

## Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Quick Reference Guide

The LTCH QRP creates LTCH quality reporting requirements, as mandated by Section 3004(a) of the Patient Protection and Affordable Care Act (ACA) of 2010. Each year, by October 1, CMS publishes the quality measures an LTCH must report.

LTCHs utilize an instrument to collect patient assessment data for quality measures, called the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set. The current version of the LTCH CARE Data Set is version 3.00 (effective through June 30, 2018). Version 4.00 will go into effect July 1, 2018. Both versions can be downloaded from the [LTCH CARE Data Set & LTCH QRP Manual webpage](#). The CARE Data Set must be transmitted to CMS through the Assessment Submission and Processing (ASAP) system to the Quality Improvement Evaluation System (QIES).

In addition to the LTCH CARE Data Set, there are National Healthcare Safety Network (NHSN) measures that must be submitted through the [NHSN Portal](#) through the Centers for Disease Control and Prevention (CDC).

If the required quality data is not reported by each designated submission deadline, the LTCH will be subject to a two (2)-percentage point reduction in their annual payment update (APU).

### Frequently Asked Questions

*Q: How do I verify my NHSN data submission?*

The best method to verify your current NHSN data submission is by running the CMS reports found in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports and all other NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found at the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

*Q: How is NHSN compliancy determined?*

For NHSN data, providers are required to report data for calendar months, with three months of data due by each submission deadline (for example, Q1 data encompasses January-March and is due August 15 of each year). Providers must report any instances of healthcare acquired infections (HAIs) for the required measures (including reporting a zero (0) if no infections occurred), summary data and reporting plan(s). Providers that submit complete data for all twelve months will be found compliant for the NHSN measures. The list of required NHSN measures is available on the [LTCH Quality Reporting Measures Information](#) webpage.

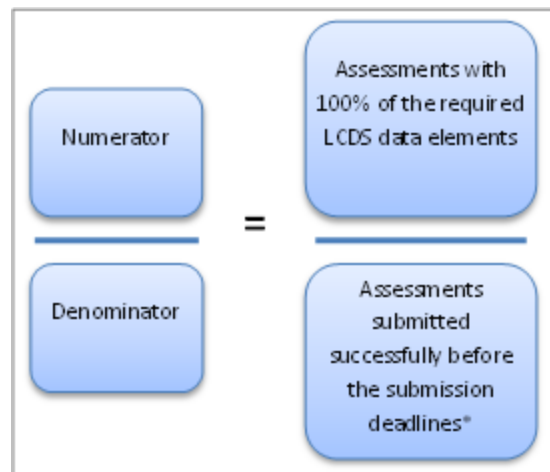
*Q: How do I verify my LTCH CARE/assessment data submission?*

The best method to verify your current LTCH CARE data submission is by running final validation and Assessments with Error Number XXXX reports. Detailed guidance on how to run and interpret LTCH CARE reports can be found in the CASPER LTCH Reporting User's Manual, available on the [LTCH Providers Reference & Manuals webpage](#). Select "Section 3 - LTCH Reports" to open the PDF. An additional resource is the LTCH Submission User's Guide, available on the same page. Refer to Section 4 for information on submission reports.

As you review your error messages, be sure to correct any instances where the value submitted for the quality measure item is a dash (-). Entering a dash as a response to a quality item may result in your facility not meeting the required threshold for that quality item.

**Q: How are LTCH CARE Data Set (LCDS) thresholds calculated?**

The LCDS threshold is calculated by taking the total number of assessments with 100% of the required LCDS data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. In general, LTCH CARE records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. For Fiscal Year (FY) 2020, providers must submit 80% or more of all assessments with 100% of the required LCDS data elements to be in compliance with LTCH QRP requirements.



For example, for FY 2020 compliance determination, if during the reporting period (01/01/2018-12/31/2018) a facility has submitted 1000 assessments and 800 of the assessments submitted have 100% of the required LCDS data elements, the threshold percentage would equal 80%. Thus, the facility would be deemed compliant with LTCH QRP data reporting requirements for APU compliance purposes.

The Technical Specifications for Reporting Assessment-Based Measures table outlines which LTCH CARE items are required for the purposes of APU. The table for FY 2020 can be found in the Downloads box on the [LTCH Quality Reporting Measures Information web page](#). This document will continue to be updated for each version of the LTCH CARE Data Set.

\*Note: The calculation algorithm will be adjusted in the case an LTCH was granted an extension or exemption by CMS.

