

**CENTERS FOR  
MEDICARE & MEDICAID SERVICES  
LONG-TERM CARE HOSPITAL  
QUALITY REPORTING PROGRAM GUIDANCE**

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## **CMS LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM (LTCH QRP)**

For further information and updates to LTCH QRP, please check the CMS LTCH QRP website:  
<http://www.cms.gov/LTCH-Quality-Reporting/>.

Questions regarding information presented in this guidance document should be directed to  
[LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).



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## I. OVERVIEW AND STATUTORY AUTHORITY FOR THE LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM

Section 3004 of the Patient Protection and Affordable Care Act<sup>1</sup>, titled Quality Reporting for Long-Term Care Hospitals, Inpatient Rehabilitation Hospitals and Hospice Programs authorizes the establishment of a new Quality Reporting Program (QRP) for Long-Term Care Hospitals (LTCHs).

The purpose of this Centers for Medicare & Medicaid Services Long-Term Care Hospital Quality Reporting Program Guidance document is to provide additional details on the submission of data by the LTCHs to the Centers for Medicare and Medicaid Services (CMS) for compliance with the quality reporting requirements under the LTCH QRP.

In Federal Register Volume 76<sup>2</sup> (published August 18, 2011), the final rule entitled “Medicare Program; 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; Corrections” (hereinafter referred to as the FY 2012 IPPS/FY 2012 LTCH PPS final rule), includes a provision that LTCHs are to submit quality data to the Centers for Medicare and Medicaid Services (CMS) on three quality measures -- Percent of Residents<sup>3</sup> with Pressure Ulcers that are New or Have Worsened (NQF #0678) (hereinafter referred to as the Pressure Ulcer measure), Urinary catheter-associated urinary tract infection (CAUTI) for Intensive Care Unit (ICU) patients<sup>4</sup> (NQF #0138) (hereinafter referred to as the CAUTI measure), and Central line catheter-associated bloodstream infection (CLABSI) rate for ICU and high-risk nursery (HRN) patients<sup>5</sup> (NQF # 0139) (hereinafter referred to as the CLABSI measure) -- to comply with quality data submission requirements with respect to FY 2014 payment update.

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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> “Medicare Program; 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, Final Rule.” *Federal Register* 76 (18 August 2011): 51476-51846. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.

<sup>3</sup> The use of the term “resident” denotes the name of the NQF-endorsed measure finalized for reporting in 76 FR 51476. Use of the word “resident” does not imply that CMS is referring to the LTCH patient as a resident. For the remainder of this guidance document, this measure will be referred to as “Pressure Ulcer measure”.

<sup>4</sup> The use of the term “ICU” denotes the name of the NQF-endorsed measure finalized for reporting in 76 FR 51476. Use of the word “ICU” does not imply that CMS is referring to the LTCH setting as “ICU” or this measure only applies to “ICU” within LTCHs. For the remainder of this guidance document, this measure will be referred to as “CAUTI measure”.

<sup>5</sup> The use of the term “ICU” and “HRN” denotes the name of the NQF-endorsed measure finalized for reporting in 76 FR 51476. Use of the word “ICU” and “HRN” does not imply that CMS is referring to the LTCH setting as “ICU” or “HRN” or this measure only applies to “ICU” within LTCHs. For the remainder of this guidance document, this measure will be referred to as “CLABSI measure”.

For Fiscal Year (FY) 2014, and each subsequent year, LTCHs that fail to submit required quality data shall be subject to a 2 percentage point reduction in their Annual Payment Update. Hence, beginning October 1, 2012, LTCHs are required to submit quality data for these three quality measures to CMS in order to avoid incurring a 2 percentage point reduction to the Annual Payment Update to the standard Federal rate for discharges for the LTCH during the fiscal year, with payment impact beginning FY 2014 (October 1, 2013). **Table 1** presents timelines for submission of quality data for the three measures under the LTCH QRP for FY2014 and FY 2015 Annual Payment Update determination.

**Table 1.** Timelines for submission of data on the Pressure Ulcer, CAUTI and CLABSI Measures for the FY 2014 and FY 2015 Annual Payment Update.

