



Long-Term Care Hospital Quality Reporting Program Provider Training



LTCH

LONG-TERM CARE HOSPITAL

**QUALITY REPORTING
PROGRAM**

**Long-Term Care
Hospital (LTCH)
Quality Reporting
Program (QRP)
Refresher Training**

August 22, 2017

Acronyms in This Presentation

- Annual Payment Update (APU)
- Assessment Reference Date (ARD)
- Assessment Submission and Processing (ASAP) system
- Acquired Brain Injury (ABI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Central Line-Associated Blood Stream Infection (CLABSI)
- Certification and Survey Provider Enhanced Reports (CASPER)



Acronyms in This Presentation

- Certified Nursing Assistant (CNA)
- *Clostridium difficile* infection (CDI)
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act
- Influenza Vaccination Season (IVS)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE) Data Set
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- LTCH Assessment Submission Entry and Reporting (LASER)



Acronyms in This Presentation

- Methicillin-Resistant *Staphylococcus aureus* (MRSA)
- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Present on Admission (POA)
- QIES Technical Support Office (QTSO)
- Quality Improvement and Evaluation System (QIES)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Validation Utility Tool (VUT)
- Ventilator-Associated Event (VAE)



Housekeeping

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- Please click on the settings button near the top of your screen to enable closed captioning.
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How to Download the Handout Materials



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Media Library Icon



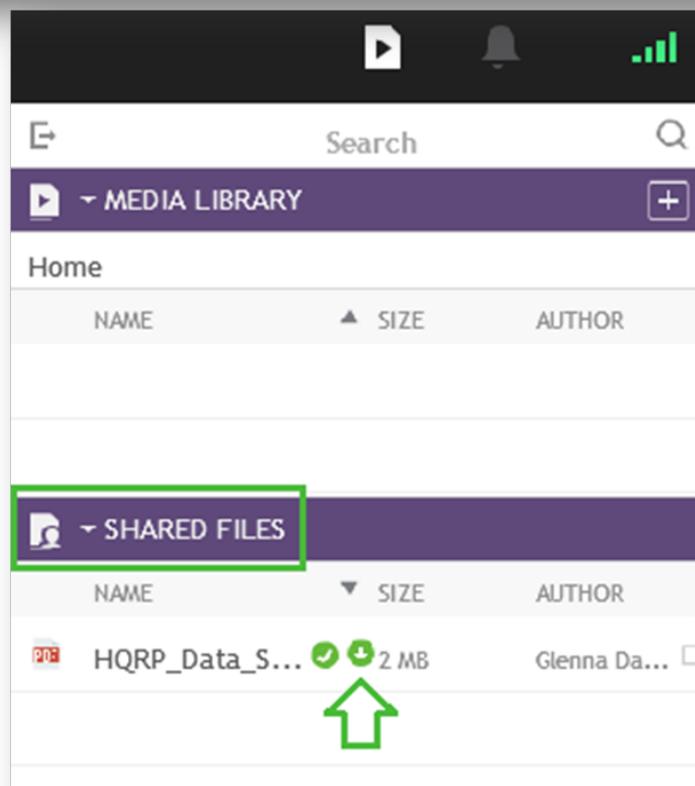
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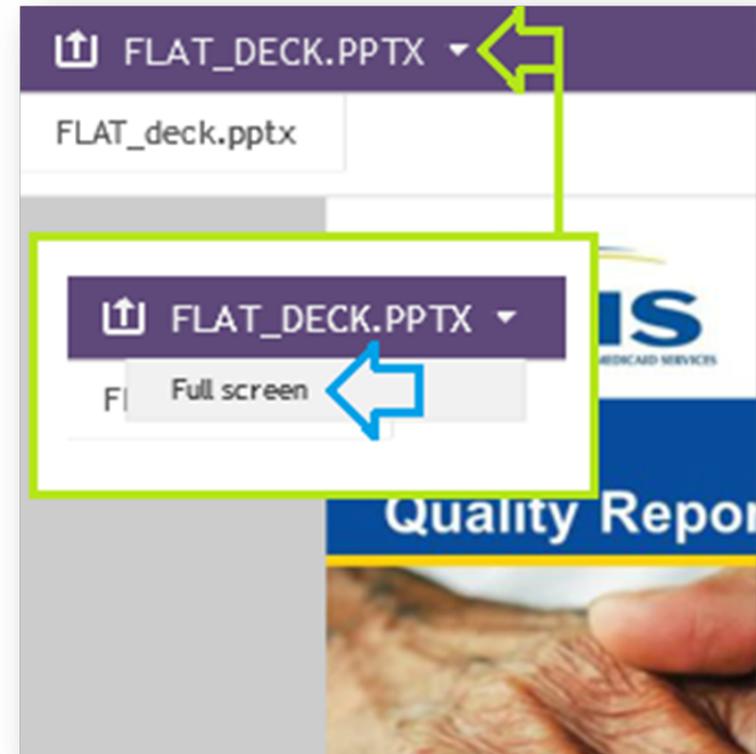


