The LTCH Provider Preliminary Review Report gives each LTCH an opportunity to view their quality measure-specific data in a facility-specific report. This guide provides an explanation of terms used in the LTCH Provider Preliminary Review Report and informs users about how to access their facility-specific report.


The Provider Preliminary Review Report will be available in March 2015 within the Certification and Survey Provider Enhanced Reports (CASPER) application.

Sample LTCH Provider Preliminary Review Report

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>NQF Measure Number</th>
<th>Numerator/Reported Infections</th>
<th>Denominator/Device Days</th>
<th>Reported %</th>
<th>National Average</th>
<th>Expected Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Patients with Pressure Ulcers That Are New or Worsened (Short Stay)</td>
<td>0678</td>
<td>. .</td>
<td>**</td>
<td>.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Catheter Associated Urinary Track Infection (CAUTI)</td>
<td>0138</td>
<td>0 0</td>
<td>N/A</td>
<td>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Line Associated Bloodstream Infection (CLASSI)</td>
<td>0199</td>
<td>4 3400</td>
<td>N/A</td>
<td>.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

-- Period [.] indicates data in the Numerator or Denominator field is Missing or has been excluded.
-- Double asterisk (**) in the reported percent (%) column indicates that the data could not be computed because of missing or excluded information.
-- Asterisk (*) indicates pending data.
-- Expected Rate pertains to the CAUTI and CLASSI measures only.
-- N/A indicates that the value is not applicable.
-- The Quality Measure data is not Risk Adjusted for Percent of Patients with Pressure Ulcers that are New or Worsened.
-- To review your submitted HAI rates, visit the CDC HAI website: http://www.cdc.gov/nhsn/LTACH/index.html.
Explanation of Provider Preliminary Review Report Fields

**NQF Measure Number**
The National Quality Forum (NQF) identification number associated with the Quality Measure.

**Pressure Ulcer Percentage Measure Calculation**
- **Numerator:** The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2 - 4 pressure ulcers.
- **Denominator:** The number of patients with a qualifying assessment with target dates between 1/01/2014 and 9/30/2014 inclusive.
- **Reported Percent (%):** Reported percent (%) is equal to the numerator divided by the denominator multiplied by one hundred (100). This percentage is not risk adjusted.

**CAUTI Measure Calculation**
- **Reported Infections:** The number of observed infections for quality reporting.
- **Device Days:** The number of urinary catheter days reported for quality reporting.
- **Reported Percent (%):** Displays on the report as N/A (not applicable), because CAUTI data is a rate, not a percentage. These data are reported for the time period 1/01/2014 to 9/30/2014.

**CLABSI Measure Calculation**
- **Reported Infections:** The number of observed infections for quality reporting.
- **Device Days:** The number of central line days reported for quality reporting.
- **Reported Percent (%):** Displays on the report as N/A (not applicable), as CLABSI data is a rate, not a percentage. These data are reported for the time period 1/01/2014 to 9/30/2014.

**Risk Adjusted Rate**
This field is not populated at this time and will be populated at a later date.

**National Average**
The National Average is derived by summing the numerators for all cases in the nation divided by the sum of the denominators in the nation.

**Expected Rate**
The number of expected infections, in the context of statistical prediction, is calculated using rates from a standard population during a baseline time period. These rates will be provided in future reports.
Frequently Asked Questions (FAQs)

When and how can I get my report?


Who do I contact to ask questions about my report?

Please contact the HCIS Quality Reporting Review Report Help Desk for additional information and assistance as needed at help@hcareis.com.

Where can I get additional information?

CMS LTCH Quality Reporting website: LTCH Quality Reporting Measures Information
Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) website: CDC NHSN
Accessing the Provider Preliminary Review Report:

The Provider Preliminary Review Report can be accessed using the CASPER Reporting Application. Requesting access to the CMS system is performed in two steps. Details are provided on the Quality Improvement Evaluation System (QIES) Technical Support Office website.

