

# CHAPTER 1: OVERVIEW OF THE CMS LTCH QUALITY REPORTING PROGRAM MANUAL

## 1.1 Purpose of the Manual

The purpose of this CMS Long-Term Care Hospitals Quality Reporting (LTCHQR) Program Manual is to offer guidance to Long-Term Care Hospitals (LTCHs) regarding the collection, submission, and reporting of quality data to the Centers for Medicare and Medicaid Services (CMS) for compliance with the LTCHQR Program which was implemented in section VII.C. of the FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756)<sup>1</sup> pursuant to Section 3004 of the Patient Protection and Affordable Care Act of 2010.<sup>2</sup>

## 1.2 Statutory Authority

In accordance with section 1886(m)(5) of the Social Security Act (referred to herein as the Act), as added by section 3004 of the Patient Protection and Affordable Care Act, the Secretary established the LTCHQR Program. Under the LTCHQR Program, for rate year 2014 and each subsequent rate year, in the case of a LTCH that does not submit data to the Secretary in accordance with section 1886(m)(5)(C) of the Act with respect to such a rate year, any annual update to a standard Federal rate for discharges for the hospital during the rate year, and after application of section 1886(m)(3) of the Act, shall be reduced by two percentage points.

Section 1886(m)(5)(D)(iii) of the Act requires the Secretary to publish the selected measures for the LTCHQR Program that will be applicable with respect to FY 2014 no later than October 1, 2012.

Under section 1886(m)(5)(D)(i) of the Act, the quality measures for the LTCHQR Program are measures selected by the Secretary that have been endorsed by an entity that holds a contract with the Secretary under section 1890(a) of the Act, unless an exception under section 1886(m)(5)(D)(ii) applies. This contract is currently held by the National Quality Forum (NQF). Section 1886(m)(5)(D)(ii) of the Act provides that an exception may be made in the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity that holds a contract with the Secretary under section 1890(a) of the Act. In such a case, section 1886(m)(5)(D)(ii) of the Act authorizes the Secretary to specify a measure(s) that is not so endorsed, as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary. The LTCHQR Program was implemented in section VII.C. of the FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756).

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<sup>1</sup> Patient Protection and Affordable Care Act. Pub. L. 111-148. Stat. 124-119. 23 March 2010. Web. <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.

<sup>2</sup> 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, Federal Register/Vol. 76, No. 160, August 18, 2011. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.

In the FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756), we adopted three quality measures for the FY 2014 payment determination as listed in the **Table 1-1**:

**Table 1-1.** Quality Measures for Fiscal Year 2014 Payment Determination

<b>NQF Number</b>	<b>Measure Name</b>
<b>NQF #0678</b>	Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay)
<b>NQF #0138</b>	National Health Safety Network (NHSN) Catheter -associated Urinary Tract Infection (CAUTI) Outcome Measure
<b>NQF #0139</b>	National Health Safety Network (NHSN) Central line-associated Blood Stream Infection (CLABSI) Outcome Measure

The three measures finalized for FY 2014 payment determination were NQF-endorsed at the time, although not for the LTCH setting. We note that the Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) measure underwent review for expansion by the NQF Consensus Standards Approval Committee (CSAC) on July 11, 2012 ([http://www.qualityforum.org/About\\_NQF/CSAC/Meetings/2012\\_CSAC\\_Meetings.aspx](http://www.qualityforum.org/About_NQF/CSAC/Meetings/2012_CSAC_Meetings.aspx)) and was recommended for expansion to LTCH setting. For the Pressure Ulcer measure, the measure specifications are available on the NQF Web site at: <http://www.qualityforum.org/QPS/0678> and on CMS Web site for the LTCHQR Program at <http://www.cms.gov/LTCH-Quality-Reporting/>. The data collection instrument for the Pressure Ulcer measure is the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set<sup>3</sup> (See Appendix C).

The LTCH CARE Data Set Technical Submission Specifications for the submission of data using the LTCH CARE Data Set for the Pressure Ulcer measure are available at the LTCH Quality Reporting Technical Information Web page <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>.

