



CHA Member Forum – FFY 2017 LTCH PPS Proposed Rule

Pat Blaisdell

Vice President Continuum of Care

E) pblaisdell@calhospital.org

P) 916-552-7553

Alyssa Keefe

Vice President Federal Regulatory Affairs

E) akeefe@calhospital.org

P) 202-488-4688



**CALIFORNIA
HOSPITAL
ASSOCIATION**



Objectives

- Review proposed changes to several key payment and quality provisions in the FFY 2017 LTCH PPS Proposed Rule
 - The full text of the proposed rule and the CHA summary are available at <http://www.calhospital.org/regulatory-tracker>
- Solicit CHA member feedback on proposed changes for CHA comments
 - All comments due on June 17 at 2 pm PT.
 - Comments submitted online at www.regulations.gov
 - Draft comments will be available approximately 1 week in advance via CHA news



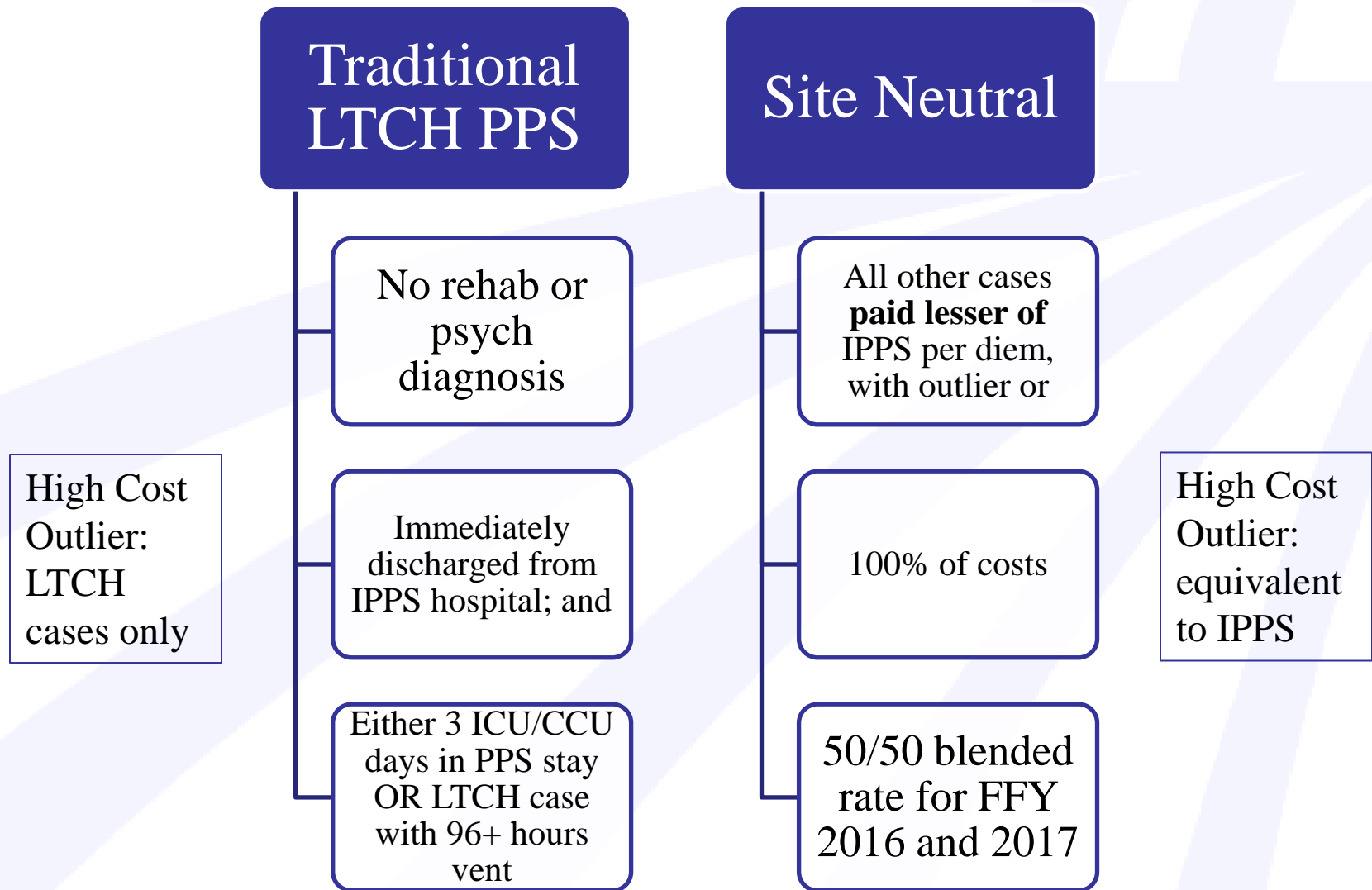
Payment and Policy Proposals



LTCH Site Neutral Payment Requirements

- Continues implementation initiated in FFY 2016
- Required by the Bipartisan Budget Act (BiBA) of 2013
- LTCH discharges that do not meet the clinical criteria are paid at the applicable site neutral payment rate.
- Criteria for exclusion for site neutral remains the same as implemented in FFY 2016.

Overview: Two Payment Tracks





Overview: Definitions for Payment Tracks

- **DRG Criterion:** Case cannot have a principal diagnosis relating to a psychiatric diagnosis or rehabilitation.
- **ICU Criterion:** Case must be immediately preceded by discharge from an acute care hospital that included at least 3 days in an intensive care unit.
- **Ventilator Criterion:** LTCH discharge must be assigned to an MS-LTCH-DRG based on receipt of at least 96 hours of ventilator services.



Proposed LTCH PPS Standard Rate Update

CMS Proposed Policy Changes* *(for LTCHs reporting quality data)	Impact on Payments
CMS Market Basket Update for FFY 2017	+2.7%
ACA-Mandated Productivity Reduction	-0.5%
ACA-Mandated Market Basket Reduction	-0.75%
TOTAL	+1.45%



Other Proposed LTCH PPS Standard Rate Proposals

