

Long-Term Care Hospital Quality Reporting Program Provider Training



LTCH Public Reporting

Tri Le
RTI International

December 7, 2017

Acronyms in This Presentation

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Central Line-Associated Blood Stream Infection (CLABSI)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Chief Executive Officer (CEO)

Acronyms in This Presentation (cont. 1)

- *Clostridium difficile* infection (CDI)
- CMS Certification Number (CCN)
- Long-Term Care Hospital (LTCH)
- LTCH Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set)
- LTCH Quality Reporting Program (LTCH QRP)
- Methicillin-Resistant *Staphylococcus aureus* (MRSA)
- National Healthcare Safety Network (NHSN)

Acronyms in This Presentation (cont. 2)

- National Quality Forum (NQF)
- Post-Acute Care (PAC)
- QIES Technical Support Office (QTSO)
- Quality Improvement and Evaluation System (QIES)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Ventilator-Associated Event (VAE)

Objectives

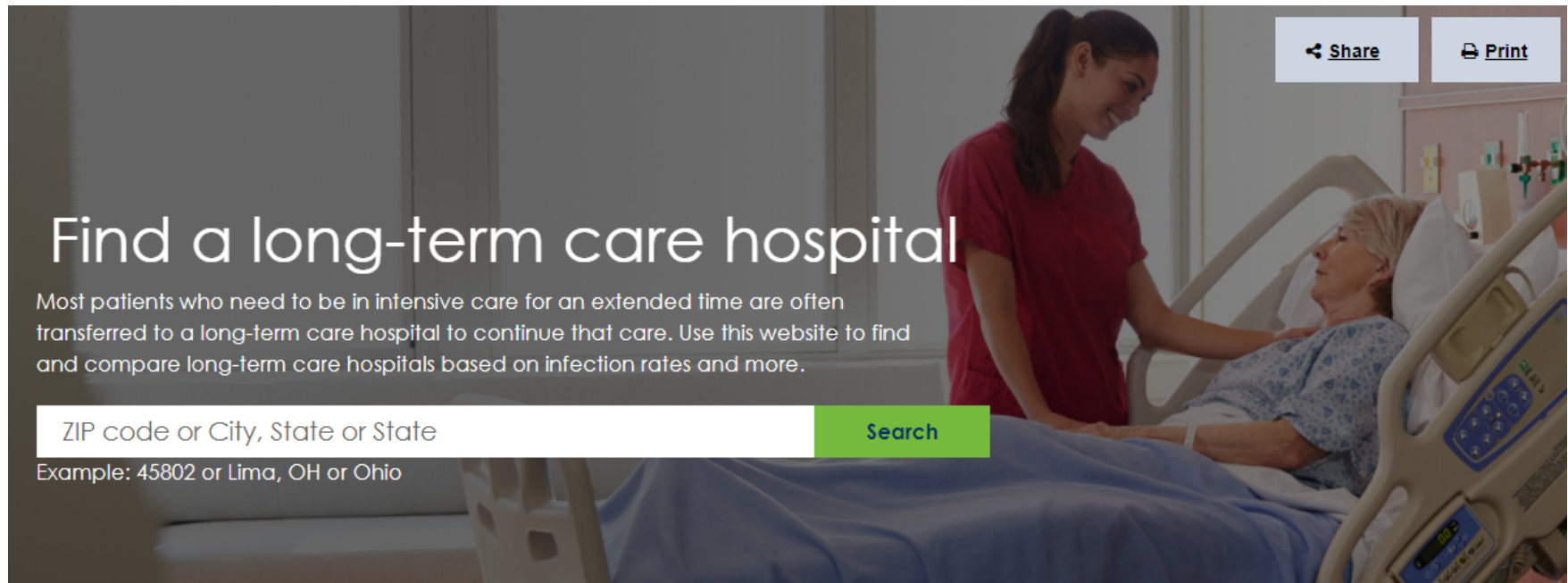
- Locate and navigate the Long-Term Care Hospital (LTCH) Compare website.
- Identify the types of quality measures (QMs) by data source.
- Describe the three reports associated with confidential and public reporting.

LTCH Compare Website

The LTCH Compare public website is located at:

- <https://www.medicare.gov/longtermcarehospitalcompare/>.
- Search for a LTCH by geographic location (City, State, ZIP Code).
- Access QM results (tailored for the public).

LTCH Compare Website (cont. 1)



Find a long-term care hospital

Most patients who need to be in intensive care for an extended time are often transferred to a long-term care hospital to continue that care. Use this website to find and compare long-term care hospitals based on infection rates and more.

