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

Frequently Asked Questions with Answers

Current as of October 2017
This version replaces all previous versions.

Long-Term Care Hospital Quality Reporting Program Frequently Asked Questions with Answers

#	Question Category	Question	Answer
1.	LTCH QRP Overview and Data Submission Deadlines	What are the current requirements for the LTCH QRP?	LTCHs must meet or exceed two separate data completeness thresholds: one threshold set at 80 percent for completion of quality measures data collected using the LTCH CARE Data Set submitted through the QIES ASAP system and a second threshold set at 100 percent for quality measures data collected and submitted using the CDC's NHSN. The Centers for Medicare and Medicaid Services (CMS) LTCH QRP requires that LTCHs submit quality measure data to CMS. Failure to submit the required quality data may result in a two (2) percentage point reduction in the LTCH's annual payment update (APU). The LTCH QRP is described on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html. A list of the current quality measures is available on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html. The data submission deadlines are provided on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html.
2.	Definition of LTCH for LTCH QRP	What is the definition of an LTCH for the purposes of the LTCH QRP? Are these long-term acute care hospitals or long-term care hospitals?	Long-term care hospitals (LTCHs) and long-term acute care hospitals (LTACHs) are different names for the same type of hospital. Medicare uses the term long-term care hospitals. These hospitals are certified as acute care hospitals that treat patients requiring extended hospital-level care, typically following initial treatment at a general acute care hospital. If a hospital is classified as an LTCH for purposes of Medicare payments (as denoted by the last four digits of its six-digit CMS Certification Number [CCN] in the range of 2000–2299), it is subject to the requirements of the LTCH QRP. For further information on the LTCH QRP, please visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html.

LTCH QRP Frequently Asked Questions with Answers (continued)

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3.	LTCH QRP Overview	When are new LTCHs required to begin reporting quality data to CMS under the LTCH QRP?	New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar year quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter. For example, if an LTCH's CCN notification letter is dated March 15, then the LTCH would be required to begin reporting quality data to CMS beginning on July 1 (March 15 + 30 days = April 14 (quarter 2)). The LTCH would be required to begin collecting quality data on the first day of the quarter after quarter 2, which is quarter 3, or July 1. The collection of quality data would begin on the first day of the calendar year quarter identified as the start date, and would include all LTCH admissions and subsequent discharges beginning on, and after, that day; however, submission of quality data would be required by previously finalized or newly proposed quarterly deadlines.

4.	LTCH QRP Information Resources	What resources are available to remain informed about the LTCH QRP?	Several resources are available to help you stay informed about the LTCH QRP:
			
			1) The LTCH QRP website provides users with important announcements and updates regarding the LTCH QRP:
			    a) LTCH QRP web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html
			    b) "Spotlights and Announcements" page of the LTCH QRP website includes important announcements, updates, and reminders for the LTCH QRP: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html
			
			2) Proposed Rules and Final Rules are published in the Federal Register and are typically released each year in April and August. Proposed and Final Rules are posted on both webpages:
			    a) https://www.federalregister.gov/
			    b) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html
			
			3) To receive mailing list notices and announcements about the LTCH QRP, sign up at: https://public.govdelivery.com/accounts/USCMS/subscriber/new

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			4) Notices about CMS Open Door Forums related to the LTCH QRP are announced on the following web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html
5.	LTCH QRP Help Desks	Where can I find contact information for the various LTCH QRP help desks?	There are several help desks that LTCH QRP users may contact to obtain answers to specific LTCH QRP questions all of which are located on the LTCH QRP website directly or through provided links to those help desks. Below they are listed for your convenience: Please note that CMS Quality Reporting Program (QRP) Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. Submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures as well as violation of federal regulations (HIPAA). Do NOT submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to these addresses. If you are unsure of whether the information you are submitting is identifiable, please contact your institutions' Privacy Officer. **LTCH Quality Reporting Program (QRP)** Email: LTCHQualityQuestions@cms.hhs.gov Examples of issues this help desk can assist you with include: • LTCH QRP requirements, including data collection and data submission timelines • LTCH CARE Data Set items • Calculation of quality measures • LTCH QRP provider training materials • General QRP questions If you are unsure which Help Desk to use, e-mail your question to this Help Desk and it will be directed to the appropriate help desk.