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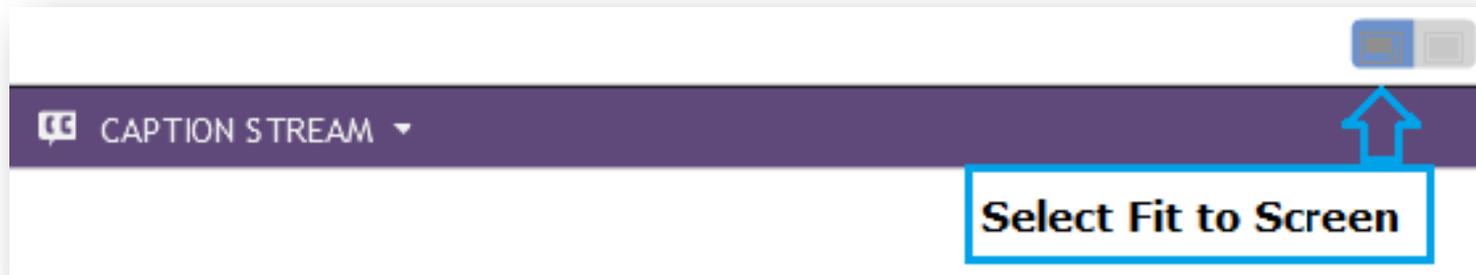
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- Click on the PPT Presentation Title located above the presentation area.
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Polling Question

How many people (including you) are participating in this webinar together?

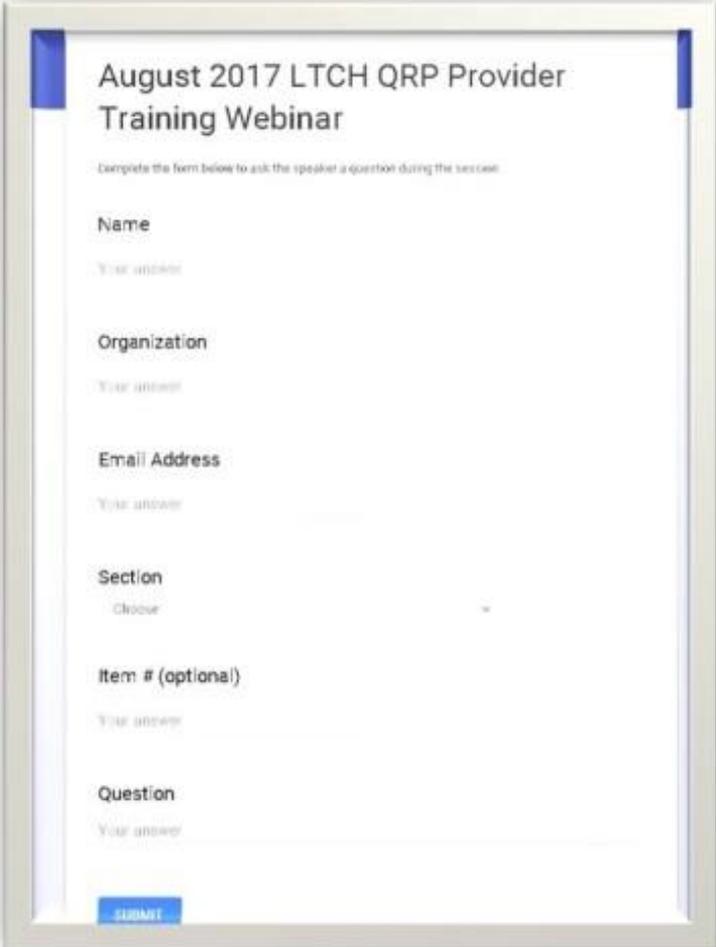
- A. Just me—I am the only one participating.
- B. Two people.
- C. Three or four people.
- D. Five or more people.

Electronic Question Submission

1. Visit

https://docs.google.com/forms/d/e/1FAIpQLSfHV_H6L08rYoxU9i8esE0JFJjuV1xXrm5XtaJEB9wJU24n5Q/viewform?usp=sf_link.