CMS Proposed Policy Changes	FFY 2016 Rate	Proposed FFY 2017 Rate (LTCH PPS ONLY)
Labor related share	62%	66.6%
Standard rate (LTCHs reporting quality data)	\$41,043.71	\$42,314.31
High Cost Outlier fixed loss amount	\$16,423 *Site Neutral Cases HCO \$22,544	\$22,728 *Site neutral cases HCO \$23,681



Blended Payment Rate for FYs 2016 and 2017

- CMS proposes that for LTCH discharges during FYs 2016 and 2017, the payment amount for site neutral payment rate cases would be a blended payment rate
- The rate would be calculated as 50 percent of the applicable site neutral payment rate amount and 50 percent of the applicable LTCH PPS standard Federal payment rate



“25% Threshold” Policy

- Effective October 1, 2016
- Applicable to both LTCH PPS cases and site-neutral payment cases
- Will use CMS Certification number (CNNs) for referring hospital and LTCH discharges to calculate threshold



“25% Threshold” Policy

- Excess discharges will be reimbursed at the lesser of LTCH PPS/site-neutral payment or an IPPS equivalent amount. Excludes Medicare Advantage cases, and cases that were high-cost outliers at referring acute hospital.



“25% Threshold” Policy

- Continues current threshold policies
 - 50% for rural
 - 25-50% for LTCH in MSA-dominant area
- For LTCHs with multiple locations, *all* locations must be rural or in an MSA-dominant area to qualify for higher threshold.



LTCH Quality Reporting Program



LTCH Quality Reporting Program (QRP)

- LTCH QRP was established in FFY 2012 IPPS/LTCH final rule and began for FFY 2014
- LTCHs that do not meet quality reporting requirements are subject to 2 percent reduction in update factor
- IMPACT Act required additional changes to LTCH QRP



LTCH QRP – IMPACT Act Measure Requirements

- Requires Secretary to implement quality measures for five specified quality domains
 - Functional status
 - Skin integrity
 - Major falls
 - Medication Reconciliation
 - Patient preferences
- Other measures must assess resource use, hospitalization, and discharge to the community



