**October 23 (MLN Connects) and 29 (e-mail blast to listservs), 2014**

**NOTIFICATION: FY2016 Payment Update: November 15, 2014 Submission Deadline Reminder**  
To meet the reporting requirements of the fiscal year (FY) 2016 LTCH QRP, data collected during quarter 2 (Q2) 2014 (April 1 – June 30, 2014) on the following measures must be submitted no later than 11:59 p.m. Pacific Time on November 15, 2014:

* Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678) - Collected using the LTCH CARE Data Set Version 2.01
* National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) – Collected via Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN)
* Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (NQF #0431)- Collected via the CDC’s NHSN

CMS also extended the deadline for measures data collected during quarter 1 (Q1) 2014 (January 1, 2014 – March 31, 2014) for quality measure data submitted via the CDC’s NHSN to November 15, 2014. That is, the CAUTI Outcome Measure (NQF #138) and the Influenza Vaccination Coverage Among Healthcare Personnel measure (NQF #0431).

|  |  |
| --- | --- |
| **Data Collection Timeframe** | **Final Submission Deadlines** |
| Q1: January 1– March 31, 2014 | Originally August 15, 2014 - Extended to November 15, 2014 for quality data submitted to CMS via CDC’s NHSN |
| Q2: April 1 – June 30, 2014 | November 15, 2014 (All quality data collected during Q2 2014, including data collected and submitted via the CDC’s NHSN) |

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.

**Helpful Links:**

* Quality Improvement Evaluation System (QIES) - https://www.qtso.com/
* Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) - http://www.cdc.gov/nhsn/

**November 01, 2014**

**Fiscal Year (FY) 2016 Payment Update Determination: Two Additional Quality Measures Implemented for the Centers for Medicare & Medicaid Services Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)**

The Centers for Medicare & Medicaid Services (CMS) retained three measures for FY 2016 payment update determination, as listed below.

Three Quality Measures Retained for FY 2016 Payment Update Determination

* Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (ShortStay) (NQF #0678) - Collected using the LTCH CARE Data Set Version 2.01
* National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) – Collected via Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN)
* National Health Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139) – Collected via the CDC’s NHSN

Further, CMS began implementation of two additional quality measures for the FY 2016 payment update determination, as listed below. Data collection and submission for these two additional quality measures started on October 1, 2014.

Two Additional Quality Measures Implemented for Fiscal Year 2016 Payment Update Determination

* Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (ShortStay) (NQF #0680) - Collected using the LTCH CARE Data Set Version 2.01
* Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (NQF #0431)- Collected via the CDC’s NHSN

For the purpose of NQF #0680 for FY 2016 payment update determination, LTCHs must collect and submit data for any patient who is in the LTCH one or more days between October 1, 2014 and March 31, 2015 (2014-2015 influenza vaccination season). Quality data for this measure should be collected and submitted to the CMS on an ongoing basis, but at least by the established quarterly deadlines. Data collected on patients with one or more days of stay during October 1, 2014 through December 31, 2014, should be submitted/corrected no later than 11:59:59 p.m. on February 15, 2014; data collected on patients with one or more days of stay during January 1, 2015 through March 31, 2015, should be submitted/corrected no later than 11:59:59 p.m. on May 15, 2015.

For the purpose of reporting NQF #0431 summary data for FY 2016 payment update determination, the NHSN guidance and definitions can be found in the NHSN Influenza Vaccination Summary Protocol at http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf and at http://www.cdc.gov/nhsn/PDFs/HCP/Operational-Guidance-LTCH-HCP-Flu.pdf. The NHSN protocol provides guidance for LTCHs to report HCP influenza vaccination summary data from October 1 (or when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, influenza vaccine declinations, and determinations of a medical contraindication to influenza vaccination. Users must also report associated denominator data for HCP physically working in the long term care hospital for at least 1 working day between October 1 through March 31 of an influenza season, regardless of clinical responsibility or patient contact. Data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. Reporting summary data from other contract personnel is optional at this time.

**October 24, 2014**

**NOTIFICATION: FY2016 Payment Update Determination: Data Submissions Deadline Extension**

The Centers for Medicare and Medicaid Services (CMS) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) has extended the deadlines for quarter 1 (Q1) 2014 and quarter 2 (Q2) 2014 quality data submitted to CMS via the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN). The new deadline for submission of quarter 1 (Q1) 2014 and quarter 2 (Q2) 2014 NHSN data is November 15, 2014. Please note that this new deadline aligns with the previously established quarter 3 (Q3) 2014 LTCH QRP quality measure data submission deadline, effectively requiring the submission of the quarter 1 (Q1)2014 NHSN data, quarter 2 (Q2) 2014 NHSN data, and all quarter 3 (Q3) 2014 quality data no later than 11:59:59 p.m. on November 15, 2014. This deadline extension is only for LTCH QRP quality measure data submitted via the CDC’s NHSN.

