

**CMS RELEASES LTCH QUALITY REPORTING
PROGRAM MANUAL, REPORTING SOFTWARE
AND TRAINING MATERIALS**

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The Medicare program has increasingly sought to measure and encourage quality of care for its beneficiaries through required quality reporting programs for participating providers. With the enactment of the Patient Protection and Affordable Care Act (Affordable Care Act), long-term acute care hospitals (LTCHs) are now subject to a quality reporting (QR) program for inpatient services. Because data collection, reporting and submission requirements for Medicare are novel for LTCHs, CMS drafted the CMS LTCH Quality Reporting Program Manual (the Manual) as guidance and is providing related software and training. LTCHs must thoroughly understand and comply with the QR Program requirements in order to avoid payment reductions beginning in FY 2014.

Background. Congress first provided for a Medicare-related QR program in section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003.¹ The MMA established a QR program for participating general hospital inpatient services. Subsequent legislation authorized the Department of Health & Human Services (HHS) to establish similar QR programs.² In the Affordable Care Act, Congress required the establishment of a QR program specific to LTCHs.³

Pursuant to section 3004 of the Affordable Care Act, the Secretary of HHS implemented the LTCHQR Program in the FY 2012 Inpatient Prospective Payment System (IPPS)/LTCH PPS final rule, published August 18, 2011.⁴ The preamble noted, "CMS seeks to promote higher quality and more efficient health care for Medicare beneficiaries, and our efforts are furthered by quality reporting programs coupled with public reporting of that information."⁵

Beginning in FY 2014, LTCHs must submit quality data on approved measures to CMS as part of the LTCHQR Program.⁶ LTCHs that fail to submit data as required shall be penalized with a two percentage point deduction from any annual update to the standard Federal rate for LTCH discharges during the rate year.⁷ In the FY 2012 Final Rule, CMS adopted and finalized three quality measures for FY 2014 and later reporting periods:

- National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138); and
- NHSN Central line-associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139); and
- Percent of Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (Pressure Ulcer measure) (Application of NQF #0678).

CMS confirmed these three initial quality measures in the more recent final rule for the FY 2013 LTCH PPS.⁸ In the same final rule, CMS finalized two additional quality measures for FY 2016 and later reporting periods:⁹

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (NQF #0680); and
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431).

Under the FY 2013 Final Rule, LTCHs must submit data on the three initial quality measures beginning on October 1, 2012.¹⁰ Data collected from October 1, 2012 to December 31, 2012 will impact the payment determination for FY 2014 (thereafter, data will be collected on a calendar year basis).¹¹ Providers will submit data for the Pressure Ulcer measure, as well as the patient influenza vaccination measure for FY 2016, using the LTCH Continuity Assessment Record & Evaluation (CARE) Data Set collection instrument.¹² LTCHs will report data on the CAUTI and CLABSI measures, as well as the staff influenza vaccination measure for FY 2016, via enrollment in the CDC's NHSN.¹³

Data Reporting Software and Training Materials. On August 15, 2012, CMS released the demonstration version of its free, downloadable software program called LTCH Assessment Submission Entry & Reporting (LASER) for the creation of LTCH CARE Data Set assessment records [here](#). CMS also announced several trainings for LASER and data submission, as noted below.

The Recorded WebEx Data Submission Trainings are:

- CMSNet and QIES User ID Registration Training (available now [here](#))
- LTCH Assessment Submission Process (available the week of August 27, 2012)
- LTCH Assessment and Validation Reports (available the week of August 27, 2012)

The Recorded WebEx LASER trainings are available [here](#), as follows:

- LASER Login Process
- LASER Patient and Assessment Entry
- LASER Import and Export Process
- LASER Reports

CMS also noted that LTCH providers could begin registering for their CMSNet and QIES User IDs on August 20, 2012, and provided detailed instructions regarding this process [here](#). Importantly, providers must complete this process by **September 14, 2012**, or their User IDs may not be available and active by the October 1, 2012 required reporting start date.

CMS LTCH Quality Reporting Program Manual. CMS developed the LTCH Quality Reporting Program Manual (the Manual) to guide providers in complying with the newly-implemented LTCHQR Program.¹⁴

The Manual contains five chapters and several appendices. The first chapter addresses the LTCHQR Program generally. The second chapter reviews the LTCH CARE Data Set requirements. The third chapter explores the assessment form item by item, including proper coding. The fourth chapter covers the actual submission and correction of LTCH CARE Data Set assessments. The fifth chapter discusses NHSN reporting on the CAUTI and CLABSI measures. Finally, the appendices provide CMS contact information, LTCH CARE Data assessment forms and identification of required and voluntary reporting items, along with other guidance.

The reporting procedures and requirements for the CAUTI and CLABSI quality measures are discussed in Chapter 5. LTCHs must enroll with NHSN as a separate facility (not submitting data as part of an acute-care hospital). While the CAUTI and CLABSI measures are fairly straight forward, the Pressure Ulcer measure is more complicated.

