



CMS National Dry Run Summary: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals

Special Open Door Forum
December 8, 2015
2-3 PM ET

- The purpose of this special open door forum is to:
- Provide a summary of the dry run for the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)
 - Present responses to frequently asked questions
 - Respond to any additional questions or comments
 - Discuss next steps

Agenda

- Introductions and roles
- Background and implementation
- Dry run overview
- Facility dry run report layout
- Contacts and additional resources
- FAQs
- Additional Questions

- Centers for Medicare & Medicaid Services (CMS)
- RTI International, Measure Development Contractor

Background and Plans for Implementation

- CMS contracted with RTI International to develop the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals
- This measure was endorsed by the National Quality Forum in December 2014 (NQF #2512)
- The NQF-endorsed measure was adopted into the LTCH Quality Reporting Program in the FY 2016 IPPS/LTCH PPS Final Rule (80 FR 49730 through 49731)
- CMS conducted a dry run of this measure from October 22nd to November 23rd
- Public reporting will begin October 1, 2016

Dry Run Overview: Definition & Purpose

- *Dry run* refers to calculation of provider performance using real data that will be shared with providers, but not used for public reporting.
- The purpose of the dry run is to:
 - Educate LTCHs about measure in advance of public reporting
 - Provide LTCHs with results and data
 - Help LTCHs interpret results and data
 - Allow LTCHs to ask questions
 - Test CMS processes for dissemination of measure information
 - Receive feedback on processes and measure information from the community

Dry Run Overview: Components

- 1) **Facility-level results for the measure:** The facility dry run reports were made available during the October 22nd to November 23rd dry run. CMS worked with facilities during this dry run to help them understand this measure and their data, and to respond to provider questions. Note: These reports will continue to be available.

 - 2) **National Provider Calls:** Two national provider calls—before dry run (10/8/15) and after (12/8/15)
- **Questions and Answers:** via email at LTCHQualityQuestions@cms.hhs.gov

Dry Run Overview: Results

- These performance data will not be publicly reported by CMS. They are intended solely for the education and information of the provider community and CMS.
- The dry run measure results were presented using data from calendar years 2012-2013.
- Note: Data from calendar years 2013-2014 will be used when public reporting begins (October 1, 2016).

Facility Dry Run Report Layout

- Facility Dry Run Report Sections
 - Introduction and background
 - Section 1: Overview and Methodology
 - Section 2: Measure Results – Your facility's measure results, including:
 - Your facility's rate estimate and confidence interval
 - Your performance category (no different, better than, worse than the US national rate)
 - Appendix: Technical Terms in the Facility-Specific Report

Contacts & Additional Resources

- For detailed specifications for this measure, please visit the [National Quality Forum](#) and download specifications for NQF #2512.
- If you have questions about your facility-specific report or the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from LTCHs, please submit them to:

LTCHQualityQuestions@cms.hhs.gov

Frequently Asked Questions

How can I access the slides from the October Special Open Door Forum?

- The slides from the 10/8/15 CMS National Dry Run: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals SODF are available at the following webpage:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-SODF-Presentation-CMS-National-Dry-Run-October-8-2015-edit-11-15.pdf>

What data are used to calculate this measure?

- The All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals is based on Medicare claims (i.e. LTCH and hospital bills) and enrollment data.
- LTCHs are not required to submit any additional data of a non-routine nature for the purpose of this measure. Therefore, there is no additional data collection or reporting burden associated with this measure.

When will this measure be publicly reported?

- Public reporting on this measure begins
October 1, 2016.

Will my LTCH facility receive a dry run report?

- The dry run for this measure was based on Medicare claims data from calendar years 2012-2013.
- Dry run reports were made available for all LTCH facilities open during this time.
- If your hospital is new and opened after 2013, we were not able to produce a dry run facility report.

How can I access my LTCH dry run report?

- You can access your facility's dry run in the CASPER Reporting Application.
- Please email us for step-by-step instructions on how to access your report.

LTCHQualityQuestions@cms.hhs.gov

How can my facility track discharges to determine if a patient was readmitted?

- CMS supports the intent to seek information that will drive improved quality; however, we are currently unable to provide information pertaining to a patient's readmission episode. As part of their quality improvement and care coordination efforts, LTCHs are encouraged to monitor hospital readmissions and follow up with patients post-discharge.
- At this time this measure will not provide specific information at the patient level. CMS is looking into the ability to share more detailed information as part of the provider preview reports associated with public reporting beginning October 1, 2016.

Who will be receiving the dry run report? Can corporate obtain reports for all affiliated LTCHs?

- Reports uploaded into CASPER are accessible only to the person(s) designated to receive them.
- There is currently no mechanism for a single person to receive dry run reports for multiple LTCHs.

How does this readmission measure differ from the PEPPER readmission measure?

- Both measures count readmissions within 30 days of discharge from LTCH.
- This measure is a risk-adjusted, all-cause unplanned readmission measure; the PEPPER measure is an observed, all-cause readmission measure.
- This measure is based on 2 years of data (CY 2012-2013); the PEPPER measure is based on data from three 12-month time periods (FY 2012, FY 2013, FY 2014) and results are presented for each time period.

CASPER vs. QualityNet

Having different programs receiving different claims-based reports via different website makes it difficult to track for hospitals. Is there some way to standardize the location for all programs?

- Although other quality reporting programs use Quality Net, LTCHs and other post acute care settings are required by statute to use CASPER to provide reports.

How do I get a list of the LTCH procedures that constitute planned admissions?

- This measure uses a modified version of the CMS Planned Readmission Algorithm and includes additional ICD-9 procedure codes developed with input from the technical experts, clinical review, and assistance from an ICD-9 coding consultant.
- The CMS Planned Readmission Algorithm version 3.0 is available at the following website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>

- The additional planned procedures identified for PAC is available as Appendix A5 on the NQF website:

Please visit the [National Quality Forum](#) and download specifications for NQF #2512.

Please confirm that my understanding is correct with the following two example scenarios:

- Scenario 1: Patient is transferred from LTCH to acute care hospital or another LTCH → patient is excluded from the 30-day readmission measure
 - *This is correct.*
- Scenario 2: Patient is discharged from LTCH to home and on day 20 is admitted to either acute care hospital or LTCH → patient is included in the 30-day readmission measure
 - *This is correct.*

Additional Questions?