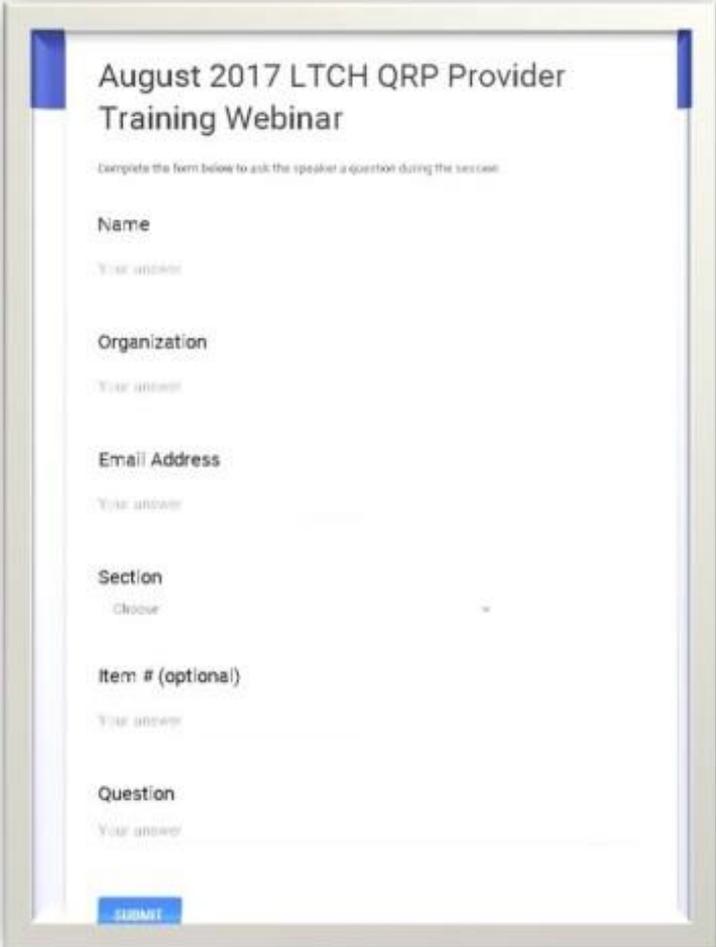
2. Enter your full name, organization, and email address.



The screenshot shows a Google Form titled "August 2017 LTCH QRP Provider Training Webinar". Below the title, there is a subtitle: "Complete the form below to ask the speaker a question during the session." The form contains several input fields: "Name" with a "Your answer" label below it; "Organization" with a "Your answer" label below it; "Email Address" with a "Your answer" label below it; "Section" with a "Choose" label below it; "Item # (optional)" with a "Your answer" label below it; and "Question" with a "Your answer" label below it. At the bottom of the form, there is a blue "SUBMIT" button.

Electronic Question Submission

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4. Type your questions and click “SUBMIT” to send your question to the presenter.



August 2017 LTCH QRP Provider Training Webinar

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Your answer

Organization
Your answer

Email Address
Your answer

Section
Choose

Item # (optional)
Your answer

Question
Your answer

SUBMIT

Electronic Question Submission

5. You may ask another question by clicking “Submit another response” after the page refreshes.



Today's Presenters



**Jennifer Farley, B.S., M.B.A.,
RT(R)(M)**
Vice President of Quality
Patient Safety Officer
Hospital for Special Care



**Vicky Golab, R.N., M.S.N., CRRN,
CPHQ**
Vice President of Nursing
Chief Nursing Officer
Hospital for Special Care

Today's Presenters



Tri Le, Ph.D., MPH
Research Public Health and LTCH
Analyst
RTI International

Objectives

Upon completion of the training, the participant will be able to:

- Identify the resources available to guide understanding of the Long-Term Care Hospital (LTCH) Quality Reporting Program.
- Demonstrate understanding of section-specific assessment items to correctly interpret and code the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set v3.00.
- Discuss findings from data analysis on data submissions, including the new assessment items, effective April 1, 2016.



