

CHAPTER 1: OVERVIEW OF CMS LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM MANUAL

1.1 Purpose of the Manual

The purpose of this Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Manual is to offer continuing guidance to LTCHs regarding the collection, submission, and reporting of quality data to CMS for compliance with the LTCH QRP, which was first implemented in Section VII.C. of the Fiscal Year (FY) 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756, and 51780 through 51781)¹ pursuant to Section 3004(a) of the Patient Protection and Affordable Care Act of 2010.²

1.2 Statutory Authority

In accordance with Section 1886(m)(5) of the Social Security Act (hereafter, the Act), as added by Section 3004(a) of the Patient Protection and Affordable Care Act, the Secretary of the Department of Health and Human Services (DHHS) established the LTCH QRP: “for rate year 2014 and each subsequent rate year, each long-term care hospital shall submit to the Secretary data on quality measures specified under subparagraph (D). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary.” Section 1886(m)(5)(A) further requires that “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 LTCH QRP 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 LTCH QRP 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. The National Quality Forum (NQF) currently holds this contract. 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 endorsed, as long as due consideration is given to

¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: 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/Vol. 76, No. 160, August 18, 2011. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.

² The 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>.

measures that have been endorsed or adopted by a consensus organization identified by the Secretary. The LTCH QRP was first implemented in Section VII.C. of the FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756, and 51780 through 51781).

In the FY 2013 IPPS/LTCH PPS final rule (77 FR 53614 through 53637 and 53667 through 53672), CMS retained three measures for FY 2015 and subsequent payment update determination³, and adopted two new measures for the FY 2016 and subsequent payment determinations, as listed in **Table 1-1**.

In the FY 2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887 and 50959 through 50964), CMS finalized three new measures for the FY 2017 and subsequent payment determinations⁴, as listed in **Table 1-2**, and one new measure for the FY 2018 and subsequent payment determinations.

In the FY 2015 IPPS/LTCH PPS final rule (79 FR 50286 through 50319, and 50348 through 50349), CMS finalized three new quality measures for the FY 2018 and subsequent payment determinations⁵, as listed in **Table 1-3**.

In the FY 2016 IPPS/LTCH PPS final rule⁶ (80 FR 49723 through 49756), CMS adopted four previously finalized quality measures in order to reflect the NQF endorsement of one measure (NQF #2512) and to meet the requirements of the IMPACT Act of three measures (NQF #0678, application of NQF #0674, and application of NQF #2631) for the FY 2018 and subsequent payment determinations.

³ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers; Final Rule, Federal Register/Vol. 77, No. 170, August 31, 2012. <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>.

⁴ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Final Rule, Federal Register/Vol. 78, No. 160, August 19, 2013. <http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>.

⁵ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2015 Rates; Quality Reporting Requirements for Specific Providers; Reasonable Compensation Equivalents for Physician Services in Excluded Hospitals and Certain Teaching Hospitals; Provider Administrative Appeals and Judicial Review; Enforcement Provisions for Organ Transplant Centers; and Electronic Health Record (EHR) Incentive Program; Final Rule, Federal Register/Vol. 79, No. 163, August 22, 2014. <http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>.

⁶ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, Including Changes Related to the Electronic Health Record Incentive Program; Final Rule, Federal Register/Vol. 80, No. 158, August 17, 2015. <http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>.

On September 18, 2014, Congress passed the Improving Medicare Post-Acute Care Transformation Act of 2014 (Pub. L. 113-185) (the IMPACT Act). The IMPACT Act amended the Act in ways that affect the LTCH QRP. Under section 1899B(a)(1) of the Act, the Secretary must require post-acute care (PAC) providers (defined in section 1899B(a)(2)(A) of the Act to include LTCHs, HHAs, SNFs, and IRFs) to submit standardized patient assessment data in accordance with section 1899B(b) of the Act, data on quality measures required under section 1899B(c)(1) of the Act, and data on resource use and other measures required under section 1899B(d)(1) of the Act. The Act also sets out specified application dates for each of the measures. The Secretary must specify the quality, resource use, and other measures not later than the applicable specified application date defined in section 1899B(a)(2)(E) of the Act.