ZIP code or City, State or State

Example: 45802 or Lima, OH or Ohio

Search

Share Print

LTCH Compare Website (cont. 2)

11 long-term care hospitals within 50 miles from
the center of 01960

[Share](#) [Print](#)

Showing 1 - 10 of 11 results

BOSTON NORTH SHORE

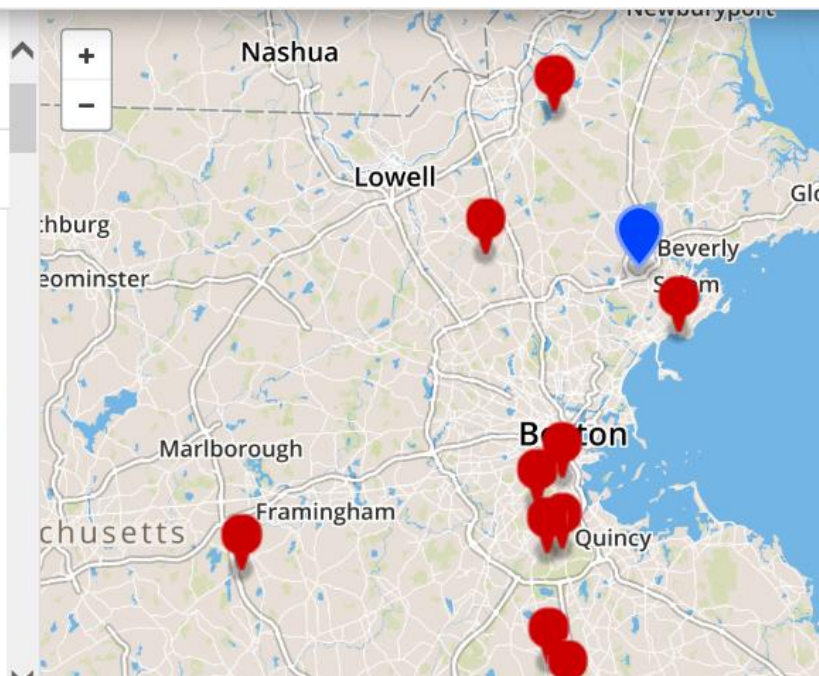
15 KING STREET
PEABODY, MA 01960
(508) 531-2900

Ownership: For profit
Total LTCH beds: 50

[Map and Directions](#)

[Add to Favorites](#)

[Add to Compare](#)



LTCH Compare Website: Measure Results

Example: Rate of Pressure Ulcers that are New or Worsened:

- Review definition in plain text (hover text).
 - “Pressure ulcers can be painful and cause other complications, like infections. Long-term care hospitals can help prevent or treat pressure ulcers by frequently changing the patient’s position, providing proper nutrition, and using specialized beds to reduce pressure on the skin. Some patients may get pressure ulcers even when the long-term care hospital provides good preventive care.”
- Option for data to be displayed as a graph or table.
- Downloadable data from <https://data.medicare.gov>.

LTCH Compare Website: Other Information



SPOTLIGHT

- [Why compare long-term care hospitals?](#)




TOOLS AND TIPS

- [Learn how Medicare covers care in a long-term care hospital](#)
- [Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more](#)
- [Compare Medicare health and drug plans](#)



ADDITIONAL INFORMATION

- Date Updated: September 1, 2017
- [Download the Database](#) 
- [Important contacts for patients and providers](#)
- [View providers and suppliers that are terminated or are at risk for termination from Medicare](#)

[Back to top](#)

Types of Quality Measures by Data Source

Quality Measures

Assessment-Based Measures

- LTCH Continuity Assessment Record and Evaluation (CARE) Data Set

Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Measures

Claims-Based Measures

Assessment-Based Measures

1

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678).

2

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680).

3

- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).

Assessment-Based Measures (cont.)

4

- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).

5

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674).

6

- Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (NQF #2632).

CDC NHSN Measures

1

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).

2

- National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139).

3

- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716).

CDC NHSN Measures (cont.)

4

- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717).

5

- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431).

6

- National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure (QM Reports only).

Claims-Based Measures

1

- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512) (removal October 2018).

2

- Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospitals (LTCHs).

3

- Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP).

4

- Medicare Spending Per Beneficiary-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP).