**Q: How can we check the current LTCH CARE Data Set (LCDS) APU thresholds?**

The CASPER report called the LTCH Provider Threshold report can be run to display the near real time APU status of both the assessment and CDC data. Refer to Section 3: LTCH Provider Reports of the [CASPER Reporting User’s Manual](#) for more information on this report.

**Q: How do I know where to report each measure (NHSN vs. LTCH CARE)?**

The following chart outlines the data submission mechanism for each measure.

NQF Number	Measure Name	Data Submission Mechanism
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)**	LTCH CARE Data Set (LCDS)
N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury***	LCDS
NQF #0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	Centers for Disease Control and Prevention (CDC)/NHSN
NQF #0139	NHSN Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure	CDC/NHSN
NQF #0431	Influenza Vaccination Coverage among Healthcare Personnel	CDC/NHSN
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short- Stay)*	LCDS
NQF #1716	NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure*	CDC/NHSN

NQF Number	Measure Name	Data Submission Mechanism
NQF #1717	NHSN Facility-Wide Inpatient Hospital- Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure	CDC/NHSN
N/A	NHSN Ventilator-Associated Event (VAE) Outcome Measure*	CDC/NHSN
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	LCDS
NQF #2631	Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	LCDS
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	LCDS
NQF #2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support	LCDS
N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues***	LCDS
N/A	Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay***	LCDS
N/A	Ventilator Liberation Rate***	LCDS

\* Providers are no longer required to submit data for these measures effective October 1, 2018.

\*\*This measure will be replaced with the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, effective July 1, 2018.

\*\*\* Collection for these measures begins July 1, 2018.

Claims-based measures are also included in the LTCH QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require LTCHs to submit any additional data to CMS. A list of claims-based measures is available on the [CMS LTCH Quality Reporting Measures Information webpage](#).

## Help Desk Assistance

[LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov) (Quality Help Desk)

For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

[LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov) (LTCH Public Reporting Questions)

For questions related to public reporting of quality data.

[LTCHQRPreconsiderations@cms.hhs.gov](mailto:LTCHQRPreconsiderations@cms.hhs.gov) (APU/Reconsiderations Help Desk)

For reconsideration requests and follow-up questions after the facility has received a CMS determination of noncompliance letter.

[Help@qtso.com](mailto:Help@qtso.com) or 1-877-201-4721 (QIES Help Desk)

For questions about LTCH CARE record completion and submission processes.

[NHSN@cdc.gov](mailto:NHSN@cdc.gov) (NHSN Help Desk)

For NHSN registration questions such as, needing a hospital identifier to register, selecting the facility type during online enrollment, and ensuring submission completeness of NHSN measures, including staff Influenza vaccination data.

## Helpful Links

[Post-Acute Care \(PAC\) Listserv](#) — Sign up for the official CMS PAC listserv to receive important QRP updates.

[LTCH Quality Reporting FAQs](#) — CMS developed a list of Frequently Asked Questions (FAQ) addressing general questions about the LTCH Quality Reporting Program, including information about the quality measures, data submission deadlines, training materials, and other helpful resources.

[LTCH Quality Reporting Data Submission Deadlines](#) — In addition to providing a list of the measures and their corresponding deadlines, this page includes links to NHSN resources, and contact information for CASPER and CARE Data Set provider report assistance.

[LTCH Quality Reporting Technical Information](#) — This page provides technical updates and resources related to LTCH data collection, submission of quality data, and information regarding the CDC's NHSN. There is also contact information where LTCHs can ask questions about CARE Data Set and NHSN measures.

[LTCH Quality Public Reporting](#) — The LTCH public reporting page discusses the LTCH Compare Website, which became active in December 2016. Prior to an LTCH's data becoming publicly reported, the LTCH receives a Preview Report, which allows it to view its information and request corrections to be made to demographics. This page displays information about both the LTCH Preview Report and the LTCH Compare Website.

[LTCH Quality Reporting Reconsideration and Exception & Extension](#) — If an LTCH failed to submit required measures data by each submission deadline, it receives notification of its non-compliance, alerting it that it is at risk of having a two (2)-percentage point reduction applied to its APU. When an LTCH receives this notification, it may request a CMS reconsideration of the initial determination.

[Long-Term Care Hospital \(LTCH\) Providers Information](#) — The QIES Technical Support Office (QTSO) provides numerous resources related to CARE Data Set reporting, including news on report availability, manuals, and training.