In the FY 2017 IPPS/LTCH PPS final rule⁷ (81 FR 57193 through 57236), CMS adopted 3 claims-based measures and one assessment-based quality measure to meet the requirements of the IMPACT Act. The claim-based measures, Medicare Spending per Beneficiary-PAC LTCH QRP, Potentially Preventable 30-Day Post Discharge Readmission Measure for LTCH QRP, and Discharge to Community-PAC LTCH QRP, are for the FY 2018 and subsequent payment determinations. The assessment-based quality measure, Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC LTCH QRP, is for the FY 2020 and subsequent payment determinations. Guidance regarding the Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC LTCH QRP quality measure will be issued in the next version of the LTCH QRP Manual.

**Table 1-1
Quality measures retained affecting FY 2015, FY 2016, and subsequent annual payment update determination**

NQF Number (If available)	Measure Name
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)
NQF #0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
NQF #0139	National Health Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
NQF #0431	Influenza Vaccination Coverage Among Healthcare Personnel

⁷ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals; Final Rule, Federal Register/Vol. 81, No. 162, August 22, 2016. <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>.

Table 1-2
Additional quality measures affecting FY 2017 and subsequent annual payment update determination

NQF Number (If available)	Measure Name
NQF #1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure
NQF #1717	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
NQF #2512*	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)

* This is a Medicare fee-for-service claims-based measure and does not require data reporting by LTCHs. Hence, it will not be used for payment update determination. This measure will be used for future public reporting.

Table 1-3
Additional quality measures affecting FY 2018 and subsequent annual payment update determination

NQF Number (If available)	Measure Name
Application of NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
	National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure
NQF #2631	Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
Application of NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
NQF #2632	Functional Outcome Measure: Change in Mobility among Long-Term Care Hospital Patients Requiring Ventilator Support
	Medicare Spending per Beneficiary (MSPB)-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP)*
	Potentially Preventable 30-Day Post Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (LTCH QRP)*
	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP)*

* This is a Medicare fee-for-service claims-based measure and does not require data reporting by LTCHs. Hence, it will not be used for payment update determination. This measure will be used for future public reporting.

Data collection timeframes are reproduced in **Table 1-4**, **Table 1-5**, and **Table 1-6**, respectively. Associated data submission deadlines can be found in **Table 1-7** through **Table 1-15**.

**Table 1-4
Timeline for data collection affecting FY 2017 payment update determination**

NQF Number (If available)	Data Collection Timeframe	Data Collection Mechanism
NQF #0138	January 1, 2015-December 31, 2015	CDC/NHSN
NQF #0139	January 1, 2015-December 31, 2015	CDC/NHSN
NQF #0678	January 1, 2015-December 31, 2015	LTCH CARE Data Set
NQF #0431	October 1, 2015 (or when vaccine becomes available)-March 31, 2016	CDC/NHSN
NQF #1716	January 1, 2015-December 31, 2015	CDC/NHSN
NQF #1717	January 1, 2015-December 31, 2015	CDC/NHSN
NQF #2512	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	

