
<tr>
<td>IRF-PAI Errors by Field by Facility Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Lists the errors encountered in the fields of successful submissions made by or on behalf of select facilities during a specified period.</td>
</tr>
<tr>
<td>IRF-PAI Facility Final Validation Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Displays detailed information regarding all the records for the facility contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors, if any, encountered.</td>
</tr>
<tr>
<td>IRF-PAI Submission Activity Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Lists the IRF-PAI records, including modification and inactivation requests, that were accepted by or on behalf of the provider during a specified time period.</td>
</tr>
<tr>
<td>IRF-PAI Submission Statistics by Facility Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Lists the submissions made by or on behalf of select facilities during a specified period.</td>
</tr>
</tbody>
</table>

Reports

Internet Quality Improvement and Evaluation System (iQIES)
<table>
<thead>
<tr>
<th>Report Name</th>
<th>Group</th>
<th>Category</th>
<th>Report Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRF-PAI Submitter Final Validation Report</td>
<td>IRF Provider Reports</td>
<td>Provider</td>
<td>Displays detailed information regarding all the records for the selected Inpatient Rehab Facility contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors for all records.</td>
</tr>
<tr>
<td>IRF Facility-Level Quality Measure (QM) Report</td>
<td>IRF QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Provides facility-level quality measure results for a select 12-month period. Quality measure results are computed from the data submitted in the Inpatient Rehabilitation Facility Patient-Assessment Instrument (IRF-PAI), Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), and Medicare Fee-For-Service (FFS) Claims data sources.</td>
</tr>
<tr>
<td>IRF Patient-Level Quality Measure (QM) Report</td>
<td>IRF QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Lists each patient with a qualifying Inpatient-Rehab Facility (IRF) Patient Assessment Instrument (IRF-PAI) record used to calculate the assessment-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 measure scores.</td>
</tr>
<tr>
<td>IRF QRP Provider Threshold Report</td>
<td>IRF QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Allows providers to monitor their compliance status of the required data submission for the IRF Quality Reporting Program (QRP) measures for the current Annual Payment Update (APU) by fiscal year.</td>
</tr>
<tr>
<td>IRF Review and Correct Report</td>
<td>IRF QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Allows facilities to review their assessment-based QM data to identify if there are any corrections or changes needed to the data prior to the quarter's data submission deadline, which is 4.5 months after the end of the calendar quarter. The report will provide a breakdown by measure and quarter, of the IRF's QM data for four rolling quarters, along with a cumulative total of the quarters combined. The report also identifies whether each quarter's data correction period is open or closed as of the report run date.</td>
</tr>
<tr>
<td>LTCH Provider Preview Report</td>
<td>N/A</td>
<td>N/A</td>
<td>Allows providers to view the measure results for all publicly-reported quality measures in advance of those same data being publicly reported on the CMS website. These reports are automatically placed in each provider’s Provider Preview Report folder, typically on a quarterly basis.</td>
</tr>
<tr>
<td>Report Name</td>
<td>Group</td>
<td>Category</td>
<td>Report Purpose</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------</td>
<td>----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LTCH Admission Report</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Lists patients admitted to the LTCH provider during a specified time frame.</td>
</tr>
<tr>
<td>LTCH Discharge</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Lists the patients discharged (A0250 = 10, 11 or 12) from the provider during a specified timeframe.</td>
</tr>
<tr>
<td>LTCH Error by Field by Provider</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Lists the errors encountered in the fields of successful submissions made by or on behalf of select LTCH providers during a specified time frame.</td>
</tr>
<tr>
<td>LTCH Error Details Report</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Displays assessments with a submission date within the requested date range and an error number equal to one of the selected error numbers. Included in the report are the LTCH items and submitted data that caused the selected error to occur.</td>
</tr>
<tr>
<td>LTCH Error Number Summary by Provider by Vendor</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Summarizes the errors encountered in LTCH CARE records submitted by or on behalf of the provider during a specified time period.</td>
</tr>
<tr>
<td>LTCH Provider Final Validation Report</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Displays detailed information regarding all the records for the provider contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors, if any encountered.</td>
</tr>
<tr>
<td>LTCH Roster</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Lists the patients in the LTCH on the day the report is run. Only patients for whom the most recent accepted LTCH CARE record is not a discharge record (A0250 = 10, 11 or 12) are reported.</td>
</tr>
<tr>
<td>LTCH Submission Activity Report</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Lists the LTCH CARE records, including modification and inactivation requests that were submitted by or on behalf of the provider during a specified time period.</td>
</tr>
<tr>
<td>LTCH Submission Statistics</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Summarizes the submissions made by or on behalf of the provider during a specified time period.</td>
</tr>
<tr>
<td>Report Name</td>
<td>Group</td>
<td>Category</td>
<td>Report Purpose</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LTCH Submitter Final Validation</td>
<td>LTCH Provider Reports</td>
<td>Provider</td>
<td>Displays detailed information regarding all the records from all providers contained in the submission file. The report shall indicate whether the records were accepted or rejected and shall display the warning and fatal errors for all records in the submission file. Only users who uploaded the submission file will have access to this report.</td>
</tr>
<tr>
<td>LTCH Facility-Level Quality Measure (QM) Report</td>
<td>LTCH QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Provides facility-level quality measure results for a select 12-month period. Quality measure results are computed from the data submitted in the Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE) Data Set, Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), and Medicare Fee-For-Service (FFS) Claims data sources.</td>
</tr>
<tr>
<td>LTCH Patient-Level Quality Measure (QM) Report</td>
<td>LTCH QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Identifies each patient with qualifying Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) assessment records used to calculate the assessment-based quality measure values for a select 12-month period. The report displays each patient's name and indicates how/if the patient's assessments affected the LTCH's quality measure scores.</td>
</tr>
<tr>
<td>LTCH QRP Provider Threshold Report</td>
<td>LTCH QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Allows providers to monitor their compliance status of the required data submission for the LTCH Quality Reporting Program (QRP) for the Annual Payment Update (APU) by fiscal year.</td>
</tr>
<tr>
<td>LTCH Review and Correct Report</td>
<td>LTCH QRP Reports</td>
<td>Quality Reporting Program</td>
<td>Allows providers to review their assessment-based data to identify if there are any corrections or changes needed to the data prior to the quarter's data submission deadline, which is 4.5 months after the end of the calendar quarter. The report will provide a breakdown, by measure and by quarter, of the LTCH's assessment-based QM data for four rolling quarters, except for NQF #2632, which will contain QM data for eight rolling quarters, along with a cumulative total of the quarters combined.</td>
</tr>
</tbody>
</table>
## Appendix A: Record of Changes

### Table 2 - Record of Changes

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Author/Owner</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>07/23/2020</td>
<td>CMS</td>
<td>Baseline document</td>
</tr>
</tbody>
</table>