<b>Calendar Year (CY)</b>	<b>Submission Deadlines for the LTCH QRP FY 2014/2015 Payment Determination</b>
<b>Q4 (October-December 2012)</b>	May 15, 2013
<b>Q1 (January-March 2013)</b>	August 15, 2013
<b>Q2 (April-June 2013)</b>	November 15, 2013
<b>Q3 (July-September 2013)</b>	February 15, 2014
<b>Q4 (October-December 2013)</b>	May 15, 2014

These submission requirements are applicable to all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program. This includes Medicare-participating LTCHs located within acute care (or other) hospitals or skilled nursing facilities as well as free-standing LTCHs. It is not applicable to patients receiving services in LTCH units that are not designated as LTCHs under the Medicare program. Each LTCH must submit data for these measures on all patients from all inpatient locations, regardless of payer<sup>1</sup>.

<sup>1</sup> “Medicare Program; 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, Final Rule.” *Federal Register* 76 (18 August 2011): 51476-51846. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.



## II. GUIDANCE FOR THE REPORTING OF DATA ON PRESSURE ULCER MEASURES

For reporting data on the Pressure Ulcer quality measure (see **Appendix A** for measure specifications), LTCHs will begin to use a data collection instrument entitled the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set<sup>1</sup>. The LTCH CARE Data Set consists of the following components: (1) pressure ulcer documentation; (2) selected risk factors related to pressure ulcers; (3) patient demographic information; and (4) a provider attestation section.

To obtain copies of the LTCH CARE Data Set with a list of items for the admission, unplanned discharge, planned discharge and expired assessment types, access CMS Paperwork Reduction Act (PRA) Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or email your request, including your address, phone number, OMB number (FR Doc. 2011-33321), and CMS document identifier (CMS-10249 and CMS-10409), to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office at (410) 786-1326. **Appendix A** presents specifications for the Pressure Ulcer measure.

All Medicare-participating LTCHs must submit required LTCH CARE Data Set Assessment Records to CMS' Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system for all patients, regardless of payer. LTCH CARE Data Submission Specifications are accessible via the CMS LTCH Quality Reporting Program Web site at <http://www.cms.gov/LTCH-Quality-Reporting/>

Providers must establish communication with the QIES ASAP system to submit a file. This is accomplished by using specialized communications software and hardware and the CMS wide area network. Details about these processes are available on the QIES Technical Support Office (QTSO) Web site at <https://www.qtsso.com>. Once communication is established with the QIES ASAP system, the provider can access the LTCH Information Page in the QIES ASAP system. This site allows providers to submit LTCH CARE Data Set Assessment Records and access various information sources such as Bulletins and Questions and Answers. The LTCH CARE Data Set Technical Users Guide provides more detailed information about the QIES ASAP system and is available on the QTSO LTCH Web site at <https://www.qtsso.com/lrch.html>.

When the transmission file is received by the QIES ASAP system, the system performs a series of validation edits to evaluate whether the data submitted meet the required standards. LTCH records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by the QIES ASAP system for the same patient. The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report. All

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<sup>1</sup> "Agency Information Collection Activities: Submission for OMB Review, Comment Request." *Federal Register* 76 (28 December 2011): 81503-81504. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-12-28/html/2011-33321.htm>.

error and warning messages are detailed and explained in The LTCH CARE Data Set Technical Users Guide.

- **Completion Timing for LTCH CARE Data Sets:** The LTCH CARE Data Set Completion Date (Z0500B) may be no later than 5 days from the Assessment Reference Date (ARD) (A0210). Therefore, Z0500B (assessment completion date) minus A0210 (assessment reference date) must be less than or equal to 5 days.
- **Submission Format:** For submission, the data in the LTCH CARE Data Set must be in record and file formats that conform to standard record layouts and data dictionaries, and pass standardized edits defined by CMS. These requirements are in the LTCH CARE Data Submission Specifications documents accessible via the CMS LTCH QRP web site at <http://www.cms.gov/LTCH-Quality-Reporting/>
- **Submission of Data:** Submission files are transmitted to the QIES ASAP system using the CMS wide area network. Submission requirements apply to all LTCH CARE Data Set Assessment Records used to meet Federal requirements.
- **Assessment Submission:** All assessments must be submitted electronically within 7 days of the LTCH CARE Data Set Completion Date (Submission date minus Z0500 B (assessment completion date) should be less than or equal to 7 days).

