

2019 LTCH Quality Reporting Measures Information archives

The purpose of this page is to provide information on the measures reported by Long-Term Care Hospitals (LTCHs) in accordance with the Long-Term Care Hospitals Quality Reporting Program (LTCH QRP). On this page, you will find descriptions of each measure, links to measure specifications, and other measure related information. This page is revised as measure updates become available.

What are the Long-Term Care Hospital (LTCH) quality reporting measures?

Data for the LTCH QRP measures are collected and submitted through three methods:

- Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set)
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare Fee-For-Service Claims

Measures adopted for and removed from the LTCH QRP are listed below

LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Measures

Data collected using the LTCH CARE Data Set submitted to CMS via the Internet Quality Improvement and Evaluation System (iQIES).

1. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began 04/01/2016.

2. Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began 04/01/2016.

3. Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began 04/01/2016.

4. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632)

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began 04/01/2016.

5. Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). Data collection for this measure began 07/01/2018.

6. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published on August 14, 2017 (82 FR 38425). Data collection for this measure began 07/01/2018 using data elements that already exist on the LTCH CARE Data Set. This measure replaces Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF # 0678).

7. Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425). Data collection for this measure began 07/01/2018.

8. Ventilator Liberation Rate

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425). Data collection for this measure began 07/01/2018.

9. Transfer of Health Information to the Provider Post-Acute Care

This measure was finalized in the FY 2020 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 16, 2019 (82 FR 42044). Data collection for this measure will begin 10/01/2020.

10. Transfer of Health Information to the Patient Post-Acute Care

This measure was finalized in the FY 2020 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 16, 2019 (82 FR 42044). Data collection for this measure will begin 10/01/2020.

Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures

Data for the National Healthcare Safety Network (NHSN) measures submitted to the Centers for Disease Control (CDC).

1. National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure (NQF #0138)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF version of the measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). Data collection for this measure began on 10/01/2012. The data for this measure is submitted via CDC/NHSN.

2. National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF version of the measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). Data collection for this measure began on 10/01/2012. The data for this measure is submitted via CDC/NHSN.

3. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NQF #1717)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began 01/01/2015. The data for this measure is submitted via CDC/NHSN.

4. Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)

This measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). The data collection time frame was revised in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began on 10/01/2014. The data for this measure is submitted via CDC/NHSN.

Medicare Fee-For-Service Claims-Based Measures

The following are Medicare Fee-For-Service Claims-based measures. There is no additional LTCH QRP data collection or submission associated with these measures.

1. Discharge to Community- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (NQF #3480)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.

2. Medicare Spending Per Beneficiary-Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.

3. Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.

For more detailed information on data collection and submission deadlines, please refer to the [LTCH Quality Reporting Data Submission Deadlines webpage](#). For more information on the data sets, please reference the LTCH CARE Data Set and the LTCH QRP Manual, located on the [LTCH CARE Data Set and LTCH QRP Manual webpage](#).

Measures Removed from LTCH QRP

1. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF-endorsed risk adjusted version of the measure was adopted in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began on 10/01/2012. As finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425), this measure was replaced by a modified version of the measure entitled Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury beginning 07/01/2018.

2. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

This measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). The data collection time frame was revised in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). Data collection for this measure began on 10/01/2014. This measure was finalized for removal in the FY 2019 IPPS/LTCH PPS Final Rule, which was published in the Federal Register on August 17, 2018 (83 FR 41633). Beginning 10/01/2018, LTCHs should enter a dash (–) or any valid code for O0250A, O0250B, and O0250C until the next LTCH CARE Data Set is released.

3. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Bacteremia Outcome Measure (NQF #1716)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began 01/01/2015. The data for this measure is submitted via CDC/NHSN. Data collection for this measure ended 10/01/2018.

4. National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began on 01/01/2016. The data for this measure is submitted via CDC/NHSN. This measure was finalized for removal in the FY 2019 IPPS/LTCH PPS Final Rule, which was published in the Federal Register on August 17, 2018 (83 FR 41631 through 41632). Data collection for this measure ended 10/01/2018.

5. All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospitals (NQF #2512)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This is a claims-based measure and no additional data need to be submitted by the LTCH. As finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425), this measure was removed from the LTCH QRP beginning with the FY 2019 LTCH QRP.

Updates

October 18, 2019

The **LTCH QRP Table for Reporting Assessment-Based Measures and SPADES for the FY 2022 LTCH QRP Annual Payment Update (APU)** is now available in the Downloads section below. This table indicates the LTCH CARE data elements CMS will use for FY 2022 LTCH QRP APU determinations.

September 06, 2019

LTCH Quality Measure Calculations and Reporting User's Manual V3.1

The LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.1 and associated change table and risk adjustment appendix are now available in the Downloads section below.

This version of the LTCH CARE Data Set-based User's Manual is effective on October 1, 2019 and provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria, and measure calculation specifications. A Change Table has been added to highlight the changes from LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0 to V3.1. Additionally, we have included a Risk Adjustment Appendix File for the LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.1, which contains the risk-adjustment values used to calculate the risk-adjusted quality measures.

We would like to describe the changes to the LTCH Functional Outcome Measure specification, including updates to the risk adjustors and measure calculation algorithm as part of the Spring 2019 National Quality Forum maintenance endorsement review process.

Specification updates for LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632):

1. Risk-Adjustors: We have updated the risk adjustment model by removing several comorbidities. Rationale: When examining the risk adjustment model using the national LTCH data, we found some comorbidities were no longer significant predictors of change in mobility or the association between the comorbidity and functional outcomes was no longer consistent with the evidence from the literature or clinical expectations.
2. Measure Calculation: The risk-adjustment procedure for this measure involves comparing patients' observed change in mobility scores with their expected change in mobility scores. We are revising this part of the measure calculation. The prior approach used the ratio of the observed to expected values and the ratio was multiplied by the national mean. The new approach uses the difference between the observed and expected values, and the difference value is added to the national mean. Rationale: We have developed a change in mobility performance measure for skilled nursing facilities (SNFs) and use the difference approach for the SNF measure given the potential for more variation in the observed and expected values due to a more heterogeneous SNF population. We are now updating this LTCH functional outcome measure to use the difference approach.

Archive

[LTCH Measure Information Archives](#)

Downloads

- [Copy of 2016 04 06 mspb pac ltch service exclusions \(XLSX\)](#)
- [2016 07 20 mspb pac ltch irf snf measure specs \(PDF\)](#)
- [Measure Specifications for FY17 LTCH QRP Final Rule \(PDF\)](#)
- [Final Specifications for LTCH QRP Quality Measures and Standardized Patient Assessment Data Elements-Effective July 1 2018.pdf \(PDF\)](#)
- [LTCH QRP Table for Reporting Assessment-Based Measures for the FY 2020 LTCH QRP APU revised \(PDF\)](#)
- [LTCH QRP Table for Reporting Assessment-Based Measures for the FY 2021 LTCH QRP APU \(PDF\)](#)
- [LTCH Measure Calculations and Reporting User's Manual V3.1 508C \(PDF\)](#)
- [LTCH Measure Calculations and Reporting User's Manual V3.1 Change Table 508C \(PDF\)](#)
- [Risk Adjustment Appendix File For LTCH Measure Calculations and Reporting User's Manual V3.1 508C \(XLSX\)](#)
- [FY-2022-LTCH-QRP-APU-Table-for-Reporting-Assessment-Based-Measures-and-SPADEs-Finalized-508 \(PDF\)](#)

