

CMS LTCH Quality Reporting Spotlight Announcements

January- June 2016

April 18, 2016

The proposed item set specifications for the proposed measure, Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care Long-Term Care Hospital Quality Reporting Program, as delineated in the FY 2017 IPPS/LTCH PPS Proposed Rule can be found in the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) page.

Specifications for the measures proposed for adoption into the LTCH QRP through the FY 2017 IPPS/LTCH PPS Proposed Rule are posted. The specifications provide detailed information on the following proposed measures: Medicare Spending per Beneficiary, Discharge to Community-Post Acute Care Long-Term Care Hospital Quality Reporting Program, Potentially Preventable 30-Day Post Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program, and Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care Long-Term Care Hospital Quality Reporting Program.

The measure specifications can be found in the Downloads section of the [LTCH QRP Measures Information](#) page.

April 14, 2016

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) is approaching. CDC's NHSN data for Q4 of calendar year (CY) 2015, including Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431), and LTCH CARE data for Q4 of CY 2015 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on May 15, 2016.**

LTCHs are required to submit quality reporting data each quarter to meet QRP reporting requirements. Failure to submit data prior to the submission deadlines results in a two percentage point reduction in the Annual Payment Update. The following measures must be submitted to meet the requirements for the LTCH QRP:

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

- National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)
- National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)
- National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Bacteremia Outcome Measure (NQF #1716)
- National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NQF #1717)
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) (For the period of October 01, 2015 through March 31, 2016)

Long-Term Care Hospital Continuity Assessment Record and Evaluation (CARE) Data Set Measures

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF # 0678)
- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

Data collected using the LTCH CARE Data Set is submitted to the Quality Improvement Evaluation System (QIES) via the Assessment Submission and Processing (ASAP) system.

Medicare Fee-For-Service Claims-Based Measure

- The All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care

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Hospitals (NQF #2512) is a Medicare Fee-For-Service Claims-based measure and no additional LTCH QRP data collection or submission is required by LTCHs.

CMS strongly encourages all facilities to submit data several days prior to the deadline to allow time to address any submission issues and to provide opportunity to review submissions to ensure data is complete and accurate.

As a reminder, it is recommended that providers run the applicable CMS CASPER validation reports and NHSN output reports prior to each quarterly reporting deadline. Only successful submissions will count toward your Annual Payment Update requirement.

Detailed guidance on how to run and interpret NHSN output reports, as well as a checklist used to ensure complete reporting into NHSN, can be found at: <http://www.cdc.gov/nhsn/cms/index.html>. Detailed guidance on how to run and interpret these reports can be found here: <http://www.cdc.gov/nhsn/pdfs/analysis/how2ccreate-modify-dates-ltac-clabsi-cauti-labid.pdf>. If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Detailed guidance on how to run and interpret LTCH CARE reports can be found in Appendix A of the LTCH Submission User's Guide, available at https://www.qtso.com/download/ltch/Users_AppA.pdf.

Helpful Resources:

For questions about LTCH CARE Data Set coding, LTCH CARE Data Set submissions or status of data submissions via CASPER reports, call 1-800-339-9313 or email help@qtso.com.

For questions about LTCH quality data submitted to CMS via CDC's NHSN, or NHSN Registration, email NHSN@cdc.gov.

For questions about quality measure calculation, data submission deadlines, or data items contained within the LTCH CARE Data Set, email LTCHQualityQuestions@cms.hhs.gov.

April 8, 2016

An updated version of the LTCH Quality Reporting Program User's Manual has been added to the Downloads section of the LTCH Quality Reporting Measures Information page. The LTCH Quality Reporting Program User's Manual V1.1 for the patient assessment based measures using the LTCH Data Set contains information regarding record selection and measure calculation for the quality measures and the logical specifications for the LTCH CARE Data Set Quality Measures. The manual also includes information on quality measures for public reporting in Fall 2016.