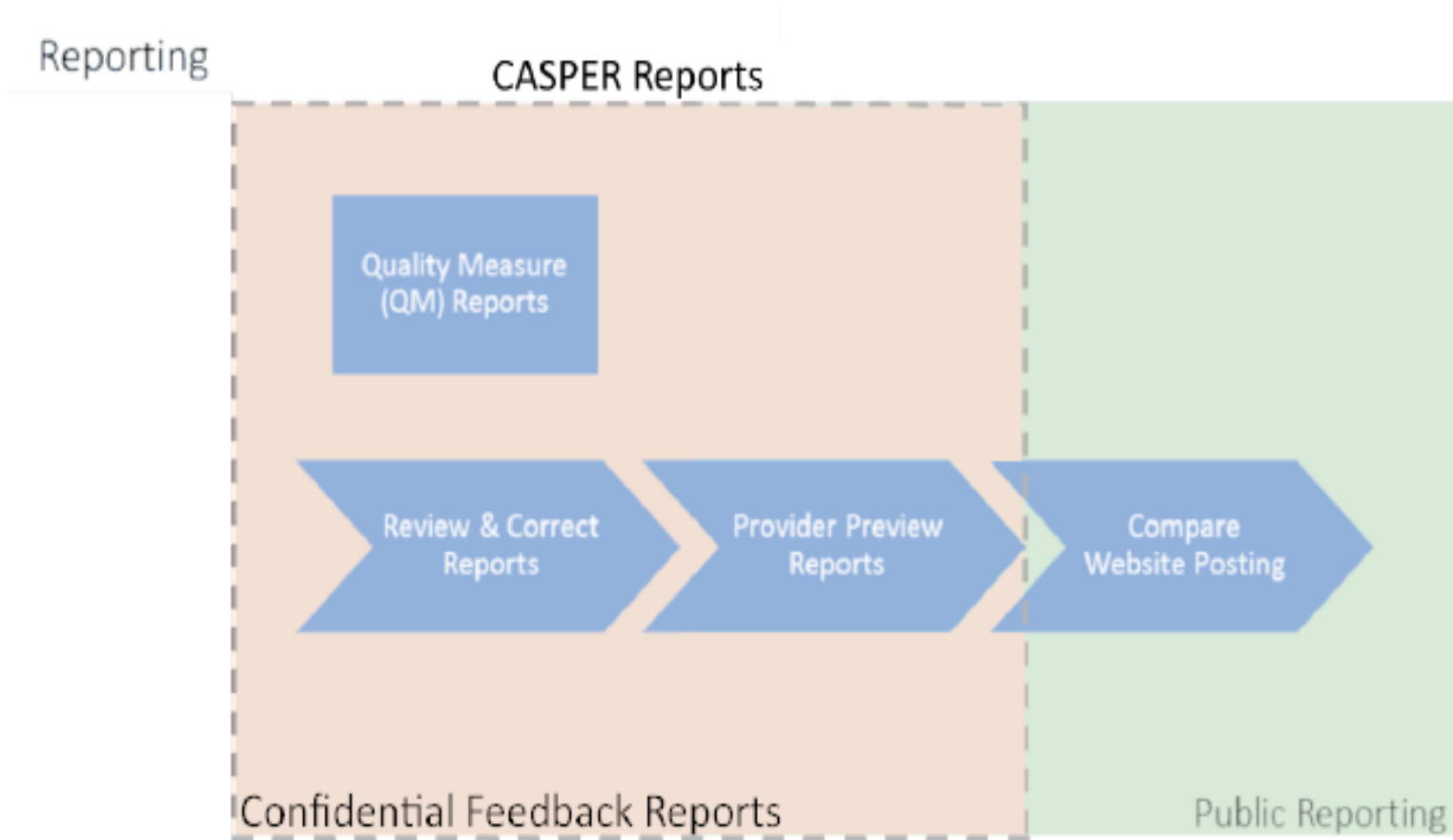
Overview of Reports

Review
and
Correct
Reports

QM
Reports

Provider
Preview
Reports

Public Reporting Graphic



Review and Correct Reports

- User on-demand reports.
- Confidential to providers.
- Display quarterly reports: When reporting quarter ends, the report is available the next business day.
- Available for providers to run with updated data weekly (until the data correction deadline).
- Display data correction deadlines and whether the data correction period is open or closed.

Review and Correct Reports (cont. 1)

- Accessed through Certification and Survey Provider Enhanced Reports (CASPER).
- Provides a “snapshot” of current performance based on assessments in CASPER.
- Contains QM information at the facility-level.
- Assessment-based measures only.
- Not risk-adjusted.
- Only observed (raw) rates are provided.