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.

For the FY 2016 payment update determination, only data submitted for the following quality measures are affected by the quarter 1 (Q1) and quarter 2 (Q2), 2014 data submission deadline extension:

* National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
* NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)

**Q1: January 1– March 31, 2014**: Quality data collected during this timeframe was originally due on August 15, 2014. This deadline has now been extended to November 15, 2014. This extension is only for quality data submitted to CMS via the CDC’s NHSN.

**Q2: April 1 – June 30, 2014**: Quality data collected during this timeframe was originally due on August 15, 2014. This deadline has now been extended to November 15, 2014. This extension is **only** for quality data submitted to CMS via the CDC’s NHSN.

**Q3: July 1 – September 30, 2014**: **All** quality data collected during this timeframe is to be submitted to CMS no later than 11:59:59 p.m. on November 15, 2014. This includes data collected using the LTCH CARE Data Set, as well as data collected and submitted to CMS via the CDC’s NHSN.

If you would like to be included on LTCH QRP updates, please subscribe to our email subscription list by selection the link under the Announcements section of this webpage below titled **All Open Door Forum Mailing List Sign-Up (Receive notices for all ODFs) – Opens in a new window**

**October 1, 2014**

**ATTENTION LTCH PROVIDERS – MRSA AND CDI TRAINING ANNOUNCEMENT**

Please check the [LTCH QRP Training webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) for an announcement regarding upcoming LTCH training via a Special Open Door Forum (SODF) to be held on Wednesday, November 5, 2014, from 1:00 p.m. -2:30 p.m. E.S.T. This training will cover the data collection and submission of the upcoming required quality measures NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF#1716) and NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717), which LTCHs are required to begin reporting as of January 1, 2015.

**September 23, 2014**

**Attention Long-Term Care Hospital (LTCH) Providers!**

On June 30, 2014 CMS mailed notifications to all LTCHs that were determined to be out of compliance with the CMS LTCH Quality Reporting Program requirements. Any LTCH that received a notice of non-compliance had the opportunity to submit a request for reconsideration of the initial CMS determination of non-compliance, with respect to quality data submissions affecting the FY 2015 Annual Payment Update (APU). We have completed our review of all LTCH QRP requests for reconsideration. All notifications will be mailed by Tuesday, September 23, 2014. If your LTCH has applied for reconsideration and is expecting to receive a letter of notification, we kindly ask that you allow at least 7 days, beginning with September 23, 2014, before submitting inquiries to our help desk regarding the status of your notification. If your LTCH has applied for reconsideration and does not receive a letter of notification by Tuesday, September 30, 2014, you may contact our reconsiderations help desk for assistance. Please send your inquiries to: [LTCHQRPReconsiderations@cms.hhs.gov](mailto:LTCHQRPReconsiderations@cms.hhs.gov).

**September 22, 2014**

**Draft Specifications for the Functional Status Quality Measures for Long-Term Care Hospitals**

This document describes draft specifications for two functional status quality measures for long-term care hospitals (LTCHs). This work builds on previous work, including the Development and Testing of the Continuity Assessment Record and Evaluation (CARE), the Post-Acute Care Payment Reform Demonstration (PAC PRD), and the Analysis of Crosscutting Medicare Functional Status Quality Metrics Using the Continuity Assessment Record and Evaluation. A Technical Expert Panel (TEP) convened by RTI International was consulted during the development of these measure specifications during one in-person meeting and several conference calls.

A summary of the draft specifications document is posted in the “[Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads)” section below.

**June 11, 2014**

The presentation for the June 12, 2014 LTCH QRP Special Open Door Forum (SODF) has now been posted. The presentation, as well as the announcement for the LTCH QRP SODF, are both available under the Downloads section of the [LTCH Training webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html), which is accessible by selecting the link of the same name in the upper left-hand corner of this webpage. We hope to see you there!

**May 7, 2014**

The slides for the May 7, 2014 LTCH QRP Special Open Door Forum (SODF) have now been posted. The slides and the FAQ document are both available for download on our [LTCH Training webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html), which is accessible by selecting the link of the same name in the upper left-hand corner of this webpage. We hope to see you there!