March 25, 2016

Long Term Care Hospital (LTCH) Quality Reporting Program (QRP) Follow-Up Webinar Questions & Answers

Answers to questions submitted by participants during the February 3, 2016 Long Term Care Hospital (LTCH) Quality Reporting Program (QRP) Follow-up Webinar for Providers have been posted to the CMS website at the bottom of the LTCH Quality Reporting Training page under Downloads. Please click on the following URL to access the LTCH Quality Reporting page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>.

If you have questions or need additional information, you can email the PAC Training mailbox at PACTraining@econometrica.com.

February 09, 2016

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Video Presentations from the LTCH QRP Provider Training on November 19-20, 2015 are now available

Playlists of video presentations from Day 1 and Day 2 of the Long Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training offered in Baltimore, Maryland on November 19 and 20, 2015, are available via the following URL on both the Centers for Medicare & Medicaid Services (CMS) YouTube channel and the CMS website at the following URLs:

- Day 1: <https://www.youtube.com/playlist?list=PLaV7m2-zFKph4TMS62MeXttvHL5AWfPGv>.
- Day 2: https://www.youtube.com/playlist?list=PLaV7m2-zFKpgikJeDWJ_YYokRqMMSqr-a

February 02, 2016

Materials Are Now Available for the February 3, 2016, LTCH QRP Follow-Up Provider Training Webinar

Presentation materials for the LTCH QRP Follow-up Webinar for Providers on Wednesday, February 3, 2016, from 1:30 p.m. to 4:30 p.m. ET have been posted to the CMS website at the following URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>. They are located at the bottom of the page under Downloads.

The February 3 webinar is a follow-up to the in-person LTCH QRP Provider Training which occurred on November 19, 2015, in Baltimore, Maryland. The intent of the webinar is to answer questions regarding Sections GG (Functional Abilities and Goals) and M (Skin Conditions) from the November training. Additionally, there will be some follow-up on Section O (Special Treatments, Procedures and Programs) and presenters will review some of the resources available on the CMS website to assist providers with reporting requirements.

January 13, 2016

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) is approaching. CDC and LTCH CARE data for Q1, Q2, and Q3 of calendar year (CY) 2015 must be submitted no later than 11:59 p.m. Pacific Standard Time on February 15, 2016.

LTCHs are required to submit quality reporting data each quarter to meet QRP reporting requirements. Failure to submit data prior to the submission deadlines results in a two percentage point reduction in the Annual Payment Update. The following measures must be submitted to meet the requirements for the LTCH QRP:

Long-Term Care Hospital Continuity Assessment Record and Evaluation (CARE) Data Set Measures
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF # 0678)
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

Data collected using the LTCH CARE Data Set is submitted to the Quality Improvement Evaluation System (QIES) via the Assessment Submission and Processing (ASAP) system.

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

- National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)
- National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)
- National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Bacteremia Outcome Measure (NQF #1716)

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- National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NQF #1717)
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)

Medicare Fee-For-Service Claims-Based Measure

- The All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals (NQF #2512) is a Medicare Fee-For-Service Claims-based measure and no additional LTCH QRP data collection or submission is required by LTCHs.

CMS strongly encourages all facilities to submit data several days prior to the deadline to allow time to address any submission issues and to provide opportunity to review submissions to ensure data is complete and accurate.

As a reminder, it is recommended that providers run the applicable CMS CASPER and NHSN output reports prior to each quarterly reporting deadline. Only successful submissions will count toward your Annual Payment Update requirement.

Detailed guidance on how to run and interpret these reports, as well as a checklist used to ensure complete reporting into NHSN, can be found at: <http://www.cdc.gov/nhsn/cms/index.html>. Detailed guidance on how to run and interpret these reports can be found here: <http://www.cdc.gov/nhsn/pdfs/analysis/how2create-modify-dates-ltac-clabsi-cauti-labid.pdf>. If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Detailed guidance on how to run and interpret LTCH CARE reports can be found in Section 4 of the LTCH Submission User's Guide, available at <https://www.qtso.com/litchtrain.html>. Select "Section 4 Reports" from the first drop-down box and click "Select" to access the instructions.

Helpful Resources:

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For questions about LTCH quality data submitted to CMS via CDC's NHSN, or NHSN Registration, email NHSN@cdc.gov.

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