**Table 1-5
Timeline for data collection affecting FY 2018 payment update determination**

NQF Number (If available)	Data Collection Timeframe	Data Collection Mechanism
NQF #0138	January 1, 2016-December 31, 2016	CDC/NHSN
NQF #0139	January 1, 2016-December 31, 2016	CDC/NHSN
NQF #0678	January 1, 2016-December 31, 2016	LTCH CARE Data Set
NQF #0680	October 1, 2015-March 31, 2016	LTCH CARE Data Set
NQF #0431	October 1, 2016 (or when vaccine becomes available)-March 31, 2017	CDC/NHSN
NQF #1716	January 1, 2016-December 31, 2016	CDC/NHSN
NQF #1717	January 1, 2016-December 31, 2016	CDC/NHSN
NQF #2512	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	
Ventilator-Associated Event (VAE) Outcome Measure	January 1, 2016-December 31, 2016	CDC/NHSN
Application of NQF #0674	April 1, 2016-December 31, 2016	LTCH CARE Data Set
NQF #2631	April 1, 2016-December 31, 2016	LTCH CARE Data Set
Application of NQF #2631	April 1, 2016-December 31, 2016	LTCH CARE Data Set
NQF #2632	April 1, 2016-December 31, 2016	LTCH CARE Data Set

(continued)

Table 1-5 (continued)
Timeline for data collection affecting FY 2018 payment update determination

NQF Number (If available)	Data Collection Timeframe	Data Collection Mechanism
MSPB-PAC LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	
Discharge to Community- PAC LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	
Potentially Preventable 30 Day Post Discharge Readmission Measure for LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	

Table 1-6
Timeline for data collection affecting FY 2019 payment update determination

NQF Number (If available)	Data Collection Timeframe	Data Collection Mechanism
NQF #0138	January 1, 2017-December 31, 2017	CDC/NHSN
NQF #0139	January 1, 2017-December 31, 2017	CDC/NHSN
NQF #0678	January 1, 2017-December 31, 2017	LTCH CARE Data Set
NQF #0680	October 1, 2016-June 30, 2017	LTCH CARE Data Set
NQF #0431	October 1, 2017 (or when vaccine becomes available)-March 31, 2018	CDC/NHSN
NQF #1716	January 1, 2017-December 31, 2017	CDC/NHSN
NQF #1717	January 1, 2017-December 31, 2017	CDC/NHSN
NQF #2512	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	
Ventilator-Associated Event (VAE) Outcome Measure	January 1, 2017-December 31, 2017	CDC/NHSN
Application of NQF #0674	January 1, 2017-December 31, 2017	LTCH CARE Data Set
NQF #2631	January 1, 2017-December 31, 2017	LTCH CARE Data Set
Application of NQF #2631	January 1, 2017-December 31, 2017	LTCH CARE Data Set
NQF #2632	January 1, 2017-December 31, 2017	LTCH CARE Data Set
MSPB-PAC LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	

(continued)

Table 1-6 (continued)
Timeline for data collection affecting FY 2019 payment update determination

NQF Number (If available)	Data Collection Timeframe	Data Collection Mechanism
Discharge to Community- PAC LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	
Potentially Preventable 30 Day Post Discharge Readmission Measure for LTCH QRP	This is a Medicare fee-for-service claims-based measure; hence, no LTCH QRP-specific data submission is required by LTCHs	

The measure specifications for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) and the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) measures are available on the NQF Web site at <http://www.qualityforum.org/QPS/0678> and <http://www.qualityforum.org/QPS/0680> and in the *LTCH Quality Reporting Program Quality Measure (QM) User's Manual* located on the LTCH Quality Reporting Measures Information Web page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>. The specifications for the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) are available on the NQF Web site at <http://www.qualityforum.org/QPS/0674>. Updated specifications for the Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function and Functional Outcome Measure: Change in Mobility Among LTCH Patients Requiring Ventilator Support measures are available on the NQF Web site at <http://www.qualityforum.org/QPS/2631> and <http://www.qualityforum.org/QPS/2632>, respectively.

Effective April 1, 2016, the data collection instrument for these measures is the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set Version 3.00⁸ (see *Appendix C*). The LTCH Data Submission Specifications for submitting these measure data using the LTCH CARE Data Set are available on the LTCH Quality Reporting Technical Information Web page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>.

⁸ The LTCH CARE Data Set Version 3.00 is the data collection instrument for the submission of the Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short Stay (NQF #0678), Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680), Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674), Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631), Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631), and the Functional Outcome Measure: Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632).