LTCH Quality Reporting Program

Current Finalized Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018
Catheter-associated urinary tract infection (CAUTI) (NQF# 0138)	X	X	X	X
Central line-associated blood stream infection (CLABSI) (NQF# 0139)	X	X	X	X
Percent of residents or patients with pressure ulcers that are new or worsened (short-stay) (NQF# 0678)		X	X	X
Percent of patients who were assessed and appropriately given the seasonal influenza vaccine (NQF# 0680)		X	X	X
Influenza vaccination coverage among healthcare personnel (NQF# 0431)		X	X	X



LTCH Quality Reporting Program

Current Finalized Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018
Facility-wide inpatient hospital-onset methicillin-resistant staphylococcus aureus (MRSA) bacteremia outcome measure (NQF #1716)			X	X
Facility-wide inpatient hospital-onset clostridium difficile Infection (CDI) outcome measure (NQF #1717)			X	X
Unplanned “all cause, all condition” readmissions for 30 days post discharge from LTCHs (NQF# 2512)			X	X



LTCH Quality Reporting Program

Current Finalized Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018
Percent of residents experiencing one or more falls with major injury (NQF#0674)			X	X
Application of Percent LTCH Patients with Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF# 2631)				X
Change in mobility among LTCH patients requiring ventilator support (NQF# 2632)				X
NHSN ventilator associated event outcome measure				X



LTCH Quality Reporting Program

Additional Proposed Measures for FY 2018

Measure	Source	Comments
Total Medicare spending per beneficiary post-acute care LTCH	Medicare FFS Claims	Episode starts at LTCH admission and continues through 30-days post LTCH discharge. Treats LTCH PPS cases separate from site-neutral payments.
Discharge to community	Medicare FFS Claims	Rate of patients discharged to community and who remain alive and do not have unplanned readmission for 30 days.
Potentially preventable risk-adjusted readmissions within 30 days of LTCH discharge.	Medicare FFS Claims	Facility rate of unplanned and potentially preventable readmissions to GACH or LTCH within 30 days post-discharge.



LTCH Quality Reporting Program

Additional Proposed Measure for FY 2020

Measure	Source	Comments
Medication reconciliation; drug regimen review with follow-up for identified issues	LTCH-CARE	A cross-cutting measure to assess whether providers are responsive to potential or actual clinically significant medication issues. Measures percent of patients stays in which a drug regimen review was conducted at the time of admission and timely follow-up conducted when indicated.



LTCH Quality Reporting Program

Future Measures Under Consideration

- Transfer of health information and care preferences
- Patient experience of care
- Percent of patients with moderate to severe pain
- Advance care planning
- Ventilator weaning rate
- Compliance with spontaneous breathing trial
- Patients who received an antipsychotic medication
- Venous thromboembolism prophylaxis



LTCH QRP - Data Reporting Deadlines for FFY 2018

FFY 2018 Data Collection	FFY 2018 Deadline	Subsequent Fiscal Year Data Collection	Subsequent Fiscal Year Data Collection
Jan. 1 – Mar. 31, 2016	Aug. 15, 2016	Q1: Jan. 1 – Mar. 31	Quarterly, approximately 135 days after the end of each calendar quarter
Apr. 1 – Jun. 30, 2016	Nov. 15, 2016	Q2: Apr. 1 – Jun. 30	
Jul. 1 – Sep. 20, 2016	Feb. 15, 2017	Q3: Jul. 1 – Sep. 30	
Oct. 1 – Dec. 31, 2016	May 15, 2017	Q4: Oct. 1 – Dec. 31	

For percent of patients receiving flu vaccine, beginning in FFY 2019 year-round data to include all patients who were in the facility during the influenza season (October-March) .



LTCH QRP – Public Display of Data

- CMS plans to begin display of performance on LTCHQR Program quality measures on *Hospital Compare* or another CMS website by the fall of 2016
- The proposed public display data would contain data on four measures: CLABSI, CAUTI, percent of patients with new or worsened pressure ulcers, and all-cause unplanned readmissions 30 days post LTCH discharge.