The assessment timing is not the same for the four assessment types and is illustrated in **Table 2** and **Table 3** below.

**Table 2.** Assessment timing for **admission** LTCH CARE Data Set. Date and time refer to the date and time of the admission.

<b>Admission Date (A0220)</b>	<b>Time Frame</b>	<b>ARD (A0210) (no later than admission Date + 2 calendar days)</b>	<b>Completion Date (Z0500B) (no later than ARD + 5 calendar days)</b>	<b>Submission Date (no later than Completion Date + 7 calendar days)</b>
<b>Friday, 10/19/2012</b>	12:00am-11:59pm	Sunday, 10/21/2012	Friday, 10/26/2012	Friday, 11/02/2012
<b>Wednesday, 10/31/2012</b>	12:00am-11:59pm	Friday, 11/02/2012	Wednesday, 11/07/2012	Wednesday, 11/14/2012
<b>Thursday, 11/22/2012</b>	12:00am-11:59pm	Saturday, 11/24/2012	Thursday, 11/29/2012	Thursday, 12/06/2012
<b>Saturday, 12/22/2012</b>	12:00am-11:59pm	Monday, 12/24/2012	Saturday, 12/29/2012	Saturday, 01/05/2013
<b>Monday, 12/31/2012</b>	12:00am-11:59pm	Wednesday, 01/02/2013	Monday, 01/07/2013	Monday, 01/14/2013

**Table 3.** Assessment timing for planned discharge, unplanned discharge, and expired LTCH CARE Data Sets. Date and time refer to the date and time of the discharge or expiration.

<b>Discharge (Expired) Date (A0270)</b>	<b>Time Frame</b>	<b>ARD (A0210) (no later than Discharge [Expired] Date)</b>	<b>Completion Date (Z0500B) (no later than ARD + 5 calendar days)</b>	<b>Submission Date (no later than Completion Date + 7 calendar days)</b>
<b>Friday, 10/19/2012</b>	12:00am- 11:59pm	Friday, 10/19/2012	Wednesday, 10/24/2012	Wednesday, 10/31/2012
<b>Wednesday, 10/31/2012</b>	12:00am- 11:59pm	Wednesday, 10/31/ 2012	Monday, 11/05/2012	Monday, 11/12/2012
<b>Thursday, 11/22/2012</b>	12:00am- 11:59pm	Thursday, 11/22/2012	Tuesday, 11/27/2012	Tuesday, 12/04/2012
<b>Saturday, 12/22/2012</b>	12:00am- 11:59pm	Saturday, 12/22/2012	Thursday, 12/27/2012	Thursday, 01/03/2013
<b>Monday, 12/31/2012</b>	12:00am- 11:59pm	Monday, 12/31/2012	Saturday, 01/05/2013	Saturday, 01/12/2013

Questions and/or comments related to technical issues for the submission of the LTCH CARE Data Sets for the Pressure Ulcer measure should be directed to [LTCHTechIssues@cms.hhs.gov](mailto:LTCHTechIssues@cms.hhs.gov).

All other questions and/or comments about the Pressure Ulcer measure should be directed to [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

### III. GUIDANCE FOR THE REPORTING OF DATA ON CAUTI AND CLABSI MEASURES

For reporting of data on the CAUTI and CLABSI measures, LTCHs will use the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) as the method of data reporting and submission for CAUTI and CLABSI measures (Federal Register/Vol. 76, No. 160, August 18, 2011). Note that CDC NHSN refers to LTCHs as Long-Term Acute Care Facilities or LTACs in NHSN. All Medicare-participating LTCHs must submit required data for CAUTI and CLABSI measures.