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			CDC NHSN
			Email: NHSN@cdc.gov
			Examples of issues this help desk can assist you with include:
			• CDC Quality Measures:
			   o Catheter-Associated Urinary Tract Infection (CAUTI)
			   o Central Line-Associated Blood Stream Infection (CLABSI)
			   o Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia
			   o *Clostridium difficile* infection (CDI)
			   o Influenza Vaccination Coverage Among Healthcare Personnel
			   o Ventilator-Associated Event (VAE)
			• NHSN enrollment, reporting, and data analysis
			
			LTCH QRP Reconsideration Process
			Email: LTCHQRPReconsiderations@cms.hhs.gov
			Examples of issues this help desk can assist you with include:
			• How to file a request if you receive a letter of non-compliance from CMS
			• Deadline for filling a Request for Reconsideration
			• How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2% payment reduction
			• Requesting information about the LTCH QRP payment reduction for failure to report required quality data
			
			Data Submission and Data Validation
			Email: help@qtso.com
			Phone: 1-800-339-9313
			Examples of issues this help desk can assist you with include:
			• Accessing QIES (username and password)
			• Data/record submissions
			• Submission/validation reports
			• Accessing Certification And Survey Provider Enhanced Reports (CASPER)
			• LASER (LTCH Assessment Submission Entry and Reporting)
			
			LTCH Payment Policy
			Email: LTCHPPS@cms.hhs.gov
			Examples of issues this help desk can assist you with include:
			• LTCH payment inquiries
			• Claims/billing
			• Eligibility and coverage requirements

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			LTCH Public Reporting Help Desk Email: LTCHPRquestions@cms.hhs.gov Examples of issues this help desk can resource can assist you with include: • Reporting periods for the CASPER Review and Correct reports • Interpretation of results for the CASPER Quality Measure (QM) reports • Measures included the Provider Preview reports • LTCH Compare Website https://www.medicare.gov/longtermcarehospitalcompare/ • LTCH data available on Data.Medicare.gov **LTCH Vendor Issues** Email: LTCHTechIssues@cms.hhs.gov Examples of issues this resource can assist you with include: • Technical questions related to LTCH CARE Data Set Data Submission Specifications • VUT (Validation Utility Tool) vendor tool used to ensure software meets CMS requirements and will pass QIES ASAP system edits
6.	LTCH QRP – Compliance	Which items on the LTCH CARE Data Set are considered for compliance determination?	The Technical Specifications for Reporting Assessment-Based Measures for the LTCH CARE Data Set document, available on the LTCH Quality Questions Measures Information webpage at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html, lists the items necessary to calculate the LTCH QRP assessment-based measures, which will be used for compliance determination, and items used only for risk adjustment, which will not be used for compliance determination. For detailed measure specifications, please refer to the LTCH Quality Measures User's Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.

LTCH QRP Frequently Asked Questions with Answers (continued)

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7.	LTCH QRP – Compliance	Is it possible for a facility to receive the 2% payment penalty twice? For example, a 2% payment penalty for not being compliant with quality measure reporting AND a 2% payment penalty for not submitting IMPACT Act data correctly?	No. An LTCH can only receive a 2% reduction related to any applicable fiscal year (FY) Annual Payment Update (APU) for which they are determined to be out of compliance. The IMPACT Act requirements are an extension of the LTCH QRP requirements, and an LTCH cannot receive multiple 2% reductions to a specific FY APU.
8.	LTCH QRP – Compliance	Will LTCHs be penalized if they do not complete the LTCH CARE Data Set past five days or submit the LTCH CARE Data Set past seven days, but submit all data well before the data submission deadline (135 days after the quarter closes)?	For the LTCH QRP, completion of the LTCH CARE Data Set beyond 5 days and submission of the LTCH CARE Data Set beyond 7 days after completion of the LTCH CARE Data Set will not affect CMS determination of the LTCH's compliance with the LTCH QRP if the data are submitted by the quarterly submission deadlines. The LTCH QRP data collection and submission deadlines are provided at the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html
9.	LTCH QRP – Public Reporting	I am looking for the LTCH QRP data. Can you tell me where LTCH QRP data is being published?	LTCH QRP data is available on the Long-Term Care Hospital (LTCH) Compare Web site (https://www.medicare.gov/longtermcarehospitalcompare/). The published data and other information not reported on LTCH Compare is available to download on https://data.medicare.gov/data/long-term-care-hospital-compare. We also refer you to the LTCH QRP Public Reporting website for more information and resources related to public reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Public-Reporting.html.
10.	LTCH QRP – Training	Where can I find LTCH QRP training materials?	Training materials, including links to the videos of the training sessions and notices about upcoming trainings are available on the LTCH QRP Training webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html. Also included in the download section is the IMPACT Act and Assessment Data Element Standardization and Interoperability presentation. Click HERE to access the video.

