

Long Term Care Hospital (LTCH) Preliminary Review Report Guidance

The LTCH Preliminary Review Report provides facilities with an opportunity to review their data in a facility-specific report, provides facilities a chance to become familiar with content of the review report and informs facilities of how their reports will be distributed.

The Report does not indicate whether your facility will be eligible for the Annual Payment Update nor is it a review of data that will be posted in accordance with Section 3004 of the Affordable Care Act.

Provider Review Reports will be accessible beginning March 21, 2014. **Providers have thirty (30) days** during which to contact HCIS with questions regarding Review Reports (April 20, 2014).

Sample LTCH Provider Preliminary Review Report

Note: This Report Mock- up contains fictitious data only.

LTCH Provider Preliminary Review Report

Review of Quality Measure Data for the time period 01/01/2013 to 09/30/2013

State: XX

Provider Name: Test Provider

CCN: XXXXXX

Street Address: XYZ

City: ABC

ZIP Code: ZZZZZ

Phone: 111 222 3333

Quality Measures	NQF Measure Number	Numerator/ Reported Infections	Denominator/ Device Days	Reported %	Non-Risk Adjusted Rate	Risk Adjusted Rate	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	10	2767	N/A	N/A	N/A	*	*
Central Line Associated Blood Stream Infection (CLABSI)	0139	1	3559	N/A	N/A	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.
- Non-risk adjusted rate and risk adjusted rate pertain to Pressure Ulcer measure only.
- Asterisk (*) indicates pending data.
- Expected Rate pertains to the CAUTI and CLABSI measure only.
- N/A indicates that the value is not applicable.

Explanation of Review Report:

An explanation of the information contained within the Review Report is provided below:

Item	Description
NQF Measure Number	The National Quality Forum (NQF) identification number associated with the Quality Measure.
Pressure Ulcer measure calculation	<p>Numerator: The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers.</p> <p>Denominator: The number of patients with an admission assessment and a discharge assessment with target dates between 1/01/2013 and 9/30/2013.</p> <p>Reported percent (%) is equal to the numerator divided by the denominator multiplied by one hundred (100).</p>
CAUTI measure calculation	<p>Reported Infections: The observed number of infections reported for quality reporting as the numerator.</p> <p>Device Days: The number of urinary catheter days reported for quality reporting.</p> <p>Reported Percent (%): Displays on the report as N/A (not applicable), as CAUTI data is a rate, not a percentage.</p> <p>This data is reported for the time period 1/01/2013 to 9/30/2013.</p>
CLABSI measure calculation	<p>Reported Infections: The observed number of infections reported for quality reporting as the numerator.</p> <p>Device Days: The number of central line days reported for quality reporting.</p> <p>Reported Percent (%): Displays on the report as N/A (not applicable), as CLABSI data is a rate, not a percentage.</p> <p>This data is reported for the time period 1/01/2013 to 9/30/2013.</p>
Risk Adjusted Rate	This field is not populated at this time and shall be populated at a later date.

Item	Description
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.

Frequently Asked Questions (FAQs)

When and how will I get my report?

Provider Review Reports will be accessible for **thirty (30) days** beginning March 21 2014 until April 20, 2014. Review Reports must be accessed using the **CASPER REPORTING APPLICATION**. Additional information about accessing your report is below Under Accessing Reports.

How do I ask questions about my report(s)?

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

Where can I get additional information?

CMS LTCH Quality Reporting Website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>

CDC's NHSN Website: <http://www.cdc.gov/nhsn/LTACH/index.html>

Accessing the Preliminary Review Report:

Reports must be accessed using the **CASPER REPORTING APPLICATION**.

Long Term Care Hospital (LTCH) providers access the CASPER Reporting application from their **CMS LTCH CARE System Welcome** page by selecting the CASPER Reporting link.

Login

Selecting the CASPER Reporting link from the above website connects you to the **QIES National System Login** page for CASPER Reporting.

Enter your login information in the appropriate fields and select the **Login** button. The **CASPER Topics** (Home) page then displays.

The Quality Reporting Review Report for individual providers is located in a separate folder within the System-Generated Final Validation Reports section.

For more about the CASPER reporting system, refer to the following link:

<https://www.gtso.com/ltchtrain.html>. This link will take you to the LTCH CARE User Guides and Training pages. Directions about accessing the CASPER reporting system using QIES ASAP System begins in Section 3, Functionality.