

Response to Comments on the Burden Estimates for the FY 2025 LTCH QRP Proposals*

The FY 2025 IPPS/LTCH PPS Notice of Proposed Rulemaking (89 FR 36345 through 36350) was published on May 2, 2024. In response to the NPRM, CMS received four comments related to the proposed burden estimate. CMS responded to those comments in the FY 2025 IPPS/LTCH PPS Final Rule that was published on August 2, 2024. Please see the response to comments document.

Comment: A couple of commenters acknowledged there would be an increase in burden, however, one of these commenters said that while they expect the administrative burden on their LTCHs to increase as a result of the proposed four SDOH new assessment items, they still support the proposal because the adoption of consistent, standardized questions will reduce the burden of implementation and have a positive impact on discharge planning. The other commenter noted that the additional burden on their LTCHs will be relatively low because they are already collecting most of this information through their electronic medical record system.

Two commenters did not support the proposal to collect the new SDOH assessment items and noted significant concerns about the cumulative collection burden on critically ill patients, the cost of updating the data collection systems, and training staff members. One of these commenters noted that asking the proposed SDOH assessment items will increase burden on their only discharge planner and reduce the time they can spend on actual discharge planning. Another one of these commenters noted that their facility already has concerns with the high administrative burden of LCDS data collection and its impact on patient care, particularly considering ongoing workforce challenges.

Response: We acknowledge the addition of four new SDOH assessment items will increase the burden associated with completing the LCDS, and we carefully weigh the burden of collecting new assessment items against the benefits of adopting those assessment items for the LCDS. We agree with the commenters who support the proposal because the adoption of consistent, standardized questions will reduce the burden of implementation and have a positive impact on discharge planning. We strive to promote high quality and efficiency in the delivery of healthcare to the beneficiaries we serve. We prioritized balancing the reporting burden for LTCHs with our policy objective to collect additional SDOH standardized patient assessment data elements that will inform care planning and coordination and quality improvement across care settings. For instance, LTCHs are already required by our regulation at § 482.43 to develop and implement an effective discharge planning process to ensure an effective transition of the patient from hospital to post-discharge care and reduce the reduction of factors leading to preventable hospital readmissions.

As we noted in section IX.E.4.b., the proposed new SDOH assessment items were identified in either the 2016 NASEM report¹ or the 2020 NASEM report² as impacting care use, cost, and outcomes for Medicare beneficiaries. In addition, Healthy People 2030³ and related work across HHS⁴ underscores that social risk factors and unmet social needs contribute to wide health and health care disparities and inequities. Stakeholders across the health care spectrum have a role to play in addressing SDOH. We believe by integrating the proposed new SDOH assessment items into routine practice and, when indicated, facilitating referrals to downstream interventions informed by patient data, then the risk for

¹ National Academies of Sciences, Engineering, and Medicine. 2016. Accounting for Social Risk Factors in Medicare Payment: Identifying Social Risk Factors. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21858>.

² National Academies of Sciences, Engineering, and Medicine. 2020. Leading Health Indicators 2030: Advancing Health, Equity, and Well-Being. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25682>.

³ Healthy People 2030 Framework. Healthy People 2030. <https://health.gov/healthypeople/about/healthy-people-2030-framework>.

⁴ Green K, Zook M. When Talking About Social Determinants, Precision Matters. HealthAffairs. Published October 29, 2019. <https://www.healthaffairs.org/doi/10.1377/hblog20191025.776011/full/>

*Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes. 89 FR 50956. <https://www.federalregister.gov/d/2023-16050/p-983>

negative outcomes, such as hospital readmissions, can be reduced. Collection of these new SDOH items will provide key information to LTCHs to support effective discharge planning.

In response to the commenters with concerns about the cumulative collection burden on critically ill patients, we want to remind LTCHs that the DRAFT new and modified assessment items posted on the LTCH QRP Measures and Technical Information webpage include additional response options for patients that decline to respond or are unable to respond. We encourage LTCHs to assess all patients and select the appropriate response options for the SDOH.

In response to the commenters with concerns about the cost of updating the data collection systems, CMS continually looks for opportunities to minimize the cost to LTCHs associated with collection and submission of the LCDS through strategies that simplify collection and submission requirements. This includes standardizing instructions, providing a help desk, hosting a dedicated webpage, communication strategies, free data specifications, and free on-demand reports.

Finally, in response to the commenters with concerns about training their staff on collecting the proposed new SDOH assessment items, we plan to provide training resources in advance of the initial collection of the assessment items to ensure that LTCHs have the tools necessary to administer the new SDOH assessment items in a respectful way and reduce the burden to LTCHs in creating their own training resources. These training resources may include online learning modules, tip sheets, questions and answers documents, and/or recorded webinars and videos, and would be available to providers as soon as technically feasible, allowing LTCHs several months to ensure their staff take advantage of the learning opportunities