

# Long-Term Care Hospital (LTCH) Provider Preliminary Review Report Guide

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 LTCH Provider Preliminary Review Report allows users to view their data prior to public display of the data contained on the report, to be posted in accordance with Section 3004 of the Affordable Care Act, Pub. L. 111-148. Stat.124-119. 23 March 2010, available on the [U.S. Government Publishing Office website](#) (2.41MB-pdf).

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

LTCH Provider Preliminary Review Report

Review of Quality Measure data for time period 01/01/2014 to 09/30/2014

State: XX

Provider Name: ABC Provider

CCN: 123456

Street Address: 123 Address

City: Anytown

ZIP Code: XXXXX

Phone: 111-222-3333

Quality Measures	NQF Measure Number	Numerator/ Reported Infections	Denominator/ Device Days	Reported %	National Average	Expected Rate
Percent of Patients with Pressure Ulcers That Are New or Worsened (Short Stay)	0678	.	.	**	*	N/A
Catheter Associated Urinary Tract Infection (CAUTI)	0138	0	0	N/A	*	*
Central Line Associated Bloodstream Infection (CLABSI)	0139	4	3490	N/A	*	*

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 CLABSI 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 NHSN website:  
<http://www.cdc.gov/nhsn/LTACH/index.html>.

## Explanation of Provider Preliminary Review Report Fields

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### 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)

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### When and how can I get my report?

The Provider Preliminary Review Report will be available in March 2015. The report is accessed using the CASPER Reporting Application. Please reference 'Accessing the Provider Preliminary Review Report' on the following page in this document for additional information.

### 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](mailto: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

**[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](#)

[Home](#) | [Accessibility Policy](#) | [Privacy Policy](#) | [Help](#)

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

CASPER Topics

Logout Folders MyLibrary Reports Queue Options Maint Home

Topics

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- ZIP Feature
- Java JRC
- PGR/Jasper Report Viewer & Unzip Utility

Home Page

# Welcome to CASPER

Use the buttons in the toolbar above as follows:

**Logout** - End current session and exit the CASPER 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

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

CASPER Folders

Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

\* IA XXXXXX

\* IA XXXXXX

Info	Click Link to View Report	Date Requested	Select
	Public Reporting Preview	03/16/2007 11:06:13	<input type="checkbox"/>
	Public Reporting Preview	11/20/2006 15:14:31	<input type="checkbox"/>

Pages **1**

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs

The report will be placed in the My Inbox pane (left side) and will be titled, “Provider\_Review\_2014...”

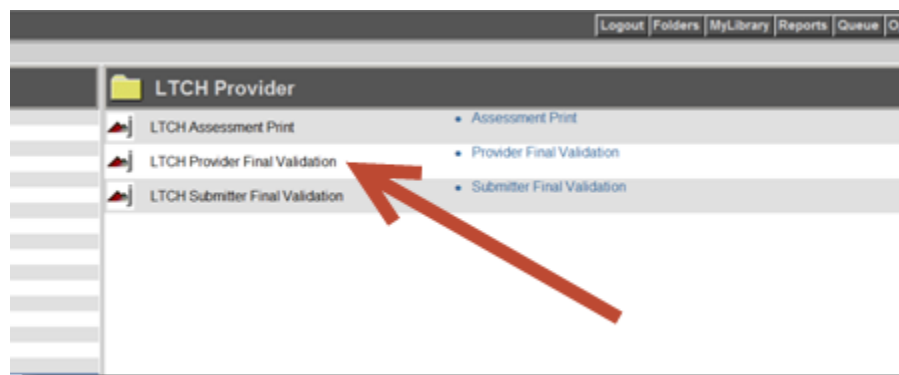
**Note:** When reports or other documents are delivered, the list of items in the folder pane (right side) on the CASPER Folders page may expand to multiple pages. You may need to scroll through the pages to locate the Provider Preliminary Review Report.

## How to Recreate the Numerator and Denominator of NQF # 0678 within the Provider Preliminary Review Report

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

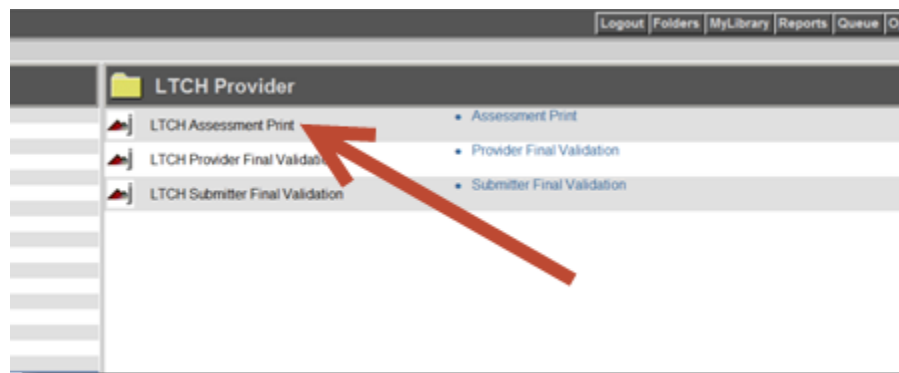
### LTCH Provider Final Validation Link



(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

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### 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.