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11.	Measures Adopted in the FY 2018 IPPS/LTCH PPS Final Rule	What new measures have been adopted through the FY 2018 IPPS/LTCH PPS final rule?	Three measures were adopted and two measures were removed in the FY 2018 IPPS/LTCH PPS final rule. A new pressure ulcer measure has replaced the current pressure ulcer measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury. Two ventilator liberation measures, Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay and Ventilator Liberation Rate, were also finalized. One Medicare FFS claims-based measure, All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from LTCHs (NQF #2512), was finalized for removal. Final measure specifications for the newly finalized measures are available for download on the LTCH Quality Reporting Measures Information webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.
12.	LTCH CARE Data Set	Where can I find the LTCH CARE Data Set Version 4.00? What are the significant differences between Version 3.00 and Version 4.00 of the LTCH CARE Data Set?	The LTCH CARE Data Set Version 4.00 will be implemented on July 1, 2018 and is available for review in the Downloads section of the following CMS LTCH QRP webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html. The LTCH CARE Data Set Version 4.00 Change Table lists the differences between the LTCH CARE Data Version 3.00 and Version 4.00 and is also available in the Downloads section at the link above.
13.	LTCH CARE Data Set	Who is a "qualified/appropriate" staff member to complete the LTCH CARE Data Set?	CMS does not provide guidance on who can or cannot complete assessment items. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Each facility delivers patient care per their unique characteristics and standards (e.g., patient population, bed size) and self-determines their policies and procedures for completing the assessments in compliance with State and Federal requirements. The goal for the assessment is to accurately reflect the patient's status; therefore, staff completing a specific section of the LTCH CARE Data Set should have knowledge of the patient's status in these areas.
14.	LTCH CARE Data Set	Training materials indicate we have 3 days to enter data on	The facility has 3 days to gather the data and an additional 5 days to complete the LTCH CARE Data Set Admission assessment, which includes weekends and

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		new admissions. Does this include weekends and holidays, or are they excluded?	holidays. The standard assessment period for the LTCH CARE Data Set begins 2 calendar days prior to the Assessment Reference Date (ARD) and ends on the ARD, for a total assessment period of 3 days, unless otherwise stated. Therefore, for example, if a patient was admitted on a Friday, then the ARD for the Admission assessment is Sunday and the LTCH would have until Tuesday to complete the LTCH CARE Data Admission assessment. More information can be found in Chapter 2 of the CMS LTCH QRP Manual, available in the Downloads section at the following link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html.
15.	LTCH CARE Data Set	Do we need to complete an admission and discharge assessment if the patient was admitted and discharged from the LTCH within 3 days?	Yes, the LTCH would need to complete the LTCH CARE Data Set Admission and appropriate Discharge assessment. Determine at the time of the transfer to another hospital/ facility if the patient is expected to return to the LTCH within 3 calendar days (day of transfer + 2 calendar days). If the transfer to another hospital/facility is planned and the patient is not expected to return to the LTCH within 3 calendar days, the transfer is considered "planned" and a Planned Discharge assessment would need to be completed for this patient. If, at the time of transfer, the patient was expected to return to the LTCH within 3 calendar days, and does not return within 3 days, an Unplanned Discharge assessment would need to be completed for this patient. An Unplanned Discharge assessment would also need to be completed if the patient was transferred to another facility emergently. CMS is aware that there are circumstances in which LTCHs may not be able to complete every item on the LTCH CARE Data Set. In these cases, you should refer to the LTCH QRP Manual and code the data set accordingly. For example, if you are unable to assess the patient on a particular data element on the LTCH CARE Data Set you would code the item with a dash (-). CMS expects that such codes should be used infrequently. The -3900 edit (warning) is in place as a reminder to staff completing the assessment, that the item is required and may result in a 2% payment reduction to the LTCHs applicable FY annual payment update (APU). We specifically chose to use the word "may", as we realize that situations will occur that impede the staff members' ability to code the data set with an actual response.