For the measures collected via the CDC’s National Healthcare Safety Network (NHSN), please refer to the following pages on the NQF Web site for specifications:

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure: <http://www.qualityforum.org/QPS/0138>
- National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure: <http://www.qualityforum.org/QPS/0139>
- Influenza Vaccination Coverage Among Healthcare Personnel: <http://www.qualityforum.org/QPS/0431>
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure: <http://www.qualityforum.org/QPS/1716>
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure: <http://www.qualityforum.org/QPS/1717>
- National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure: <http://www.cdc.gov/nhsn/ltach/vae/index.html>

For general information on the data collection procedures for these measures, please refer to Chapter 5 of this Manual. For specific direction regarding the submission of these quality measures to CMS via the CDC’s NHSN, please refer to the CDC’s NHSN Web site and links, as listed above.

Table 1-7
Submission deadlines for data collection affecting FY 2017 payment update determination and subsequent payment determinations: NQF #0138, NQF #0139, NQF #0678, NQF #1716, NQF #1717

Data Collection Timeframe	Final Submission Deadlines for FY 2017 Payment Determination
Q1 (January–March 2015)	May 15, 2015
Q2 (April–June 2015)	August 15, 2015
Q3 (July–September 2015)	November 15, 2015
Q4 (October–December 2015)	May 15, 2016*

*The final submission deadline for this measure was finalized in the FY 2016 IPPS/LTCH PPS final rule.

Table 1-8
Submission deadlines for data collection affecting FY 2017 payment update determination and subsequent payment determinations: NQF #0431

Data Collection Timeframe	Final Submission Deadlines for FY 2017 Payment Determination
October 1, 2015 (or when vaccine becomes available)-March 31, 2016	May 15, 2016

Table 1-9

Submission deadlines for data collection affecting FY 2018 payment update determination and subsequent payment determinations: NQF #0678, NQF #0138, NQF #0139, NQF #1716, NQF #1717, Ventilator-Associated Event (VAE)

Data Collection Timeframe	Final Submission Deadlines for FY 2018 Payment Determination
Q1 (January–March 2016)	August 15, 2016
Q2 (April–June 2016)	November 15, 2016
Q3 (July–September 2016)	February 15, 2017
Q4 (October–December 2016)	May 15, 2017

Table 1-10

Submission deadlines for data collection affecting FY 2018 payment update determination and subsequent payment determinations: NQF #0680

Data Collection Timeframe	Final Submission Deadlines for FY 2018 Payment Determination
October 1, 2015–December 31, 2015	May 15, 2016
January 1, 2016–March 31, 2016	August 15, 2016

Table 1-11

Submission deadlines for data collection affecting FY 2018 payment update determination and subsequent payment determinations: NQF #0431

Data Collection Timeframe	Final Submission Deadlines for FY 2018 Payment Determination
October 1, 2016–March 31, 2017	May 15, 2017

Table 1-12

Submission deadlines for data collection affecting FY 2018 payment update determination and subsequent payment determinations: NQF #0674, NQF #2631, application of NQF #2631, and NQF #2632

Data Collection Timeframe	Final Submission Deadlines for FY 2018 Payment Determination
Q2 (April–June 2016)	November 15, 2016
Q3 (July–September 2016)	February 15, 2017
Q4 (October–December 2016)	May 15, 2017

Table 1-13

Submission deadlines for data collection affecting FY 2019 payment update determination and subsequent payment determinations: NQF #0678, NQF #0138, NQF #0139, NQF #1716, NQF #1717, Ventilator-Associated Event (VAE), NQF #0674, NQF #2631, application of NQF #2631, and NQF #2632

Data Collection Timeframe	Final Submission Deadlines for FY 2019 Payment Determination
Q1 (January–March 2017)	August 15, 2017
Q2 (April–June 2017)	November 15, 2017
Q3 (July–September 2017)	February 15, 2018
Q4 (October–December 2017)	May 15, 2018