Review and Correct Reports (cont. 2)

- Providers are able to obtain aggregate performance for up to the past four full quarters as the data are available.
- Subsequent Review and Correct Reports:
 - After the first quarter, data for the subsequent reporting quarters are added.
 - Cumulative data are displayed.
 - When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters).

Review and Correct Reports

Example 1

CMS Certification Number: 999999
 Provider Name: Sample Long-Term Care Hospital
 Street Address Line 1: 1111 West Pine Avenue
 Street Address Line 2: Suite 101
 City: Waltham
 State: MA
 ZIP Code: 02452
 County Name: Middlesex
 Telephone Number: (781) 555-5555

LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 CMS Measure ID: L001.01

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your LTCH	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	4	131	3.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	7	174	4.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	5	136	3.7%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	5	141	3.5%
Cumulative	01/01/2017	12/31/2017	-	-	21	582	3.6%

Review and Correct Reports

Example 2

LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)


CMS Measure ID: L001.01

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your LTCH	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	2	88	2.3%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	4	131	3.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	7	174	4.0%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	5	136	3.7%
Cumulative	04/01/2017	03/31/2018	-	-	18	529	3.4%


How to Obtain Review and Correct Reports



WELCOME TO THE CMS QIES SYSTEMS FOR PROVIDERS

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 Submission User's Guide:

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

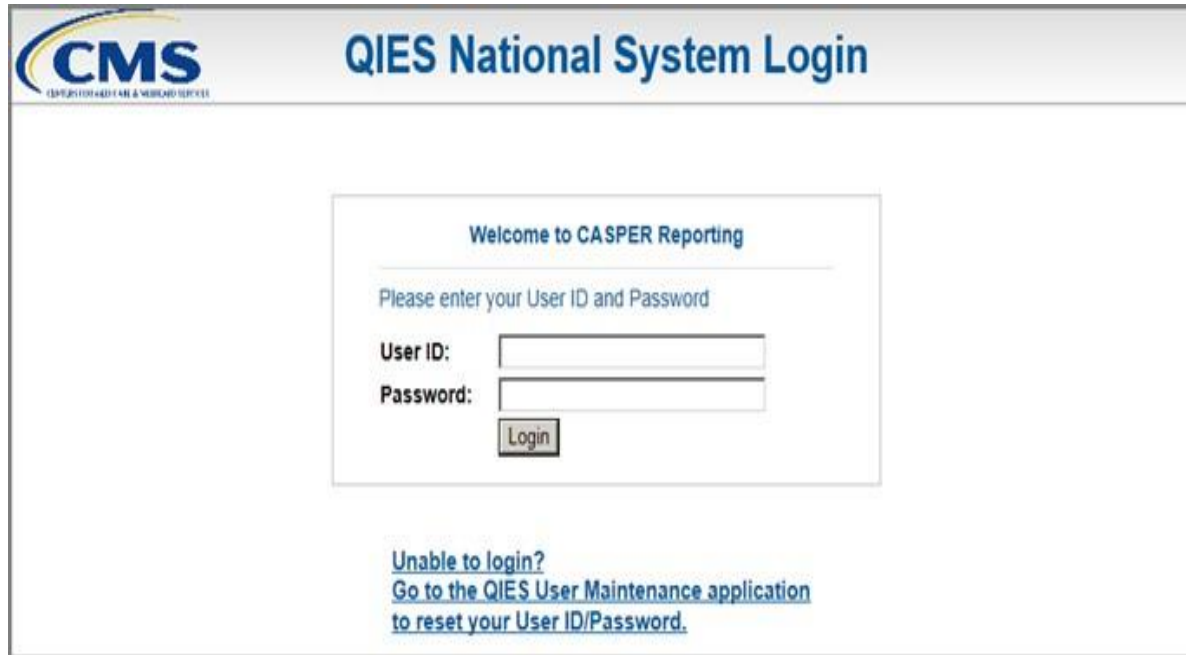
CASPER Reporting User's Manual:

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[LTCH Forms](#)

How to Obtain Review and Correct Reports (cont. 1)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain Review and Correct Reports (cont. 2)

The image displays two screenshots of the CASPER web application interface.

Top Screenshot: Welcome to CASPER

The top navigation bar includes links: Skip navigation links, Skip to Content, CASPER Topics, Logout, Folders, MyLibrary, **Reports** (circled in red), Queue, Options, Maint, Home.