LTCH Quality Reporting Program

Measures Proposed for Public Reporting

- CMS proposes four new measures for public reporting, beginning for data collected in FFY 2015
 - MRSA
 - C.Difficile
 - Flu vaccine for health care personnel
 - Flu vaccine for patients



Questions/Comments



Email your question to
akeefe@calhospital.org or
text to 703-340-9850



Additional Resources

CHA DataSuite Reports

Contact: Lindsay Montano lmontano@calhospital.org and
Amber Ott aott@calhospital.org

CHA Regulatory Summaries

Contact: Megan Howard mhoward@calhospital.org and Alyssa
Keefe akeefe@calhospital.org

CHA Resources: www.calhospital.org/regulatory-tracker

Home | Legislation & Advocacy | Hospital Topics | Centers & Committees | Newsroom | Education | Publications | About CHA

[BACK](#)

This item appears in:

340B

✓ Login successful.

FOR MEMBERS

CHA Regulatory Tracker

Click on the tabs above the tracker to view regulations with open comment periods and anticipated regulations that will soon be released. A document outlining anticipated regulatory action in 2016 is [available here](#).

[Open Comment Period](#) | [Forthcoming Regulations](#) | [Final Rules](#) | [Other](#)

Due May 31, 2016

- [SAMHSA Increased Patient Limits for MAT Treatment of Opioid Use Disorder](#)

Due June 3, 2016

- [ONC RFI on Measuring Interoperability](#)

Due June 17, 2016

- [FFY 2017 IPPS Proposed Rule](#)
 - [CHA Summary](#)
 - [Register for CHA Member Forum \(May 24\) IPPS Provisions](#)
 - [Register for CHA Member Forum \(May 31\) IPF QR Provisions](#)
- [FFY 2017 LTCH PPS Proposed Rule](#)
 - [CHA Summary](#)
 - [CHA Member Forum, May 23 11am \(PT\)](#)

Due June 20, 2016

- [FFY 2017 IRF PPS Proposed Rule](#)
 - [CHA Summary](#)
 - [CHA Member Forum, June 13 Noon \(PT\)](#)

[Archive of Federal Rules](#)

[CHA Federal Quality Measure Inventory](#)

AUTHOR



*Alyssa Keefe
Vice President,
Federal
Regulatory
Affairs*



*Megan Howard
Senior Policy
Analyst*

- ✓ Proposed and Final Rules
- ✓ CHA Regulatory Summaries
- ✓ Member Resources
- ✓ Archives of previous rules

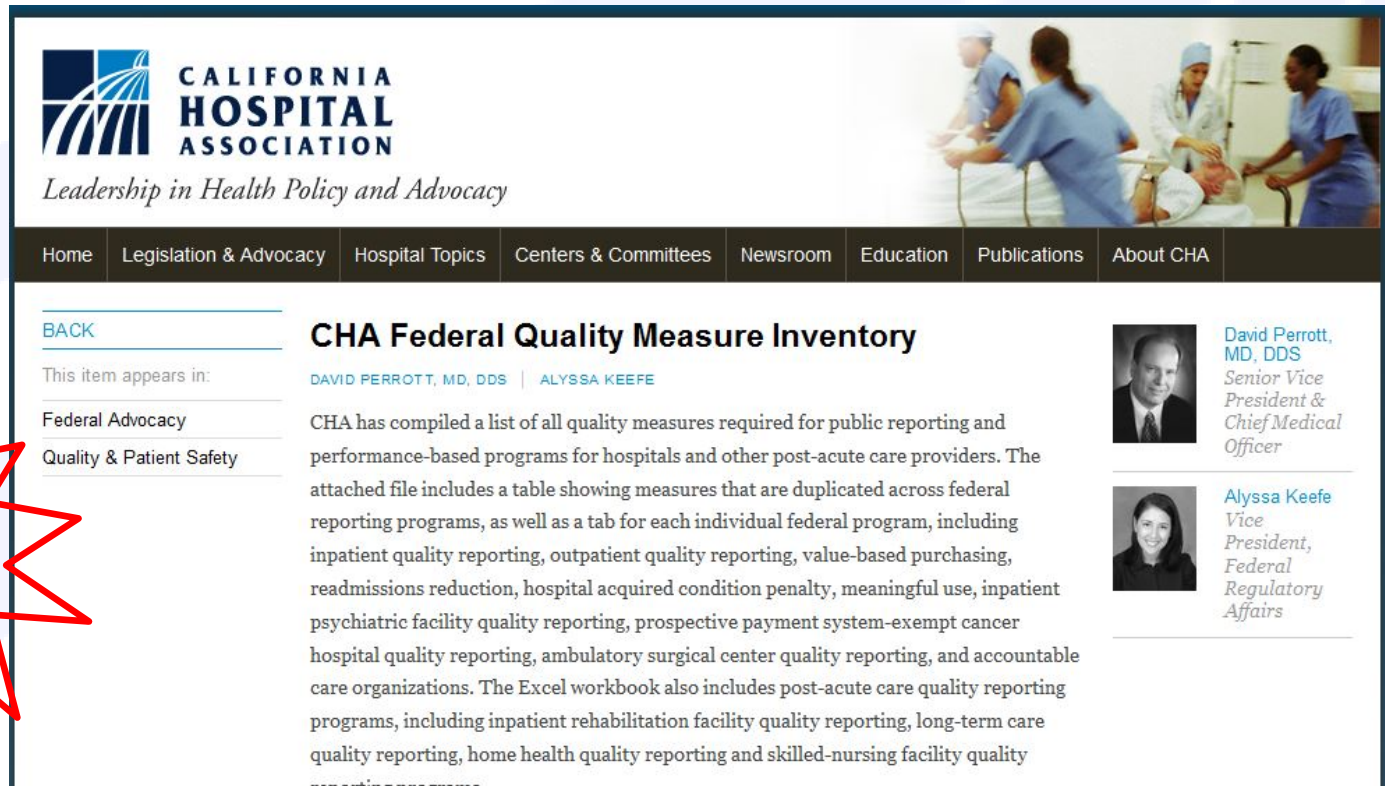
Questions:

mhoward@calhospital.org



CHA Resources: Federal Quality Measure Inventory

<http://www.calhospital.org/cha-news-article/cha-releases-federal-quality-measure-inventory>



The screenshot shows the CHA website header with the logo and tagline "Leadership in Health Policy and Advocacy". A navigation menu includes Home, Legislation & Advocacy, Hospital Topics, Centers & Committees, Newsroom, Education, Publications, and About CHA. The main content area features the article title "CHA Federal Quality Measure Inventory" by David Perrott, MD, DDS and Alyssa Keefe. The article text states that CHA has compiled a list of quality measures for public reporting and performance-based programs for hospitals and other post-acute care providers. The attached file includes a table showing measures duplicated across federal reporting programs, as well as a tab for each individual federal program, including inpatient quality reporting, outpatient quality reporting, value-based purchasing, readmissions reduction, hospital acquired condition penalty, meaningful use, inpatient psychiatric facility quality reporting, prospective payment system-exempt cancer hospital quality reporting, ambulatory surgical center quality reporting, and accountable care organizations. The Excel workbook also includes post-acute care quality reporting programs, including inpatient rehabilitation facility quality reporting, long-term care quality reporting, home health quality reporting and skilled-nursing facility quality reporting programs.

CHA Federal Quality Measure Inventory
DAVID PERROTT, MD, DDS | ALYSSA KEEFE

CHA has compiled a list of all quality measures required for public reporting and performance-based programs for hospitals and other post-acute care providers. The attached file includes a table showing measures that are duplicated across federal reporting programs, as well as a tab for each individual federal program, including inpatient quality reporting, outpatient quality reporting, value-based purchasing, readmissions reduction, hospital acquired condition penalty, meaningful use, inpatient psychiatric facility quality reporting, prospective payment system-exempt cancer hospital quality reporting, ambulatory surgical center quality reporting, and accountable care organizations. The Excel workbook also includes post-acute care quality reporting programs, including inpatient rehabilitation facility quality reporting, long-term care quality reporting, home health quality reporting and skilled-nursing facility quality reporting programs.

David Perrott, MD, DDS
Senior Vice President & Chief Medical Officer

Alyssa Keefe
Vice President, Federal Regulatory Affairs

**CHA
Member
Value**



Thank You!

Alyssa Keefe
VP, Federal Regulatory Affairs
(202) 488-4688
akeefe@calhospital.org

Patricia Blaisdell
VP, Continuum of Care
(916) 552-7553
pblaisdell@calhospital.org



**CALIFORNIA
HOSPITAL
ASSOCIATION**