The Pressure Ulcer measure requires completion of the LTCH CARE Data Set assessment record, which is discussed at Chapter 2.1 of the Manual. The Manual provides guidance on applicable assessments for LTCH CARE Data Set, which include Admission, Planned Discharge, Unplanned Discharge, and Expired. These assessments must be completed, as applicable, beginning at 12:00 AM on October 1, 2012, *without regard to payment/payor source, age, length of stay or diagnosis* (including pediatric patients and patients with psychiatric diagnoses).¹⁵ In addition, the Manual provides several tables for determining the appropriate timing for the different types of assessments.¹⁶ The Manual provides some clarity in certain situations. For example, the Manual instructs that “where a patient’s ability or status varies on the day of the assessment, report the patient’s ‘usual status’ or what is true greater than 50 percent of the assessment time frame during the 3-day assessment period, unless the item specifies differently.”¹⁷

The Manual instructs which assessments must be completed in different change of patient status or change of ownership (CHOW) scenarios, *e.g.*, patient is discharged or dies before an Admission Assessment is completed, patient is transferred to another hospital/facility, where there is a CHOW and the new owner does/does not assume the assets and liabilities of previous owner.¹⁸ The Manual directs that when a patient is admitted from another Medicare-participating LTCH, the patient requires a new LTCH CARE Data Set Admission Assessment record.¹⁹

The Manual includes guidance on the maintenance of electronic LTCH CARE Data Set records relative to the patient's medical record and signatures.²⁰ It provides definitions for assessment data components. Importantly, the Manual notes that CMS's Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system will issue a warning when a record is submitted out of sequence (e.g., an Admission Assessment is submitted where the prior record submitted was also an Admission Assessment or was a Discharge Assessment).²¹

At Chapter 3, the Manual provides extensive information on each item of the LTCH CARE Data Set, screen shots, the rationale for documenting the item, steps for assessment, coding instructions, tips, and examples.²² In particular, it provides an item-by-item instructional review of pressure ulcer coding using the LTCH CARE Data Set.²³

Chapter 4 of the Manual addresses the submission of LTCH Data to QIES ASAP, noting that all Medicare-participating LTCHs must submit the required data. In addition, the Manual states that the Data Set Completion Date may be no later than 5 days from the Assessment Reference Date (ARD) and all assessments must be submitted electronically within 7 days of the LTCH CARE Data Set Completion Date.²⁴ The Manual does not describe how providers will create electronic transmission files that meet the LTCH CARE Data Submission Specifications, but addresses how to navigate the QIES ASAP system once a record has been transmitted or the provider has attempted to transmit a record.²⁵

The Manual notes that it is the responsibility of providers to ensure the accuracy of submitted information because the "electronic LTCH CARE Data Set Assessment Record submitted to and accepted by the QIES ASAP system is the legal assessment of the patient as of the ARD."²⁶ If a provider must correct a record, it should initiate either a Modification Request or Inactivation Request. Modification Requests will correct clinical or demographic errors, while Inactivation Requests correct errors in submission where the corresponding event (e.g., a Discharge record without actual discharge) did not occur.²⁷ These corrective steps will archive the patient's record in the QIES ASAP system. This is unlike a fatal record error, where the QIES ASAP system will outright reject the record and note this error on the Final Validation Report for the provider so that the provider can correct and resubmit the record.²⁸ The QIES ASAP system will store records with non-fatal errors (warnings).²⁹

Challenges for LTCHs. Three challenges that LTCH providers may face in meeting the reporting requirements of the LTCHQR Program are: 1) properly submitting data; 2) correctly coding and collecting data for the Pressure Ulcer measure; and 3) preparing for new measures.

Data Submission Issues

CMS did not include the technical specifications for data record creation and submission in the Manual. Instead, CMS directs providers to its

LTCH-Quality-Reporting-dedicated Web site.³⁰ There, CMS outlines the technical specifications for submitting the LTCH CARE Data Set to the QIES ASAP system. Providers can develop or utilize third-party vendor software to electronically create and submit data to this system. As noted above, CMS posted the demonstration version of the LASER tool on its QIES Technical Support Office Web site.³¹ CMS also plans to provide a Validation Utility Tool (VUT), which is "a software utility that can be used to validate LTCH submission files in XML format[, and] attempts to enforce edits that are mapped to the LTCH items."³² CMS is conducting training sessions on LTCH CARE Data Set submissions and the LASER tool. The materials from these training sessions are posted on the CMS Web site.³³

Some LTCHs are concerned that LASER is being released too close to the reporting start date and that it may not meet their needs. In particular, LASER requires providers to manually input clinical information and it does not archive records.³⁴ Although LASER will create records for submission in the proper format, providers will still need to transmit the data to CMS. Under the law, data will need to be transmitted to CMS beginning on October 1, 2012. However, CMS only recently posted its demonstration version of LASER. The full production version is targeted for release by August 30, 2012. Although CMS has provided Data Submission Specifications, it is difficult for LTCHs to fully understand the extent to which they will need to create their own software or use a third-party vendor before they have had a chance to work with the full version of LASER and see its limitations firsthand. LTCHs will only have a brief one-month window to fully acquaint themselves with the full version of LASER before reporting begins. CMS received comments to the FY 2013 proposed rule that requested a delay in the reporting start date, but the agency chose to keep the October 1 date with assurance that a full version of LASER would be released by the end of August.³⁵

Providers can begin to prepare for the reporting requirement by thoroughly reviewing the Manual and the final LTCH CARE Data Set Assessment forms, included at Appendix C. As the Manual suggests, LTCHs should practice filling out and coding the forms based on the guidance in the Manual.³⁶ LTCH staff can become familiar with the technical electronic creation of patient assessment records via the LASER demonstration version now. LTCH staff will also benefit from familiarizing themselves with the reporting requirements from a clinical perspective.