The left sidebar, titled "Topics", lists the following items:

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

The main content area, titled "Home Page", displays "Welcome to CASPER" and instructions: "Use the buttons in the toolbar above as follows:"

- Logout** - End current session and exit the CASPER (dvqsap33) Application
- Folders** - View your folders and the documents in them
- Reports** - Select report categories and request reports
- Queue** - List the reports that have been requested but not yet completed
- Options** - Customize the report format, number of links displayed per page and report display size
- Maint** - Perform maintenance such as creating, renaming and/or deleting folders
- Home** - Return to this page

A "Welcome:" message is displayed at the bottom of the main content area.

Bottom Screenshot: CASPER Reports

The top navigation bar includes links: Skip navigation links, Skip to Content, CASPER Reports, Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, Home.

The left sidebar, titled "Report Categories", lists the following items:

- LTCH Provider
- LTCH Quality Reporting Program** (circled in red)

The main content area, titled "LTCH Quality Reporting Program", displays a list of reports:

- LTCH Facility-Level Quality Measure Report
 - LTCH Facility-Level Quality Measure Report
- LTCH Patient-Level Quality Measure Report
 - LTCH Patient-Level Quality Measure Report
- LTCH Review and Correct Report
 - LTCH Review and Correct Report

At the bottom of the main content area, there is a search bar with the text "Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)" and a "Search" button.

How to Obtain Review and Correct Reports (cont. 3)

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: LTCH Review and Correct Report





Begin Date: Q1 2017
End Date: Q1 2017

Template Folder: My Favorite Reports
Template Name: LTCH Review and Correct Report

Submit Back
Save & Submit Save

Skip navigation links Skip to Content

CASPER Folders Logout Folders MyLibrary Reports Queue Options Maint Home

Info	Click Link to View Report	Date Requested	Select
	LTCH Review and Correct Report	02/06/2017 12:32:45	<input type="checkbox"/>
	LTCH Admissions	02/16/2016 16:26:30	<input type="checkbox"/>
	LTCH Submitter Final Validation	10/21/2015 14:35:04	<input type="checkbox"/>
	LTCH Provider Final Validation	10/21/2015 14:16:42	<input type="checkbox"/>

Pages [1]

SelectAll Print PSRs Zip MergePDFs Move Delete

QM Reports

- Also referred to as “CASPER User-Requested Reports.”
- Confidential Feedback Reports.
- Available to providers prior to public reporting for internal purposes only and not for public display.
 - Used for feedback to help providers to improve quality of care.
- Contain QM information at the facility- and patient-levels for a single reporting period.

QM Reports (cont.)

- Available on demand.
- Providers are able to select the data collection end date and obtain aggregate performance data.
- Claims-based and CDC NHSN QMs are not included in Patient-Level Reports.

QM Report: Facility-Level Example



CASPER Report LTCH Facility-Level Quality Measure Report

Page 1 of 10

Facility ID: xxxxxx
CCN: 123457
Provider Name: MY LTCH
City/State: WALTHAM, MA

Report Period: 10/01/2016 – 09/30/2017
Data was calculated on: 10/01/2017
Comparison Group Period: 10/01/2016 – 09/30/2017
Report Run Date: 10/01/2017
Report Version Number: 2.00

Table Legend

Note: Dashes represent a value that could not be computed

N/A = Not Available

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	L001.02	9	280	3.2%	3.0%	2.9%



QM Report: Patient-Level Example

Status Legend

X: Triggered

NT: Not triggered

E: Excluded from analysis based on quality measure exclusion criteria

N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
DOE, CHARLES	654867	11/01/2016	12/01/2016	X	NT
DOE, FRED	545454	10/25/2016	11/23/2016	X	NT
DOE, HOLLY	484851	08/08/2016	09/04/2016	NT	NT
DOE, JILL	841515	07/16/2016	08/04/2016	E	NT
DOE, JOHN	846544	06/28/2016	07/27/2016	X	NT
DOE, KATIE	878791	05/17/2016	05/24/2016	NT	X
DOE, MARY	321546	03/28/2016	N/A	N/A	N/A
DOE, MIKE	796131	03/01/2016	03/12/2016	NT	E
DOE, PAUL	454556	02/11/2016	02/21/2016	NT	NT
DOE, RUTH	115897	01/11/2016	01/16/2016	E	E

QM Report Patient-Level Influenza Measure

- Percent of Resident or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680).
- How to interpret the Y/N for overall measure and submeasures:
 - Y for overall measure = Y in one submeasure.
 - N for overall measure = N in all submeasures.

