

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

## 1.1 Purpose of the Manual

The purpose of this *CMS Long-Term Care Hospital Quality Reporting (LTCHQR) Program Manual* is to offer continuing guidance to the Long-Term Care Hospitals (LTCHs) regarding the collection, submission, and reporting of quality data to the Centers for Medicare & Medicaid Services (CMS) for compliance with the LTCHQR Program, 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)<sup>1</sup> pursuant to Section 3004 of the Patient Protection and Affordable Care Act of 2010.<sup>2</sup>

## 1.2 Statutory Authority

In accordance with Section 1886(m)(5) of the Social Security Act (hereafter, the Act), as added by Section 3004 of the Patient Protection and Affordable Care Act, the Secretary of the Department of Health and Human Services (DHHS) established the LTCHQR Program: “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 LTCHQR Program that will be applicable with respect to FY 2014 no later than October 1, 2012.

Under Section 1886(m)(5)(D)(i) of the Act, the quality measures for the LTCHQR Program are measures selected by the Secretary that have been endorsed by an entity that holds a contract with the Secretary under Section 1890(a) of the Act, unless an exception under Section 1886(m)(5)(D)(ii) applies. 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

---

<sup>1</sup> 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>.

<sup>2</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>.

authorizes the Secretary to specify a measure(s) that is not so endorsed, as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary. The LTCHQR Program was 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, FY 2016, and subsequent payment update determination, as listed in **Table 1-1**. Further, CMS adopted two new measures for the FY 2016 and subsequent payment determinations (listed in **Table 1-2**).

In the FY 2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887), CMS finalized two new measures for the FY2017 and subsequent payment determinations<sup>3</sup>, as listed in **Table 1-3**.

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

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

**Table 1-2**  
**Additional quality measures affecting FY 2016 and subsequent annual payment update determination**

NQF Number	Measure Name
<b>NQF #0680</b>	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
<b>NQF #0431</b>	Influenza Vaccination Coverage among Healthcare Personnel

<sup>3</sup> 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>.

**Table 1-3  
Additional quality measures affecting FY 2017 and subsequent annual payment update determination**

NQF Number	Measure Name
<b>NQF #1716</b>	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure
<b>NQF #1717</b>	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure

The FY 2012 IPPS/LTCH PPS final rule further stated that providers must begin to collect data on the three quality measures (listed in **Table 1-1**) beginning on October 1, 2012. Data collected on these measures from October 1, 2012 to December 31, 2012 informed the FY 2014 payment update determination. The FY 2013 IPPS/LTCH PPS final rule finalized the FY2015 payment update determination data collection periods for these measures (reproduced in **Table 1-4**) and their FY2016 and subsequent payment update determination data collection periods (reproduced in **Table 1-5**). The associated submission deadlines for FY2016 payment update determination are listed in **Table 1-7** through **Table 1-9**.

The FY 2014 IPPS/LTCH PPS final rule finalized the FY2017 and subsequent payment update determinations for NQF #1716 and NQF #1717 (reproduced in **Table 1-6**) and the associated submission deadlines for FY2017 payment update determination (reproduced in **Table 1-10**).

**Table 1-4  
Timeline for data collection affecting FY 2015 payment update determination**

NQF Number	Data Collection Time Frame	Data Collection Mechanism
<b>NQF #0138*</b>	January 1, 2013- December 31, 2013	CDC/NHSN
<b>NQF #0139*</b>	January 1, 2013- December 31, 2013	CDC/NHSN
<b>NQF #0678*</b>	January 1, 2013- December 31, 2013	LTCH CARE Data Set Version 1.01

\* The data collection period for this measure was finalized in the FY 2013 IPPS/LTCH PPS final rule.

**Table 1-5  
Timeline for data collection affecting FY 2016 payment update determination**

NQF Number	Data Collection Time Frame	Data Collection Mechanism
<b>NQF #0138*</b>	January 1, 2014- December 31, 2014	CDC/NHSN
<b>NQF #0139*</b>	January 1, 2014- December 31, 2014	CDC/NHSN
<b>NQF #0678*</b>	January 1, 2014-June 30, 2014	LTCH CARE Data Set Version 1.01
	July 1, 2014-December 31, 2014	LTCH CARE Data Set Version 2.01
<b>NQF #0680**</b>	October 1, 2014- April 30, 2015**	LTCH CARE Data Set Version 2.01
<b>NQF #0431**</b>	October 1, 2014 (or when vaccine becomes available)-March 31, 2015**	CDC/NHSN

\* The data collection period for this measure was finalized in the FY 2013 IPPS/LTCH PPS final rule.

\*\* This data collection period for this measure was finalized in the FY 2014 IPPS/LTCH PPS final rule.

**Table 1-6  
Timeline for data collection affecting FY 2017 payment update determination**

NQF Number	Data Collection Time Frame	Data Collection Mechanism
NQF #1716*	January 1, 2015- December 31, 2015	CDC/NHSN
NQF #1717*	January 1, 2015- December 31, 2015	CDC/NHSN

\*The data collection period for this measure was finalized in the FY 2014 IPPS/LTCH PPS final rule.