**May 1, 2014**

The LTCH QRP 2014 training materials have now been posted. We invite you to visit the [LTCH Training webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) for updates related to trainings, including training materials, notifications about upcoming LTCH Special Open Door Forums, and other training resources. The [LTCH Training webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) is accessible by selecting the link of the same name in the upper left-hand corner of this webpage.

**April 25, 2014**

***Draft Specifications for the Proposed Functional Status Quality Measures for Long-Term Care Hospitals***

This document describes draft specifications for two proposed functional status quality measures for long-term care hospitals (LTCHs). This work builds on previous work, including the Development and Testing of the Continuity Assessment Record and Evaluation (CARE), the Post-Acute Care Payment Reform Demonstration (PAC PRD), and the Analysis of Crosscutting Medicare Functional Status Quality Metrics Using the Continuity Assessment Record and Evaluation. A Technical Expert Panel (TEP) convened by RTI International was consulted during the development of these measure specifications during one in-person meeting and several conference calls.

A summary of the draft specifications is posted in the “[Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads)” section below.

**March 28, 2014**

***Technical Expert Panel on the Development of Cross-Setting Functional Status Quality Measures***

The Centers for Medicare & Medicaid Services contracted with RTI International to develop functional status quality measures for inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), and skilled nursing facilities (SNFs). As part of the quality measure development work, RTI convened a technical expert panel (TEP) in September 2013.  
The purpose of the TEP meeting was to gain input on the development of functional status quality measures using functional status items included on the Continuity Assessment Record and Evaluation (CARE) Item Set. The TEP consisted of rehabilitation clinicians, researchers, and administrators with expertise in functional assessment, quality improvement, and quality measure development across IRF, SNF, and LTCH settings. TEP members provided input to guide the development of the quality measures, including feedback on the individual CARE functional status items, the target population inclusion and exclusion criteria, and patient demographic and clinical factors that could affect function outcomes (risk adjustors).

A summary of the TEP is posted in the “[Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads)” section below .This report summarizes the feedback and recommendations provided by the TEP regarding the proposed functional status measures.

**February 10, 2014**

***The LTCH CARE Data Submission Specifications have been updated and posted***

CMS has now posted the final version of the **LTCH QR Program Manual (v 2.0)**. This manual contains the necessary instruction/direction for submitting the LTCH CARE Data Set (LCDS) (version 2.01), which will become active as of July 1, 2014. The manual includes instructions for coding and submitting quality data related to the three currently implemented quality measures **(Percent of Patients or Residents with Pressure Ulcers That Are New or Worsened (NQF #0678); National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138); National Health Safety Network (NHSN) Central Line-associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139))**, as well as instruction/direction for coding and submitting the measures finalized in the FY 2013 and FY 2014 IPPS/LTCH PPS Final Rules:

* **Percent of Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)**
* **Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)**
* **NHSN Facility-Wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF #1716)**
* **NHSN Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI)Outcome Measure (NQF #1717**

CMS encourages all LTCH providers and vendors to read and become familiar with this new version of the manual, which will also go into effect on July 1, 2014. LTCH training related to the contents of this manual will be offered in late winter/early spring 2014. Please continue to check the [LTCH Training](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) page for updates related to upcoming trainings. The manual is accessible by selecting the link titled “**LTCH QRP Manual V2.0 Final**”[[CG1]](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html" \l "_msocom_1) under the [Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads) section of the LTCH Quality Reporting Training web page. Please note: This manual does not cover the finalized quality measure, **All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals**, as the measure is claims-based and does not require LTCHs to submit specific data. Additionally, instruction/direction for coding and submitting the finalized quality measure **Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (NQF #0674)**, is not covered in version 2.01 of the LTCH QR Program Manual, as it will be included in a subsequent version of the manual.

**January 7, 2014**

***Attention LTCH Providers – Final version of LTCH Quality Reporting Program Manual (version 2.0)***

The new version is V1.01.1 and the documents containing the specifications are dated 01/31/2014. This version is scheduled for implementation on July 1, 2014 and can be considered final. The LTCH CARE Data Submission Specifications can be found under the [Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads) section of the [LTCH Technical Information](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html) webpage, which is available by selecting the link of the same name on the top left-hand side of this webpage. The download is titled LTCH Data Submission Specs FINAL v1.01.1 (January 2014) – Implementation on July 1, 2014