QM Report Patient-Level Influenza Measure Example

Status Legend

Y: Yes

N: No

E: Excluded from analysis based on quality measure exclusion criteria

N/A: Not available

Table Legend


[a]: Submeasures for the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Quality Measures: Patient Seasonal Influenza Vaccine Measure

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	Residents or Patients Who Received the Seasonal Influenza Vaccine [a] (NQF #0680A)	Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine [a] (NQF #0680B)	Residents or Patients Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine [a] (NQF #0680C)
DOE, CHARLES	654867	11/01/2016	12/01/2016	N	N	N	N
DOE, FRED	545454	10/25/2016	11/23/2016	Y	Y	N	N
DOE, JILL	841515	07/16/2016	08/04/2016	Y	Y	N	N
DOE, KATIE	878791	05/17/2016	05/24/2016	Y	Y	N	N
DOE, MARY	321546	03/28/2016	N/A	N/A	N/A	N/A	N/A
DOE, MIKE	796131	03/01/2016	03/12/2016	Y	N	Y	N
DOE, PAUL	454556	02/11/2016	02/21/2016	Y	N	N	Y
DOE, RUTH	115897	01/11/2016	01/16/2016	E	E	E	E

How to Obtain QM Reports




Centers for Medicare & Medicaid Services

Welcome to the CMS QIES Systems for Providers

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 Submission User's Guide

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

CASPER Reporting User's Manual:

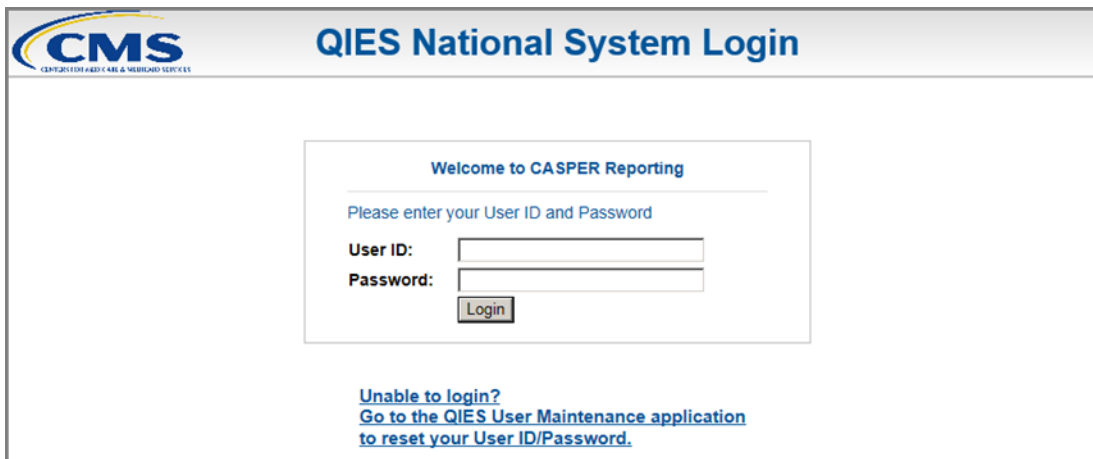
[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[LTCH Forms](#)

How to Obtain QM Reports (cont. 1)

How to Obtain QM Reports (cont. 2)



The screenshot shows the 'QIES National System Login' page. At the top left is the CMS logo with the text 'CERTIFIED FOR PUBLIC AID & MEDICAID SERVICES'. The main heading is 'QIES National System Login'. Below this is a box titled 'Welcome to CASPER Reporting' with the instruction 'Please enter your User ID and Password'. It contains two input fields: 'User ID:' and 'Password:'. Below the password field is a 'Login' button. At the bottom of the page, there are two links: 'Unable to login?' and 'Go to the QIES User Maintenance application to reset your User ID/Password.'



The screenshot shows the 'CASPER Topics' page. At the top, there is a navigation bar with links: 'Logout', 'Folders', 'MyLibrary', 'Reports' (highlighted with a red circle), 'Queue', 'Options', 'Maint', and 'Home'. Below the navigation bar, the page is divided into two main sections. On the left, under the 'Topics' heading, is a list of links: 'Home Page', 'Merge PDF Feature', 'IE Active X Plug-in', 'ZIP Feature', 'Java JRE', 'PSR/Jasper Report Viewer & Unzip Utility', and 'CMS Tally Template'. On the right, under the 'Home Page' heading, is a large section titled 'Welcome to CASPER'. Below this title, it says 'Use the buttons in the toolbar above as follows:'. This is followed by a list of descriptions for the toolbar buttons: 'Logout' (End current session and exit the CASPER (dvqsap33) Application), 'Folders' (View your folders and the documents in them), 'Reports' (Select report categories and request reports), 'Queue' (List the reports that have been requested but not yet completed), 'Options' (Customize the report format, number of links displayed per page and report display size), 'Maint' (Perform maintenance such as creating, renaming and/or deleting folders), and 'Home' (Return to this page). At the bottom of the page, there is a 'Welcome:' label followed by a blue bar.