The 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) measure are available on the NQF Web site at <http://www.qualityforum.org/QPS/0678> and <http://www.qualityforum.org/QPS/0680> and in *Appendix E*. Effective July 1, 2014, the data collection instrument for these measures is the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set, Version 2.01<sup>4</sup> (see *Appendix C*). The LTCH CARE Data Set Technical Submission Specifications, version 1.01.0 for the submission of data using the LTCH CARE Data Set for these measures are available at the LTCH Quality Reporting Technical Information Web page: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>.

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

- National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure: <http://www.qualityforum.org/QPS/0138>
- National Health Safety Network (NHSN) Central Line -Associated Blood Stream Infection (CLABSI) Outcome measure: <http://www.qualityforum.org/QPS/0139>
- Influenza Vaccination Coverage among Healthcare Personnel measure: <http://www.qualityforum.org/QPS/0431>
- NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure: <http://www.qualityforum.org/QPS/1716>
- NHSN Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure: <http://www.qualityforum.org/QPS/1717>.

For more information on the data collection procedures for these measures, please refer to Chapter 5 of this Manual.

<sup>4</sup> The LTCH CARE Data Set Version 2.01, the data collection instrument for the submission of the Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay) measure and the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) measure, is in the process of review by the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act (PRA) (OMB Control Number 0938-1163) [http://www.regulations.gov/#!documentDetail;D=CMS\\_FRDOC\\_0001-1183](http://www.regulations.gov/#!documentDetail;D=CMS_FRDOC_0001-1183).

**Table 1-7**  
**Submission deadlines for data collection affecting FY 2016 payment update determination and Subsequent Payment Determinations: NQF #0138\*, NQF #0139\*, NQF #0678\***

Data Collection Time Frame	Final submission deadlines for FY 2016 payment determination
Q1 (January–March 2014)	May 15, 2014
Q2 (April–June 2014)	August 15, 2014
Q3 (July–September 2014)	November 15, 2014
Q4 (October–December 2014)	February 15, 2015

\*The data collection period for this measure was finalized in the FY 2013 IPPS/LTCH PPS final rule.

**Table 1-8**  
**Submission deadlines data collection affecting FY 2016 payment update determination and Subsequent Payment Determinations: NQF #0680\***

Data Collection Time Frame	Final submission deadlines for the LTCHQR Program FY 2016 payment determination
October 1, 2014 – April 30, 2015	May 15, 2015

\*The data collection period for this measure was finalized in the FY 2014 IPPS/LTCH PPS NPRM.

**Table 1-9**  
**Submission deadlines for data collection affecting FY 2016 payment update determination and Subsequent Payment Determinations: NQF #0431**

Data Collection Time Frame	Final submission deadlines for the LTCHQR Program FY 2016 payment determination
October 1 2014 (or when vaccine becomes available)-March 31, 2015	May 15, 2015

**Table 1-10**  
**Submission deadlines for data collection affecting FY 2017 payment update determination and Subsequent Payment Determinations: NQF #1716, NQF #1717**

Data Collection Time Frame	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)	February 15, 2016

\*The data collection period for this measure was finalized in the FY 2014 IPPS/LTCH PPS final rule.

For more information on the quality measures in the LTCHQR Program, 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), and the FY2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887 and 50959 through 50964)<sup>5</sup>.

### 1.3 Content of CMS LTCH Quality Reporting Program Manual, Version 2.0

The CMS LTCHQR Program Manual, Version 2.0, provides guidance to the LTCHs on the following:

- (1) Use of the LTCH CARE Data Set to collect, submit, and report quality data for the Percent of Residents or Patients with Pressure Ulcers that are New or Worsened measure and the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) measure. The items for the LTCH CARE Data Set, Version 2.01, required for submission of data on these measures can be found in *Appendix D* of this *LTCHQR Program Manual*, and
- (2) Overview of the process for LTCHs' enrollment in CDC's NHSN (<http://www.cdc.gov/nhsn/enrollment/index.html>) to report data for the CAUTI measure, CLABSI measure, Influenza Vaccination Coverage among Healthcare Personnel measure, and the MRSA and CDI measures.

#### Chapters of this LTCH Quality Reporting Program Manual

Chapter 1: Overview of CMS LTCH 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, Version 2.01

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 LTCHQR Program Contacts

Appendix C: LTCH CARE Data Sets, Version 2.01

Appendix D: LTCH CARE Data Sets, Version 2.01, Item Matrix

Appendix E: Measure Specifications for Measures Reported Using the LTCH CARE Data Set

Appendix F: References

---

<sup>5</sup> 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>

## 1.4 Version History of CMS LTCH Quality Reporting Program Manual

**Table 1-11** below summarizes the published versions of the *CMS LTCHQR Program Manual*, along with their effective dates.

**Table 1-11  
LTCHQR Program Manual version history**

<b>Version #</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
<b>Version 1.0</b>	May 1, 2012	August 23, 2012
<b>Version 1.1</b>	August 24, 2012	June 30, 2014
<b>Errata Sheet</b>	September 10, 2012	June 30, 2014
<b>Version 2.0</b>	July 1, 2014	December 31, 2015