LTCHs must adhere to the definitions and reporting requirements for CAUTIs and CLABSIs as specified in the CDC's NHSN Patient Safety Component Manual available at [http://www.cdc.gov/nhsn/TOC\\_PSCManual.html](http://www.cdc.gov/nhsn/TOC_PSCManual.html). The specific chapters of the manual for CAUTI and CLABSI reporting can be found at:

<http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>  
[http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC\\_CLABScurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf)

For more information including operational guidance and updates on the reporting of CAUTIs and CLABSIs under the LTCH QRP, please check CDC's Web site at:  
<http://www.cdc.gov/nhsn/LTC/ltc-welcome.html>.

To report CAUTI and CLABSI data for the LTCH QRP through CDC's NHSN, the LTCH must be enrolled in the NHSN. Enrollment steps are outlined in the *NHSN Facility Administrator Enrollment Guide* available at:  
<http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>.

**If your LTCH is already enrolled as an LTCH in the NHSN, please do the following:**

- 1) Confirm that your CMS Certification Number (CCN) is correctly entered on the Facility Information screen.
- 2) Take the NHSN trainings for CAUTI and CLABSI if you haven't already.
- 3) Check your location mappings prior to reporting.

If you need assistance with these steps, please contact the CDC NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

**If your LTCH is not enrolled in the NHSN as a separate facility, and instead submits data as part of an acute-care hospital, it will have to be enrolled in NHSN as a separate facility with a unique orgID that is identified as an LTCH.** CDC staff sent a letter to all LTCHs currently listed as locations within an acute-care hospital advising them to enroll as a separate facility in order to meet the CMS LTCH QRP requirements. If you have questions or need assistance with this process, or if you need assistance with transferring data that was previously entered into a hospital location that was mapped as an LTAC Specialty Care Area to your newly-enrolled LTCH, please contact the CDC NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

Consult technical and legal requirements for the NHSN at <http://www.cdc.gov/nhsn/enroll.html>.

## **CMS LTCH Quality Reporting Program Guidance**

Frequently asked questions about the NHSN in general are located at [http://www.cdc.gov/nhsn/FAQ\\_general.html](http://www.cdc.gov/nhsn/FAQ_general.html).

For assistance completing the National Healthcare Safety Network (NHSN) enrollment process, contact the Centers for Disease Control and Prevention (CDC) NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

Direct questions and/or comments about the surveillance definitions, measure specifications, or the process of reporting and submitting data via NHSN for the LTCH QRP to the CDC NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Each message will be forwarded to the appropriate person and a response will be sent to you.

Direct all other questions and/or comments about the CAUTI and CLABSI measures for the LTCH QRP to [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

## **IV. CMS LTCH QRP CONTACTS**

Questions regarding information presented in this guidance document should be directed to [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

For further information and updates to LTCH QRP, please check the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Hospital (LTCH) Quality Reporting Program website: <http://www.cms.gov/LTCH-Quality-Reporting/>.