Provider Preview Reports

- Contain facility-level QM data.
- Automatically generated and saved into your provider's shared folder in the CASPER application.
- Displays results that will be posted on the LTCH Compare website.
- Available about 5 months after the end of each data collection quarter.
 - 4.5 months data correction period + 0.5 months preview report generation period.

Provider Preview Reports (cont. 1)

- Data collection period has ended, so providers are unable to correct the underlying data in these reports.
- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date), which falls approximately 135 days after the end of each calendar year quarter.
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders.

Provider Preview Reports (cont. 2)

Important Notes:

- Please review the data about your hospital.
- Providers may email the Centers for Medicare & Medicaid Services (CMS) Public Reporting Help Desk at LTCHPRquestions@cms.hhs.gov if they have questions related to the report.
- The order of the measures may not represent the order in which they will be displayed on the Compare websites.
- The titles of the measure(s) are not the consumer language titles that will appear on the Compare websites.
- The crosswalk between these titles will be available on the Compare websites.

Provider Preview Reports (cont. 3)

Report Run Date: 09/01/2016

Page 1

LTCH Provider Preview Report

Reporting Period for LTCH CARE Data Set Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015

CMS Certification Number: 999999
Provider Name: Sample Long-Term Care Hospital
Street Address Line 1: 1111 West Pine Avenue
Street Address Line 2: Suite 101
City: Waltham
State: MA
ZIP Code: 02452
County Name: Middlesex
Telephone Number: (781) 555-5555
Type of Ownership: Non-profit
Date of Medicare Certification: 01/01/2000

LTCH CARE Data Set Quality Measures

CMS Measure ID	LTCH Quality Measure	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Risk-Adjusted Performance Rate	U.S. National Rate
L001.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	280	3.0%	2.9%

Footnote Legend

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.

Important Notes

- Please review the data about your hospital. Providers may email the CMS LTCH Help Desk if they have questions related to this report. Details about how to update data and who to contact are available on the Long-Term Care Hospital Compare Web site at www.medicare.gov/longtermcarehospitalcompare. Select the "How it works" tab then the "View More" button under "Contacts" to access these details.
- The order of the measure(s) may not represent the order displayed on Long-Term Care Hospital Compare.
- The titles of the measure(s) are not the consumer language titles that appear on Long-Term Care Hospital Compare. The crosswalk between these titles is available on the Long-Term Care Hospital Compare Web site at www.medicare.gov/longtermcarehospitalcompare. Select the "How it works" tab then the "View More" button under "The data" to access this crosswalk.



Footnotes

Footnote Legend:

1. The number of cases/patient stays is too small to report.
2. Data not available for this reporting period.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Data not submitted for this reporting period.
6. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
7. Results cannot be calculated for this reporting period.
8. This LTCH is not required to submit quality data to Medicare because it is paid under a Medicare waiver program.

Footnote Details

1. The number of cases/patient stays is too small to report.

- The number of cases/patient stays does not meet the required minimum amount for public reporting.

2. Data not available for this reporting period.

- Provider has been open for less than 6 months.
- There were no data to submit for this measure.
- There were zero device days or procedures (CDC NHSN measures).
- The LTCH had no claims data (claims-based measures).

Footnote Details (cont. 1)

3. Results are based on a shorter time period than required.

- The results were based on data reported from less than the maximum possible time period used to collect data for the measure.

4. Data suppressed by CMS for one or more quarters.

Footnote Details (cont. 2)

5. Data not submitted for this reporting period.

- The provider did not submit required data for the quality reporting program.
- The provider did not submit CDC data to the NHSN system.

6. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.

- No data to report (CDC NHSN measures only).

Footnote Details (cont. 3)

7. Results cannot be calculated for this reporting period.

- The predicted number of infections is less than one (CDC NHSN measures only).