Once successfully registered, access the CMS LTCH Care System Welcome page and select the “CASPER Reporting” link.

CMS LTCH CARE System – “CASPER Reporting” Link

Welcome to the CMS LTCH CARE System!

Reminder: The LTCH CARE System may be down for maintenance the third Sunday of each month. If you experience any problems submitting or retrieving reports, please try again on Monday.

Reminder: When an existing LTCH receives a new Medicare provider number, the LTCH must discontinue submitting data under the old provider number.

LTCH User Registration

LTCH CARE Submissions

LTCH CARE Submissions User’s Guide

CASPERS Reporting • Select this link to access the Final Validation and Provider reports.

CASPERS Reporting User’s Manual

QIES User Maintenance Application

QIES User Maintenance Application User’s Guide

The “CASPER Reporting” link connects you to the QIES National System Login page for CASPER Reporting.

After logging in, the CASPER Topics (Home) page displays, as shown below.
Welcome to CASPER Screen – [Folders] button

Select the [Folders] button from the CASPER toolbar to access the CASPER Folders page and view the folders that are available to you.

CASPER Folders Screen

The report will be placed in the My Inbox pane (left side) and will be titled, “Provider_Review_2014…”

Note: When reports or other documents are delivered, the list of items in the folder pane (right side) on the CASPER Folders page may expand to multiple pages. You may need to scroll through the pages to locate the Provider Preliminary Review Report.
How to Recreate the Numerator and Denominator of NQF # 0678 within the Provider Preliminary Review Report

1. In CASPER, select the “LTCH Provider Final Validation” report link for 1/1/2014 through 9/30/2014:

   LTCH Provider Final Validation Link

   (The instructions to run the Final Validation Report are included in Appendix A of the LTCH Submission User’s Guide, on pages A-6 through A-13)

2. Run the LTCH Assessment Print report for all Assessment Ids from the Validation report.

   LTCH Assessment Print Link

3. From that list of printed assessments, remove any that were submitted after the submission deadline for the quarter of the assessment. Next, remove all of the assessments that do not have an “accepted” status.

4. To calculate the Numerator and Denominator, check each assessment against these Inclusion/Exclusion measure criteria:
Denominator, Numerator, Exclusions

**Denominator:**

The number of patients with:

1. An admission assessment (A0250=01) and a discharge assessment (A0250=10, 11).
2. Discharge assessments with target dates between 1/1/2014 and 9/30/2014 inclusive.

**Note:** To be counted in the Denominator, patients must have an admission assessment, but the admit date of the patient is NOT important. As long as the Discharge Assessment is within the target dates, the Admit can be any time. Submission date of those assessments must be on or before 11/15/2014. Qualifying admission and discharge record for the specified time noted above for each patient is determined by comparing the resident internal ID values associated to each assessment record.

**Numerator:**

The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers:

Stage 2 (M0800A)>0 OR
Stage 3 (M0800B)>0 OR
Stage 4 (M0800C)>0

**Exclusions:**

Patients are excluded from the measure if the discharge assessment does not have a usable response for M0800A, M0800B, or M0800C identified below.

1. Examine each discharge assessment as follows:
   1.1. The response to M0800A (Stage 2) is usable if: M0800A=[0,1,2,3,4,5,6,7,8,9,^].
   1.2. The response to M0800B (Stage 3) is usable if: M0800B=[0,1,2,3,4,5,6,7,8,9,^].
   1.3. The response to M0800C (Stage 4) is usable if: M0800C=[0,1,2,3,4,5,6,7,8,9,^].
   1.4. If none of the three items M0800A, M0800B, or M0800C is usable, the assessment is not usable and is discarded.

2. If all the assessments that are eligible are discarded and no usable assessments remain, the patient is excluded from the numerator and the denominator.

3. Assessments conducted at the time of patient expiration (A0250=12) are excluded from the measure.

4. The assessments must have been accepted into QIES on or before the corresponding submission deadline date.

Prepared by HCIS, Post-Acute Care Quality Reporting Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. 03/15