Table 1-14

Submission deadlines data collection affecting FY 2019 payment update determination and subsequent payment determinations: NQF #0680

Data Collection Timeframe	Final Submission Deadlines for the LTCH QRP FY 2019 Payment Determination
October 1, 2016–December 31, 2016	May 15, 2017
January 1, 2017–March 31, 2017	August 15, 2017
April 1, 2017–June 30, 2017	November 15, 2017

Table 1-15

Submission deadlines data collection affecting FY 2019 payment update determination and subsequent payment determinations: NQF #0431

Data Collection Timeframe	Final Submission Deadlines for the LTCH QRP FY 2017 Payment Determination
October 1, 2017–March 31, 2018	May 15, 2018

For more information on the quality measures in the LTCH QRP, we refer readers to the FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756 and 51780 through 51781), the FY 2013 IPPS/LTCH PPS final rule (77 FR 53614 through 53637 and 53667 through 53672), the FY 2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887 and 50959 through 50964), the FY 2015 IPPS/LTCH PPS final rule (79 FR 50286 through 50319 and 50348 through 50349), FY 2016 IPPS/LTCH PPS final rule (80 FR 49723 through 49756), and the FY 2017 IPPS/LTCH PPS final rule (81 FR 57193 through 57236).

1.3 Content of CMS LTCH Quality Reporting Program Manual, Version 3.0

The CMS LTCH Quality Reporting Program Manual, Version 3.0, provides guidance to the LTCHs on the following:

- (1) Use of the LTCH CARE Data Set to collect, submit, and report quality data for:
 - 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)
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (NQF #2631)
 - Application of the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (NQF #2631)
 - Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support measure (NQF #2632)

The items for the LTCH CARE Data Set Version 3.00 that are required for submission of data on these measures can be found in *Appendix D* of this *LTCH Quality Reporting Program Manual*.

- (2) Overview of the process for LTCHs' enrollment in CDC's NHSN (<http://www.cdc.gov/nhsn/enrollment/index.html>) to report data for:
 - NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - NHSN Central Line-associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139)
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
 - NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)
 - NHSN Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)
 - NHSN Ventilator-Associated Event (VAE) Outcome Measure (NQF N/A)

Chapters of This LTCH Quality Reporting Program Manual

- Chapter 1: Overview of CMS Long-Term Care Hospital Quality Reporting Program Manual
- Chapter 2: LTCH CARE Data Set Requirements
- Chapter 3: Overview of the Item-by-Item Guide to the LTCH CARE Data Set
- Chapter 4: Submission and Correction of LTCH CARE Data Set Assessment Records
- Chapter 5: Guidance for Reporting of Data with the National Healthcare Safety Network

Appendices

- Appendix A: Glossary and Common Acronyms
- Appendix B: CMS Long-Term Care Hospital Quality Reporting Program Contacts
- Appendix C: LTCH CARE Data Set Version 3.00
- Appendix D: Detailed Matrix Identifying Required and Voluntary Items on the LTCH CARE Data Set Version 3.00
- Appendix E: Measure Specifications for Measures Reported Using the LTCH CARE Data Set Version 3.00
- Appendix F: References

1.4 Version History of CMS LTCH Quality Reporting Program Manual

Table 1-16 below summarizes the published versions of the *CMS LTCH Quality Reporting Program Manual*, along with their effective dates.

Table 1-16
CMS LTCH Quality Reporting Program Manual version history

Version #	Effective Start Date	Effective End Date
Version 1.0	May 1, 2012	August 23, 2012
Version 1.1	August 24, 2012	June 30, 2014
Errata Sheet	September 10, 2012	June 30, 2014
Version 2.0	July 1, 2014	March 31, 2016
Version 3.0	April 1, 2016	March 31, 2017