**2016 - 2017 LTCH Quality Public Reporting Archive**

**Background:**

Section 3004(a) of the Affordable Care Act established the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP). In addition, The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires the reporting of standardized patient assessment data on quality, resource use, and other measures by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals.

Beginning in fall 2016, CMS will publicly report LTCH quality data on the LTCH Compare website. CMS will initially publicly report performance data on four quality measures

• Percent of residents or patients with pressure ulcers that are new or worsened (short stay)- NQF #0678

• National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) outcome measure- NQF #0138

• National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) outcome measure- NQF #0139

• All-cause unplanned readmission measure for 30 days post-discharge from long-term care hospitals- NQF #2512

**LTCH Compare Website Now Live**

December 14, 2016, CMS unveiled the new LTCH Compare website. This new tool takes reported data and puts it into a format that can be used more readily by the public to get a snapshot of the quality of care each facility provides. For instance, this tool will help families compare some key quality metrics, such as pressure ulcers and readmissions, for over 420 LTCHs across the nation. The following quality measures are reported on the new Compare site for LTCHs:

• Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (National Quality Forum #0678

• All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospital

National Quality Forum #2512)

**December 12, 2017**

**LTCH Compare Quarterly Refresh**

The December 2017 quarterly LTCH Compare refresh, including new quality measure results based on data submitted to CMS is now available. Visit [LTCH Compare](https://www.medicare.gov/longtermcarehospitalcompare/) to view the data.

The following new measures were added to LTCH Compare:

1. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccination (NQF #0680)
   * Measure suppressed by CMS due to measure calculation error
2. Influenza Vaccination among Healthcare Personnel (NQF #0431)
3. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
4. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)

**December 5, 2017**

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 2 -2016 to Quarter 1 - 2017 data, prior to the March 2018 LTCH Compare refresh.

*Providers have until January 3, 2018 to review their performance data.*

View the [Preview Report Access Instructions](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Provider-Preview-Report-Access-Instructions.pdf).

**September 1, 2017**

**LTCH Compare Quarterly Refresh**

The September 2017 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q4 2015 – Q3 2016, is now available. Visit [LTCH Compare](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbXNpZD0mYXVpZD0mbWFpbGluZ2lkPTIwMTcwMzIxLjcxMzYxMjExJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE3MDMyMS43MTM2MTIxMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3OTE0MTQxJmVtYWlsaWQ9QW1hbmRhLkJhcm5lc0BjbXMuaGhzLmdvdiZ1c2VyaWQ9QW1hbmRhLkJhcm5lc0BjbXMuaGhzLmdvdiZ0YXJnZXRpZD0mZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&105&&&https://www.medicare.gov/longtermcarehospitalcompare/) to view the data.

**September 1, 2017**

**LTCH QRP Provider Preview Reports Now Available**

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 1 -2016 to Quarter 4 - 2016 data, prior to the December 2017 LTCH Compare refresh.

*Providers have 30 days to review their performance data (September 1, 2017 through September 30, 2017).*

View the [Preview Report Access Instructions](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Provider-Preview-Report-Access-Instructions.pdf).

**June 21, 2017**

**LTCH Fact Sheet Now Available**

**A new Long-Term Care Hospital (LTCH) fact sheet is now available in the downloads section below.** This fact sheet contains information related to [LTCH Compare](https://www.medicare.gov/longtermcarehospitalcompare/) and how the site can serve as a resource to providers in understanding their current quality ratings. The fact sheet also suggests approaches to communicating with patients and family members about how the Compare site can inform their decision making process.

**June 06, 2017**

**LTCH Compare Quarterly Refresh**

The June 2017 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q3 2015 – Q2 2016, is now available. Visit [LTCH Compare](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbXNpZD0mYXVpZD0mbWFpbGluZ2lkPTIwMTcwMzIxLjcxMzYxMjExJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE3MDMyMS43MTM2MTIxMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3OTE0MTQxJmVtYWlsaWQ9QW1hbmRhLkJhcm5lc0BjbXMuaGhzLmdvdiZ1c2VyaWQ9QW1hbmRhLkJhcm5lc0BjbXMuaGhzLmdvdiZ0YXJnZXRpZD0mZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&105&&&https://www.medicare.gov/longtermcarehospitalcompare/) to view the data.

**Please Note:** Central Line Associated Blood Stream Infections (CLABSI) has been suppressed for all LTCHs for this quarterly refresh.  Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the LTCH Compare site.

**June 1, 2017**

**LTCH QRP Provider Preview Reports Now Available**

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 4 -2015 to Quarter 3 - 2016 data, prior to the September 2017 LTCH Compare refresh, during which this data will be publicly displayed.

Providers have 30 days (June 1, 2017 through June 30, 2017) to review their performance data. As finalized in the FY 2017 IPPS/LTCH PPS final rule, corrections to the underlying data will not be permitted during this time; however, LTCHs may request CMS review of the data contained within their Preview Report, should they believe it to be inaccurate.

NOTE: Central Line Associated Blood Stream Infections (CLABSI) is not displayed on the Provider Preview Reports due to an error within the calculations of the Centers for Disease Control (CDC) data. Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the Provider Preview Reports for this measure for LTCHs.

Directions on how to retrieve these reports can be found in the Download section of this webpage.

**March 21, 2017**

The March 2017 quarterly Long-Term Care Hospital (LTCH) Compare refresh, including Healthcare-acquired infection (HAI) measures performance data, are now available. View [LTCH Compare](https://www.medicare.gov/longtermcarehospitalcompare/) to view the data.

**March 01, 2017**

**LTCH QRP Provider Preview Reports Now Available**

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 3 -2015 to Quarter 2 - 2016 data, prior to the June 2017 LTCH Compare refresh, during which this data will be publicly displayed.