## Appendix A. Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)<sup>1</sup>

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS <sup>2</sup>	COVARIATES
<b>This measure captures the percentage of short-stay residents with new or worsening Stage 2-4 pressure ulcers.</b>	<p><b>Numerator</b> Short-stay residents for which a look-back scan indicates one or more new or worsening Stage 2-4 pressure ulcers.</p> <p>Where on any assessment in the look-back scan:<sup>3</sup></p> <ol style="list-style-type: none"> <li>1. Stage 2 (M0800A) &gt; [0] OR</li> <li>2. Stage 3 (M0800B) &gt; [0] OR</li> <li>3. Stage 4 (M0800C) &gt; [0]</li> </ol> <p><b>Denominator</b> All residents with one or more assessments<sup>4</sup> that are eligible for a look-back scan, except those with exclusions.</p> <p><b>Exclusions</b> Residents are excluded if none of the assessments that are included in the look-back scan has a usable response for M0800A, M0800B, or M0800C. This situation is identified as follows:</p> <ol style="list-style-type: none"> <li>1. Examine each assessment that is included in the look-back scan. For each assessment, do the following: <ol style="list-style-type: none"> <li>1.1 The response to M0800A is usable if: M0800A = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^].</li> <li>1.2 The response to M0800B is usable if: M0800B = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^].</li> <li>1.3 The response to M0800C is usable if: M0800C = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^].</li> <li>1.4 If <b>none</b> of the three items M0800A, M0800B, and M0800C is usable, then the assessment is not usable and is discarded.</li> </ol> </li> <li>2. If all of the assessments that are eligible for the look-back scan are discarded and no usable assessments remain, then the resident is excluded from the numerator and the denominator.</li> </ol>	<ol style="list-style-type: none"> <li>1. Indicator of requiring limited or more assistance in bed mobility self-performance dependence on the initial assessment:<sup>5</sup> Covariate = [1] if G0110A1 = [2, 3, 4, 7, 8] Covariate = [0] if G0110A1 = [0, 1, -]<sup>6</sup></li> <li>2. Indicator of bowel incontinence at least occasionally on the initial assessment: Covariate = [1] if H0400 = [1, 2, 3] Covariate = [0] if H0400 = [0, 9, -, ^]</li> <li>3. Have diabetes or peripheral vascular disease on initial assessment: Covariate = [1] if any of the following are true: <ol style="list-style-type: none"> <li>a. I0900 = [1] (checked).</li> <li>b. I2900 = [1] (checked).</li> <li>c. I8000A through I8000J contains any of the following peripheral vascular disease diagnosis codes: [250.7, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.31, 440.32, 443.81, 443.9]<sup>7,8</sup> Covariate = [0] if I0900 = [0, -] AND I2900 = [0, -]. AND I8000A through I8000J do not contain any of the peripheral vascular disease diagnosis codes listed above<sup>9</sup>.</li> </ol> </li> <li>4. Indicator of Low Body Mass Index, based on Height (K0200A) and Weight (K0200B) on the initial assessment: Covariate = [1] if BMI ≥ [12.0] AND ≤ [19.0] Covariate = [0] if BMI &gt; [19.0] AND ≤ [40.0] Where: BMI = (weight * 703 / height<sup>2</sup>) = ((K0200B) * 703) / (K0200A<sup>2</sup>) and the resulting value is rounded to one decimal. Covariate = missing if K0200A = [0,-] OR K0200B = [0,-] OR BMI &lt; [12.0] OR BMI &gt; [40.0].</li> <li>5. All covariates are missing if no initial assessment is available.</li> </ol>

<sup>1</sup> The use of the word “resident” and “short-stay” in this document represents the name of the NQF-endorsed measure finalized for reporting by Long-Term Care Hospitals (LTCHs) under the LTCH Quality Reporting Program (*Federal Register* 76 (18 August 2011): 51476-51846. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>) CMS does not imply that the LTCH patient is a “resident” of that stay in a LTCH is a “short stay”.

<sup>2</sup> Beginning on October 1, 2012, LTCHs will begin to use a data collection document entitled the “LTCH Care Assessment and Continuity Record (CARE) Data Set” as the vehicle by which to collect the pressure ulcer data for the LTCH quality reporting program. This data set consists of the following components: (1) Pressure ulcer documentation; (2) selected covariates related to pressure ulcers; (3) patient demographic information; and; (4) a provider attestation section (*Federal Register* 76 (28 December 2011): 81503-81504. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-12-28/html/2011-33321.htm>). For wording of items listed on this document, visit <http://www.cms.gov/PaperworkReductionActof1995/>.

<sup>3</sup> For the LTCH setting, “any assessment in the look-back scan” refers to the discharge assessment.

<sup>4</sup> For the LTCH setting, “one or more assessments” refers to two assessments (admission assessment and discharge assessment).

<sup>5</sup> For the LTCH setting, “initial assessment” refers to the “admission assessment.”

<sup>6</sup> For the LTCH setting, this will be replaced to read: “Indicator of supervision/touching assistance or more for the functional mobility item of lying to sitting on side of bed self-performance dependence on the initial assessment. Covariate = [1] if GG0160C = [1, 2, 3, 4, 7, 9, 88], Covariate = [0] if GG0160C = [5, 6, -].

<sup>7</sup> For the Nursing Home setting, Condition 3.c. (scanning I8000A through I8000J for a peripheral vascular disease diagnosis codes) will be discontinued for all assessments with a target date on or after April 1, 2012.

Scanning will occur only for assessments with target dates on or before March 31, 2012.

<sup>8</sup> Not applicable to the LTCHs.

<sup>9</sup> Not applicable to the LTCHs.