

LTCH Quality Reporting Reconsideration and Exception & Extension

06/27/2014

As previously announced by the Centers for Medicare & Medicaid Services (CMS) and implemented for Fiscal Year (FY) 2014, the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) will once more reduce the annual payment update by two (2) percentage points for FY 2015 if it is determined that a hospital has been non-compliant with quality measure reporting requirements. CMS will notify LTCHs that are found to be non-compliant via certified United States Postal Service (USPS) letter. LTCHs may request a reconsideration of a non-compliance determination through the CMS reconsideration request process described below.

CMS will also provide all LTCHs an opportunity to request a waiver from the program's reporting requirements in the event the hospital is/was unable to submit quality data due to extraordinary circumstances beyond their control. The LTCH must submit a request for a waiver through the disaster waiver process (also found in this notice), within thirty (30) days of the date of the disaster or extraordinary circumstance.

Reconsideration Request Process

For the FY 2015 payment determination, LTCHs were required to collect the following quality measures for the period of January 1, 2013 through December 31, 2013. The hospital must have submitted all data according to the requirements as outlined in the FY 2013 Inpatient Prospective Payment System (IPPS)/LTCH Final Rule:

- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) via the CDC National Healthcare Safety Network (NHSN);
- NHSN Central-Line Associated Blood Stream Infections (CLABSI) Outcome Measure (NQF #0139) via the CDC NHSN;
- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) via the LTCH CARE Data Set

The deadline to submit the data for these measures was May 15, 2014. As previously mentioned above, LTCHs found to be non-compliant with the quality reporting requirements will receive a letter of non-compliance along with instructions for requesting reconsideration of this decision. Hospitals identified for this payment reduction that disagree with this decision, may submit a request for reconsideration to CMS within thirty **(30) days** from the date of the non-compliance notification letter. CMS will not accept any requests that are submitted after the 30 day deadline.

Creating a Reconsideration Request

Reconsideration forms are not available directly to LTCHs from CMS. Instead, LTCHs will be required to submit a reconsideration request to CMS via an e-mail that must include the following information:

- The LTCH CMS Certification Number (CCN);
- The LTCH Business Name;
- The LTCH Business Address;
- The CEO contact information including name, e-mail address, telephone number and physical mailing address; or
- The LTCH may provide CEO-designated representative contact information including name, title, e-mail address, telephone number and physical mailing address; and
- CMS identified reason(s) for non-compliance from the non-compliance notification
- The reason(s) for requesting reconsideration

The request for reconsideration ***must be accompanied by supporting documentation demonstrating compliance***. CMS will be unable to review any request that fails to provide the necessary documentation along with the request for reconsideration. Supporting documentation may include any or all of the following:

- Proof of Submission;
- E-mail communications;
- Data submission reports from the Quality Improvement Evaluation System (QIES);
- Data submission reports from the NHSN;
- Proof of previous waiver approval;
- Notification of the CCN activation letter to prove that the CCN was not activated by the end of the reporting quarter; or
- Other documentation that may support the rationale for seeking reconsideration.

Please ensure that no protected health information (PHI) is included in the documentation being submitted for review.

For Additional Information about How to See What your Hospital Submitted

Additional information on how to review the data you submitted to CMS directly or via the CDC's NHSN, please refer to the "Reviewing Your Reports LTCH" document in the Download area below.

To Submit a Reconsideration Request

Reconsideration requests and supporting documentation must be submitted via e-mail. All e-mails must contain a subject line that includes the following text: LTCH ACA 3004 Reconsideration Request and the corresponding LTCH CCN (e.g. LTCH ACA 3004 Reconsideration Request, CCN = XXXXXX), sent to the following e-mail address: LTCHQRPreconsiderations@cms.hhs.gov.

CMS will only consider requests for reconsideration when a provider has been found to be non-compliant, not prior to this decision being made. **The hospital must have received** a CMS letter of non-compliance in order to apply for reconsideration.

Timeline for the Reconsideration Request Process

Below is the estimated CMS reconsideration process timeline for FY 2015 payment determination:

June 23, 2014 – CMS issues notices to non-compliant LTCHs that failed to meet quality reporting requirements.

June 24-July 25, 2014 – Reconsideration requests are due to CMS 30 days from the date of the notification of non-compliance.

June-July 2014 – CMS provides an e-mail acknowledgement within 5 business days upon receipt of reconsideration request.

September 2014 – CMS notifies hospitals of the Agency's decision on the reconsideration requests.

Filing an Appeal

LTCHs can appeal the CMS reconsideration decision rendered at the reconsideration level. Appeals can be made to the Provider Reimbursement Review Board (PRRB) pursuant to the provisions under 42 CFR Part 405, Subpart R. Details on how to submit an appeal can be found at following website: [PRRB Review Instructions](#).

Disaster Waiver Process

All LTCHs wishing to submit a request for a disaster waiver must submit the request within thirty (30) days of the date of the extraordinary circumstance. CMS may grant a waiver to the hospital for the LTCH quality reporting program for one or more quarters. CMS may also grant waivers to LTCHs that have not requested a

disaster waiver when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS will communicate to hospitals through routine channels if such determination is made.

LTCHs may request a disaster waiver by using the following process:

- Compose a letter to CMS with the information describing the extraordinary circumstance and the contact information for the LTCH, including the hospital's CCN;
- Submit the letter via e-mail with the subject line "Disaster Waiver Request" to the following address: LTCHQRPRconsiderations@cms.hhs.gov.

CMS will provide a written acknowledgement upon receipt of the disaster waiver request. CMS will notify the CEO or CEO-designated contact with the decision.

More Information

For additional assistance, LTCHs may submit questions related to the reconsideration request or waiver requirements to the following e-mail address: LTCHQRPRconsiderations@cms.hhs.gov.