

Request for Reconsideration Manual for FY 2014 Payment Determination

Overview

Beginning with Fiscal Year (FY) 2014, the Centers for Medicare & Medicaid Services (CMS) will reduce a Long-Term Care Hospital's (LTCH) annual payment update by two percentage points if that hospital is found to be non-compliant with the reporting requirements of the LTCH Quality Reporting (LTCHQR) Program. When CMS determines that a hospital did not meet the LTCHQR Program's quality reporting requirements for the FY 2014 payment determination, the hospital may submit a request for reconsideration to CMS no later than 30 days from the date of the notification of non-compliance.

Purpose

The purpose of the document is to provide guidance to create and submit a request for reconsideration for the FY 2014 payment determination. This document includes the following sections:

- Section 1: Gather Information for Your Reconsideration Request
- Section 2: Create a Reconsideration Request
- Section 3: Submit a Reconsideration Request
- Section 4: CMS Response

Section 1: Gather Information for Your Reconsideration Request

Prior to creating a request for reconsideration, complete the following:

- Understand requirements for the Long-Term Care Hospital Quality Reporting (LTCHQR) Program for Fiscal Year (FY) 2014 payment determination by reviewing the LTCH website and the following final rules, if needed:
 - [FY 2012 Inpatient Prospective Payment System \(IPPS\)/LTCH Final Rule](#)
 - [FY 2013 IPPS/LTCH Final Rule](#)
- Pull together supporting documentation for your reconsideration request that may include:
 - Copies of submission reports from the Quality Improvement Evaluation System (QIES) for the Percent of Residents with Pressure Ulcers That Are New or Worsened (short-stay) measure
 - Copies of submission reports from the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for the Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI) measures
 - Copy of the Notification of CMS Certification Number (CCN) Activation letter to prove your LTCH did not receive your CCN until after October 1, 2012
 - Proof of previous waiver approval
 - Data, email communications, or other documentation that may support the rationale for why your LTCH is seeking reconsideration
- If you would like to get specific reasons for why your LTCH has been identified by CMS as being non-compliant, complete the following steps:
 1. Create an email request with a subject that contains the text: “LTCH Request for Non-Compliance Information” and your LTCH CCN (e.g., LTCH Request for Non-Compliance Information, CCN = 123456)
 2. In the email, request a provider-level report and include your CEO or CEO-designated contact information, including email address
 3. Send the request for non-compliance information to the reconsideration mailbox at: LTCHQRPreconsiderations@cms.hhs.gov

IMPORTANT NOTE: CMS plans to expedite requests for a provider-level report once the Agency receives the requests. However, LTCHs intending to seek reconsideration should note that requests for data submission details or other clarification from CMS do not alter the due date of the request for reconsideration. Requests for reconsiderations are due **30 days from the date of the notification of non-compliance**. Within the 30 day timeframe, LTCHs will need to gather information, including any reports or clarification from CMS, and submit their request and all supporting documentation prior to the reconsideration request deadline.

Section 2: Create a Reconsideration Request

After gathering your supporting documentation, create an email with the following information:

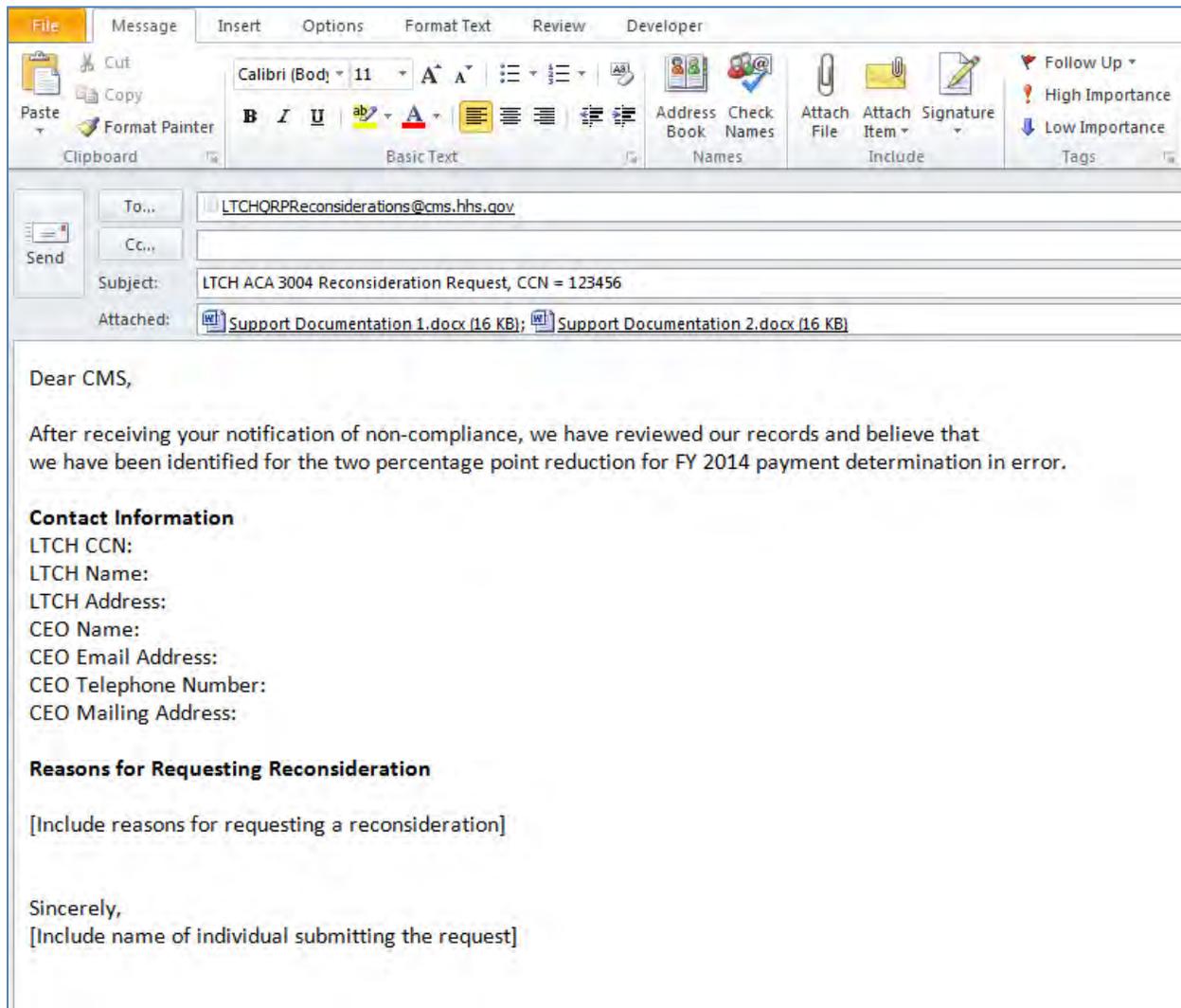
1. LTCH Business Contact Information
 - LTCH CMS Certification Number (CCN)
 - LTCH Business Name (Facility Name)
 - LTCH Business Address
2. LTCH CEO or CEO-Designated Representative Information
 - CEO Name
 - CEO Email Address
 - CEO Telephone Number
 - CEO Mailing Address (including physical street)OR
 - CEO-Designated Representative Name
 - CEO-Designated Representative Title
 - CEO-Designated Representative Email Address
 - CEO-Designated Representative Telephone Number
 - CEO-Designated Representative Mailing Address (including physical street)
3. Reason(s) for requesting a reconsideration

Section 3: Submit a Reconsideration Request

1. Attach your supporting documentation to your reconsideration request email
2. Include in the subject line of the email: "LTCH ACA 3004 Reconsideration Request" and your LTCH CCN (e.g., LTCH ACA 3004 Reconsideration Request, CCN = 123456)
3. Send the reconsideration request with the supporting documentation to the reconsideration mailbox at: LTCHQRPreconsiderations@cms.hhs.gov

Note: The request for reconsideration MUST be accompanied by supporting documentation. CMS will be unable to review any request that fails to provide the necessary documentation pertaining to compliance along with the request for reconsideration.

This shows an example of a Request for Reconsideration email message:



Section 4: CMS Response

Following the receipt of a request for reconsideration, CMS will:

1. Provide an email acknowledgement indicating the request has been received
2. Send a formal notice notifying the hospital of the reconsideration decision no later than September 30, 2013