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16.	LTCH CARE Data Set	If the patient dies during the assessment period, do you fill out Admission and Expired assessments?	Yes, both an Admission assessment and Expired assessment should be completed for a patient who dies during the LTCH stay. The Assessment Reference Date (ARD) for the Expired assessment is the date of death.
17.	LTCH CARE Data Set	If a patient is discharged to a short-stay acute care hospital and then dies at the acute care hospital 6 days later, does the LTCH have to complete an Expired assessment?	No. If the patient is away from the LTCH for more than 3 days, the LTCH does not need to complete an Expired assessment. You should complete the appropriate (Unplanned or Planned) Discharge assessment.
18.	LTCH CARE Data Set	In completing the LTCH CARE Data Set, can we code information based on observation or interview only or does the information need to be documented in the medical record to be coded on the LTCH CARE Data Set?	LTCH CARE Data Set coding should be based upon information gathered from the patient's medical record, direct observation, interviews with staff members, patient's family members, or a combination of information from these sources. Facilities should have medical record documentation that matches the data entered into the LTCH CARE Data Set to verify the rationale used for completing the assessment. Where clarification is needed, you should refer to the specific section of the LTCH CARE Data set and review the intent, rationale, and specific coding instructions for each item in question.
19.	LTCH CARE Data Set	Should the codes recorded on the LTCH CARE Data Set be supported by documentation in the medical record? Does the LTCH CARE Data Set serve as the documentation of the patient assessment for the medical record or should the assessment be incorporated into the hospital's usual documentation?	Data collected to complete each item on the LTCH CARE Data Set should include information from direct patient assessments, observations, interviews, and other relevant strategies within the assessment period time frame. Data entered on the LTCH CARE Data Set should be consistent with the clinical assessment documentation in the patient's medical record as applicable.

As stated in the LTCH QRP Manual, Chapter 2: The Centers for Medicare & Medicaid Services (CMS) recognizes that, in addition to items included in the LTCH CARE Data Set, a complete and ongoing patient assessment guided by clinical standards is essential for all LTCH patients. Therefore, completion of the LTCH CARE Data Set does not replace the assessment of each patient for the delivery of services in LTCHs. Further, completion of the LTCH CARE Data Set should never supersede nor substitute sound clinical judgment. Similarly, completion of the LTCH CARE Data Set should not supersede applicable Federal, State, and local statutes and regulations. |

LTCH QRP Frequently Asked Questions with Answers (continued)

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20.	LTCH CARE Data Set	Can I use any of the documentation that came with the patient from the referring hospital to complete the LTCH CARE Data Set Admission Assessment?	Not generally as responses to items on the LTCH CARE Data Set should be based on assessment of the patient's current condition and other assessment data collected during the assessment period, which on admission is no later than the first 3 calendar days at the time of admission (date of admission [A0220] plus 2 days). When directed, assessment of specific data elements may be required within a specified assessment period. For example, the assessment period for GG0100, Prior Functioning: Everyday Activities, is based on the time prior to the current illness, exacerbation, or injury. Documentation from the previous setting can be used to complete the LTCH CARE Data Set to the extent that a specific item refers to the timeframe during which the patient was in that setting.
21.	LTCH CARE Data Set	If the discussions and interviews with nursing staff occur after the ARD but provide relevant information for coding activity during the ARD, can this information be used to code?	The 3-day assessment period is not intended to replace the timeframe required for clinical admission assessments as established by accepted standards of practice, facility policy, and State and Federal regulations. Therefore, the LTCH CARE Data Set assessment sections that include patient assessment data should be consistent with the initial clinical assessment.