Pressure Ulcer Measure Data Collection and Coding

The Manual incorporates eight lengthy sections with guidance on how to properly code data collected for the Pressure Ulcer measure. Table 1 describes each section in more detail.³⁷ It is critical for providers to review Chapter 3, Section M of the Manual to become familiar with the many nuances of coding for "the presence, appearance, and change of pressure ulcers."³⁸ This chapter defines clinical terms, as well as other terms used in the assessment.

As noted above, for each data item the Manual gives a screen shot of how the item appears on the assessment, describes the item's rationale, specific steps for assessing the pressure ulcer, and coding instructions and tips. For example, for one item, the Manual instructs the provider on the means of measuring the pressure ulcer, and exactly how to determine the measurement, providing a graphic of an ulcer, overlaid with measuring arrows.³⁹

Although CMS has made certain parts of the LTCH CARE Data Set voluntary, it will continue to be a substantial undertaking for providers to fully acquaint themselves with the proper procedures and coding to collect data that will reflect accurate reporting of the Pressure Ulcer measure. In addition, while the demonstration version of LASER is available, it may not reflect the final production version, which is not expected to be released until late August 2012. The delay in availability of this software and late roll-out of training sessions make it difficult for providers to become comfortable with properly collecting and coding the collected data for submission beginning on October 1.

Preparing for New Measures

We expect that CMS will update and add appendices to the Manual as the LTCHQR Program gets underway and quality measures are added or modified. For example, CMS should include guidance on upcoming measures and, in some cases, new LTCH Care Data Set forms (e.g., for the patient influenza vaccination measure scheduled for FY 2016 reporting). However, the Manual is not an all-inclusive resource on the LTCHQR Program. Providers will need to check the CMS Web sites as well for additional guidance and specifications.

¹ Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108-173.

² Tax Relief and Health Care Act of 2006, Pub. L. 109-432 (implementing the Physician Quality Reporting Initiative, now System, and the Hospital Outpatient Quality Reporting Program).

³ Patient Protection and Affordable Care Act of 2010, Pub. L. 111-148 § 3004(a) (amending the Social Security Act at section 1886(m)(5)).

⁴ Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment, 76 Fed. Reg. 51476, 51743-51756 (Aug. 18, 2011) (hereinafter, the "FY 2012 Final Rule").

⁵ FY 2012 Final Rule, 76 Fed. Reg. at 51743.

⁶ *See id.*

⁷ *See id.*

⁸ Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers (August 1, 2012) (hereinafter, the "FY 2013 Final Rule") at 1529. All page references are to the CMS Display Copy.

⁹ See *id.*

¹⁰ See *id.* at 1476.

¹¹ See *id.*

¹² See *id.* at 1462-1463 and 1969.

¹³ See *id.*

¹⁴ Centers for Medicare & Medicaid Services Long-Term Care Hospital Quality Reporting Program (LTCHQR Program) Manual, Version 1.1. (August 2012) (available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>).

¹⁵ See *id.*, pg. 2-1.

¹⁶ See *id.*, pg. 2-6.

¹⁷ *Id.*, pg. 2-1.

¹⁸ See *id.*, pg. 2-3.

¹⁹ See *id.*

²⁰ See *id.*, pg. 2-4.

²¹ See *id.*, pgs. 2-4 to 2-10.

²² See *id.*, Ch. 3 and Appendix C.

²³ See *id.*

²⁴ See *id.*, pgs. 4-2 to 4-3.

²⁵ See *id.*, pg. 4-1.

²⁶ *Id.*, pg. 4-4.

²⁷ See *id.*, pgs. 4-5 to 4-7.

²⁸ See *id.*, pg. 4-3.

²⁹ See *id.*

³⁰ See *id.*, pg. 4-1 (directing providers to <http://www.cms.gov/LTCH-Quality-Reporting/> for creating electronic transmission files that meet reporting requirements).

³¹ See QIES Technical Support Office (QTSO) and Laser Web site at <https://www.qtso.com/laser.html>.

³² See LTCH Vendor Information Web site at <https://www.qtso.com/vendorltch.html>.

³³ See QIES Technical Support Office (QTSO) Web site at <https://www.qtso.com>.

³⁴ See LTCH Technical Q&A Spreadsheet (July 16, 2012) at https://www.qtso.com/download/LTCH/LTCH_Technical_Q_A_20120716.pdf.

³⁵ FY 2013 Final Rule at 1474-75.

³⁶ The Manual § 3-3.

³⁷ The Manual § 3-2.

³⁸ *Id.*

³⁹ The Manual, pg. M-25.

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