Providers have 30 days (March 1, 2016 through March 30, 2017) to review their performance data. As finalized in the FY 2017 IPPS/LTCH PPS final rule, corrections to the underlying data will not be permitted during this time; however, LTCHs may request CMS review of the data contained within their Preview Report, should they believe it to be inaccurate. Directions on how to retrieve these reports can be found in the Download section of this webpage.

**December 12, 2016**

**LTCH QRP Provider Preview Reports Now Available**

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 2 -2015 to Quarter 1 - 2016 data prior to public display on IRF Compare in spring 2017.

Providers have 30 days (December 11, 2016 through January 10, 2017) to review their performance data. As finalized in the FY 2017 IPPS/LTCH PPS final rule, corrections to the underlying data will not be permitted during this time; however, LTCHs may request CMS review of the data contained within their Preview Report, should they believe it to be inaccurate. Directions on how to retrieve these reports can be found in the Download section of this webpage.

As a reminder- providers will be unable to use NHSN to verify the accuracy of the HAI SIR data contained within their preview reports for the Compare sites during the 30-day preview period. LTCHs must use an alternative method to calculate and verify their HAI SIR data, until such time as the NHSN system is updated by the CDC.

For further information and to assist LTCHs in understanding the use of the rebaselined data and how to monitor their quality data using the new baseline, including an alternative method for calculating and verifying their HAI SIR data, view the PDF [Provider Messaging\_Rebaselining\_LTCH\_December Final](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/Provider-Messaging_Rebaselining_LTCH_December-Final.pdf), in the downloads section of this webpage.

**November 30, 2016**

**NHSN: Transition to the 2015 Rebaseline Guidance for IRF and LTCHs Webinar**

**When:** Wednesday, November 16, 2016

**Time:** 1:00 PM- 2:00 PM Eastern Time

Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) is the nation’s most widely used healthcare-associated infection (HAI) tracking system. CDC is implementing a new national baseline for HAIs that are reported to NHSN. On December 10, 2016, NHSN Users will be able to run Standardized Infection Ratios (SIRs) for 2015 and 2016 under both the old baseline, and the new baseline. Data for 2017 and forward will be available under the new baseline only.

During this webinar, CDC explains the new HAI models, as they relate to Long-Term Care Hospitals (LTCHs) and Inpatient Rehabilitation Facilities (IRFs), and will discuss the reason HAI data contained within IRF and LTCH Preview Reports may not align with the data in NHSN for the same target period.

**Webinar Materials:**

[Presentation](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/CDC_Intro-to-the-Rebaseline-LTCHs-and-IRFs_-Nov2016.pdf)

[Written Transcript](https://wcms.cms.gov:9009/Rhythmyx/assembler/render?sys_revision=1&sys_context=0&sys_authtype=0&sys_variantid=764&sys_contentid=202275)

Audio Recording - Coming soon

**August 19, 2016**

**LTCH Public Reporting Update - CDC & NHSN Rebaseline Guidance**

 As noted in the Rebaseline Timeline posted in the [June 2016 NHSN Newsletter](http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-june-2016.pdf), the CDC submitted standardized infection ratios (SIRs) to CMS using the new 2015 baseline starting with 2016 Q1 data. The LTCH QRP Preview Reports provided on September 1, 2016 contained CY2015 healthcare-associated infection (HAI) SIRs in accordance with the new NHSN baselines based on nationally collected data from 2015.  However, providers were unable to use NHSN to verify the accuracy of the HAI data contained within their preview reports for the Compare sites during the 30-day preview period established for this purpose. Consequently, CMS will begin publically displaying the NHSN HAI data on the Compare sites for IRFs and LTCHs in the next quarterly refresh in spring 2017 instead of in fall 2016.

 For further information and to assist LTCHs in understanding the use of the rebaselined data and how to monitor their quality data using the new baseline, we have posted a document titled **IRF and LTCH Public Reporting Update - CDC & NHSN Rebaseline Guidance.** This document is accessible by selecting the link with this title under the **Downloads** section of this webpage below.

**Please note: The only method for submitting a request to CMS for review of your Preview Report data is via email. Requests submitted by any other means will not be reviewed. CMS will not review any requests that include protected health information (PHI) in the request being submitted to CMS for review.**

**Resources**

* [Sign up](https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265) for LTCH QRP updates today!
* LTCH Public Reporting helpdesk: [LTCHPRquestions@cms.hhs.gov](mailto:%C2%A0LTCHPRquestions@cms.hhs.gov)

**LTCH QRP Training:**

**IRF & LTCH Quality Reporting Program: Public Reporting Webinar**  
**When**: Tuesday, August 23, 2016  
**Time:** 1:30 PM - 3:00 PM Eastern Time

During this webinar, CMS will discuss the Preview Reports for IRFs and LTCHs that will be available to providers in the near future. Participants will gain an understanding of how to access these reports, how to interpret the contents of these reports, and what to do if they believe their report contains an error.

**Webinar Materials**

* [Presentation](https://wcms.cms.gov:9009/Rhythmyx/assembler/render?sys_revision=1&sys_context=0&sys_authtype=0&sys_variantid=764&sys_contentid=199105)
* [IRF & LTCH Quality Reporting Webinar Transcript](https://wcms.cms.gov:9009/Rhythmyx/assembler/render?sys_revision=1&sys_context=0&sys_authtype=0&sys_variantid=764&sys_contentid=199428)
* Due to technical difficulties, the audio recording will not be posted.

**For more information:**

* [LTCH Quality Reporting Training](https://wcms.cms.gov:9009/Rhythmyx/assembler/render?sys_revision=63&sys_context=0&sys_authtype=0&sys_variantid=907&sys_contentid=157839) webpage

**Please continue to check this webpage for updates.**