However, in the case that you discover an error in coding that may incorrectly reflect the patient's status within the respective assessment period as established by the Assessment Reference Date (ARD), then that assessment must be corrected. For more information on making corrections to an LTCH CARE Data Set Assessment Record, please refer to Chapter 4 of the LTCH QRP Manual, available for download at the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html. |
| 22. | LTCH CARE Data Set | When is it appropriate to use a skip pattern? | A skip pattern indicates that a specific item(s) does not need to be completed, and can be skipped. The skip pattern instructions direct the assessor to skip over the next item (or several items) and go to another area of the assessment. When you encounter a skip pattern, skip the item(s) as instructed, then move to the next item as directed.

For example, on the Admission assessment, if 0, No, is coded for M0210, the system would skip to the next applicable question which in this example is Section O, item O0100, Special Treatments, Procedures, and Programs. |

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23.	LTCH CARE Data Set – Applicable Patients	Are LTCHs required to complete and submit the LTCH CARE Data Set for all patients regardless of payer source?	The LTCH CARE Data Set must be completed on any patient admitted to and treated within an eligible LTCH. Data collection using the LTCH CARE Data Set is applicable regardless of patient's payment/payer source. Data collected must be submitted within the time, manner, and form established by CMS for the LTCH QRP. Appropriate staff members should complete the section(s) of the LTCH CARE Data Set they are qualified to complete, per facility, state, and federal policy and requirements.
24.	LTCH CARE Data Set – Data Submission	What data elements if a dash is used, will cause the fatal error?	A dash will result in a fatal error and cause the record to be rejected if the dash is submitted for an item but a dash is not a valid value for that item. A list of valid values for each item included in the XML file can be located in the LTCH CARE Data Submission Specifications, available for download at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html.
25.	LTCH CARE Data Set – Data Submission	What can be done if you can't locate a validation report?	If the ASAP system-generated final validation report is not found in the Validation Report or VR folder within 24 hours following submission of the zip file of LTCH CARE Data Set records, this indicates that there was a severe error with the zip file, there are no XML records in the zip file, or no records could be extracted from the zip file. The user who that submitted the file to the QIES ASAP system should request the LTCH Submitter Validation Report to identify the errors that were encountered. The report must be requested by using the submission ID. The submission ID can be found on the initial confirmation message printed from the LTCH Submission system following submission of the file. The submission ID can also be located on the 'My List of Submissions' page in the LTCH Submission System. The LTCH Submitter Validation report is available in the LTCH provider report category in the CASPER Reporting application. Refer to the CASPER Reporting User's Guide for step-by-step directions to request the LTCH Submitter Validation report.
26.	LTCH CARE Data Set – Data Submission	Can a user at the LTCH corporate office have access to all facility validation reports in the QIES ASAP system?	A corporate user with authority to submit data on behalf of one or more LTCH providers can only have access to request or view validation reports for those same LTCH providers. Corporate users cannot view all validation reports for all providers.
27.	LTCH CARE Data Set – Data	If you have completed an inactivation request, will that	The purpose of the inactivation request is to move the erroneous record to an archive file in the QIES ASAP system. A new record containing the correct

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	Submission	record replace the old record submitted to the QIES ASAP system?	information for the patient will not automatically be saved into the national repository. If a new record is required, you must submit the new record following acceptance of the inactivated record by the QIES ASAP system.
28.	LTCH CARE Data Set – Data Submission	If a file was discovered with an error and was already submitted to the QIES ASAP system, do you correct it with a modification request record or an inactivation request record?	Submission of a modification request record or an inactivation request record depends solely on the item that contained the incorrect information. If the error is in a key field used to identify the record or the patient, an inactivation record is required. The record event and patient identifiers can be found in Chapter 4 of the LTCH QRP Manual. If an error exists in a non-key field item, a modification record can be submitted to correct the error. Completion of a Modification Request Record will archive the inaccurate LTCH CARE Data Set assessment record within the QIES ASAP system and replace the record with the new, corrected record. Completion of an Inactivation Request will also archive an inaccurate LTCH CARE Data Set assessment record within the QIES ASAP system, but will not replace the record with the new record. If the record contains the wrong state code and/or facility ID, an LTCH CARE Manual Assessment Deletion Request form must be submitted to permanently remove the record from the QIES ASAP system. Following permanent deletion of the file, you would be required to resubmit the record with the correct state code and/or facility ID. A copy of the LTCH CARE Manual Assessment Deletion Request form can be obtained from the QTSO help desk by emailing your request to help@qtso.com or by calling 1-877-201-4721.