We also note that as part of its endorsement maintenance process, under NQF's Patient Safety Measures Project ([http://www.qualityforum.org/projects/patient\\_safety\\_measures.aspx](http://www.qualityforum.org/projects/patient_safety_measures.aspx)), the NQF reviewed the CAUTI and CLABSI measures previously adopted and expanded the scope of endorsement to include additional care settings, including LTCHs. The original NQF-endorsed numbers were retained for these two expanded measures, but the measures were retitled to reflect the expansion of the scope of endorsement: #0138 Urinary Catheter-Associated Urinary Tract Infection (CAUTI) Rate Per 1,000 Urinary Catheter Days, for Intensive Care Unit (ICU) Patients is now titled National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure and #0139 (Central Line Catheter-Associated Blood Stream Infection (CLABSI) Rate for ICU and High- Risk Nursery (HRN) Patients is now titled

<sup>3</sup> The LTCH CARE Data Set, the data collection instrument for the submission of the pressure ulcer measure, was approved on April 24, 2012 by the Office of Management and Budget in accordance with the Paperwork Reduction Act. The OMB Control Number is 0938-1163. Expiration Date April 30, 2013.

National Health Safety Network (NHSN) Central-Line Associated Blood Stream Infection (CLABSI) Outcome Measure ([http://www.qualityforum.org/News\\_And\\_Resources/Press\\_Releases/2012/NQF\\_Endorses\\_Patient\\_Safety\\_Measures.aspx](http://www.qualityforum.org/News_And_Resources/Press_Releases/2012/NQF_Endorses_Patient_Safety_Measures.aspx)). For the remainder of this manual, we refer to these measures as the CAUTI measure and CLABSI measure, respectively. For the CAUTI measure and CLABSI measure, the measure specifications are available on the NQF Web site at: <http://www.qualityforum.org/QPS/0138> and <http://www.qualityforum.org/QPS/0139>, respectively. The data collection and reporting requirements for CAUTI measure and CLABSI measure are available at <http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf> and [http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC\\_CLABScurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf), respectively.

The FY 2012 IPPS/LTCH PPS final rule further states that providers must begin to submit data on selected quality measures beginning on October 1, 2012. Data collected from October 1, 2012 to December 31, 2012 will impact the payment determination for FY 2014. Thereafter, as also finalized in the FY 2012 IPPS/LTCH PPS final rule, data will be collected on a calendar year (CY) basis (January 01 to December 31), and will affect the payment determination for the FY following the data submission deadlines. For example, data collected in CY 2013 will affect the FY 2015 payment determination. Information related to data collection time frames impacting annual payment update reduction is provided in the FY 2012 IPPS/LTCH PPS FR.

For more information on the history of quality measures in the LTCHQR Program, we refer readers to the FY 2012 IPPS/LTCH PPS final rule (76 FR 51753 through 51756).

## 1.3 Content of the CMS LTCH Quality Reporting Program Manual

The CMS LTCHQR Program Manual provides guidance to the LTCHs on the following:

- (1) use of the LTCH CARE Data Set to collect, submit, and report quality data for the measure Percent of Residents or Patients with Pressure Ulcers that are New or Worsened. The items for the LTCH CARE Data Set required for submission of data on this measure can be found in Appendix E of this LTCHQR Program Manual, and
- (2) overview of the process for LTCH's enrollment in the CDC's NHSN (<http://www.cdc.gov/nhsn/enroll.html>) to report data for the CAUTI measure and CLABSI measure.

### Chapters of the LTCH Quality Reporting Program Manual

Chapter 1: Overview of the CMS LTCH Quality Reporting Program Manual

Chapter 2: LTCH CARE Data Set Requirements

Chapter 3: Overview to the Item-by-Item Guide to the LTCH CARE Data Set

Chapter 4: Submission and Correction of the LTCH CARE Data Set Assessment Records

Chapter 5: Guidance for the Reporting of Data on CAUTI and CLABSI

## Appendices

Appendix A: Glossary and Common Acronyms

Appendix B: CMS LTCHQR Program Contacts

Appendix C: LTCH CARE Data Sets

Appendix D: LTCH CARE Data Set, Item Matrix

Appendix E: Detailed Matrix Identifying Required and Voluntary Items on the LTCH CARE Data Set for FY2014 and FY2015 Payment Update Determination

Appendix F: Centers for Medicare & Medicaid Services Long-Term Care Hospital Quality Reporting Program Guidance

Appendix G: References