8. This LTCH is not required to submit quality data to Medicare because it is paid under a Medicare waiver program.

Provider Preview Report Format

Report Run Date: 09/01/2016

Page 1

LTCH Provider Preview Report

Reporting Period for LTCH CARE Data Set Quality Measures: Patients Discharged January 1, 2015 through December 31, 2015
Reporting Period for CDC NHSN Measures: Patients Discharged January 1, 2015 through December 31, 2015
Reporting Period for Medicare Fee-For-Service Claims-Based Measures: Patients Discharged January 1, 2013 through December 31, 2014

CMS Certification Number: 999999
Provider Name: Sample Long-Term Care Hospital
Street Address Line 1: 1111 West Pine Avenue
Street Address Line 2: Suite 101
City: Waltham
State: MA
ZIP Code: 02452
County Name: Middlesex
Telephone Number: (781) 555-5555
Type of Ownership: Non-profit
Date of Medicare Certification: 01/01/2000

LTCH CARE DATA SET QUALITY MEASURES

CMS Measure ID: L001.01
LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
- Number of Eligible Patients Discharged from your LTCH: 280
- Your LTCH's Risk-Adjusted Performance Rate: 3.0%
- U.S. National Rate: 2.9%



How to Access Provider Preview Reports

Skip navigation links Skip to Content


CASPER Folders Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

- * IA LTCH 1185034
- * IA LTCH 1185034 VR

*** IA LTCH 1185034**

Info	Click Link to View Report	Date Requested	Select
	LQset##LQ	07/07/2016 13:45:02	<input type="checkbox"/>

Pages [1]

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs

Process for Requesting CMS Review of Preview Report Data

- CMS encourages LTCHs to review data in the Provider Preview Report each quarter.
- If an LTCH disagrees with the accuracy of performance data (numerator, denominator, or other QM result) contained within its report, the LTCH can request review of that data by CMS.

Process for Requesting CMS Review of Preview Report Data (cont. 1)

- Requests for CMS review of Provider Preview Report data must be submitted during the 30-day review period.
 - The 30-day review period begins the day the Provider Preview Reports are issued in the LTCH CASPER folders.
- Providers will not have the opportunity to request the correction of underlying data if the data correction deadline has passed.

Process for Requesting CMS Review of Preview Report Data (cont. 2)

- LTCHs are required to submit their request to CMS via email at the following address:
LTCHPRquestions@cms.hhs.gov.
 - Include the following subject line:
“[Provider/Facility Name] Public Reporting Request for Review of Data” and CMS Certification Number (CCN).
 - E.g., Saint Mary’s Public Reporting Request for Review of Data, XXXXXX.

Process for Requesting CMS Review of Preview Report Data (cont. 3)

- The email request must include the following information:
 - CCN.
 - Business name.
 - Business address.
 - Chief Executive Officer (CEO) or CEO-designated representative contact information, including name, email address, telephone number, and physical mailing address.
 - Information supporting the provider's belief that the data contained within the Provider Preview Report are erroneous (numerator, denominator, or quality measure result), including, but not limited to, the following:
 - QMs affected, and aspects of QM affected (numerator, denominator, or other QM result).

Process for Requesting CMS Review of Preview Report Data (cont. 4)

- CMS will review all requests and provide a response with a decision via email.
- Data that CMS agrees to correct will be reflected with the subsequent quarterly release of quality data on LTCH Compare.
- CMS will not review any email requests for review of data that include protected health information.

Summary

- The LTCH Compare public website is located at:
 - <https://www.medicare.gov/longtermcarehospitalcompare/>
- There are three types of QMs based on each of the following data sources:
 1. Assessment-based.
 2. Claims-based.
 3. CDC NHSN.

Summary (cont.)

- There are three reports associated with confidential and public reporting:
 1. Review and Correct Reports.
 2. QM Reports.
 3. Provider Preview Reports.
 - All are accessed through CASPER (user on-demand, automatic).

Summary: Review and Correct Reports

- Review and Correct Reports provide a snapshot of:
 - Facility-level performance at the time of the report (not risk-adjusted).
 - Data correction deadlines.
 - Whether the data correction period is open or closed.
- Data are presented by quarter. After four quarters, oldest quarter dropped.

Summary: QM Reports

- QM Reports provide both facility- and patient-level information for a single reporting period.
- Also referred to as the Confidential Feedback Reports in the rule.
- Claims-based and CDC NHSN QMs are not included in patient-level reports.

Summary: Provider Preview Report

- The Provider Preview Report reflects data to be posted on LTCH Compare.
- Data collection period has ended so providers are not able to correct the underlying data in these reports.
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders.

Action Plan

- Become familiar with and periodically review on-demand reports (Review and Correct and QM reports) for your facility early in the reporting periods.
- Review facility-level information to ensure accuracy (Automated Survey Processing Environment system).

Action Plan (cont.)

- Utilize results to assist with quality improvements efforts and ensure data submission accuracy.
- Review Provider Preview Reports well within 30 days to ensure accuracy.