Live Demonstration

Jennifer Farley
Vicky Golab

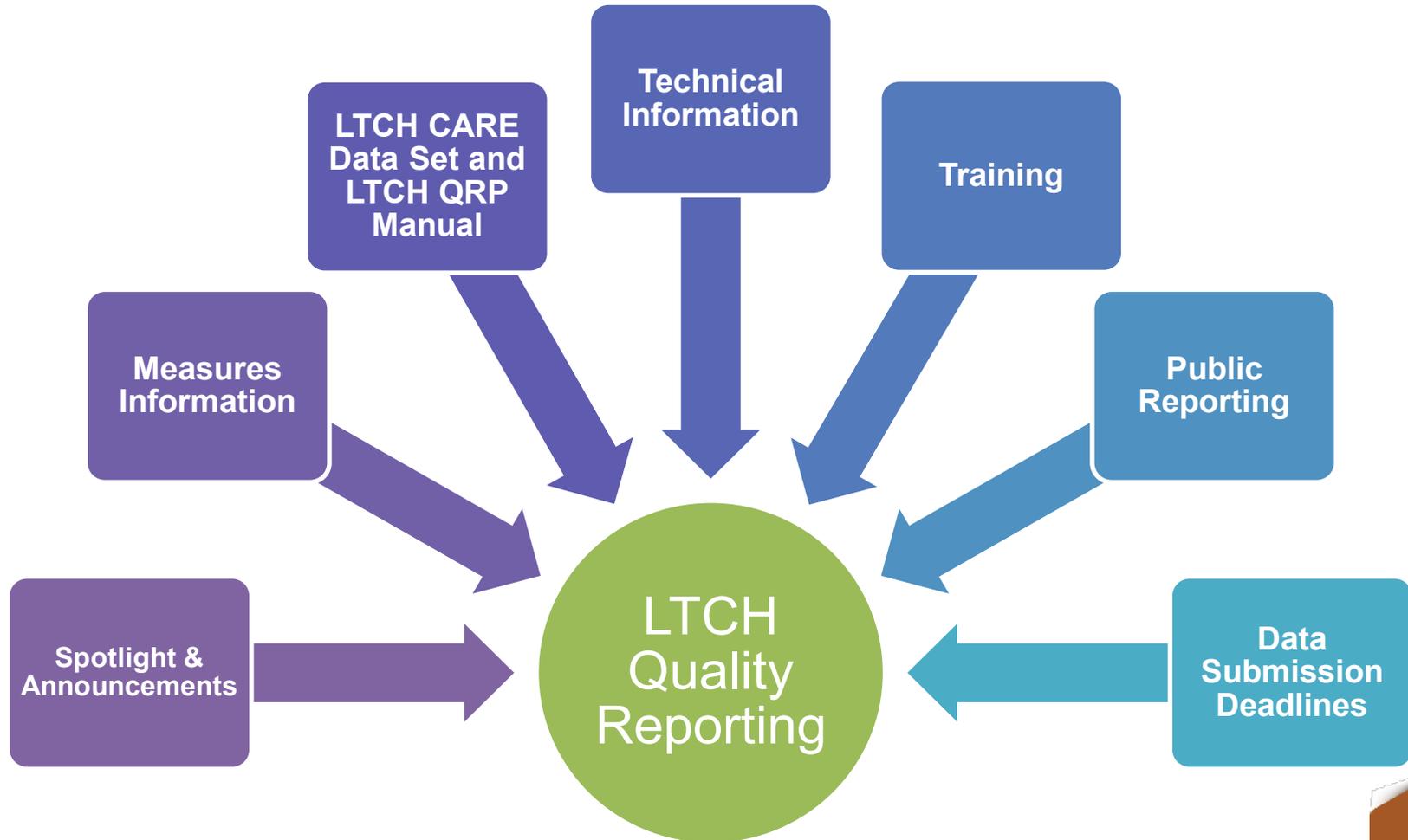
Hospital for Special Care

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This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

LTCH QRP Website



LTCH QRP Website: Landing Page

Secure | <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE->

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Home > Medicare > Quality Reporting > LTCH CARE Data Set & LTCH QRP Manual

LTCH Quality Reporting

- [LTCH Quality Reporting Spotlight Announcements](#)
- [LTCH Quality Reporting Measures Information](#)
- LTCH CARE Data Set & LTCH QRP Manual**
- [LTCH Quality Reporting Technical Information](#)
- [LTCH Quality Reporting Training](#)
- [LTCH Quality Public Reporting](#)
- [LTCH Quality Reporting FAQs](#)
- [LTCH Patient Experience of Care](#)
- [LTCH Quality Reporting Data Submission Deadlines](#)
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#)
- [LTCH Quality Reporting Help](#)
- [LTCH Quality Reporting Archives](#)

LTCH CARE Data Set & LTCH QRP Manual

This page includes the current versions of LTCH CARE Data Set and LTCH QRP Manual and associated documents. This page will be updated whenever an update is made to either of these resources, a newer version becomes available, or when important information regarding these tools needs to be communicated. Once the Data Set and Manual are updated, the older versions are available for reference in the archives section.

The Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

The Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set is the assessment instrument LTCH providers use to collect patient assessment data for quality measure calculation and payment determination in accordance with LTCH QRP. Patient assessment data is collected on admission, discharge (planned and unplanned), and for expired patients. The LTCH CARE Data Set V 2.01 is currently in use through March 31, 2016. The LTCH CARE Data Set V 3.00 will go into effect April 1, 2016. For more information about data collection and submission, please refer to the LTCH Quality Reporting Data Submission Deadlines webpage.

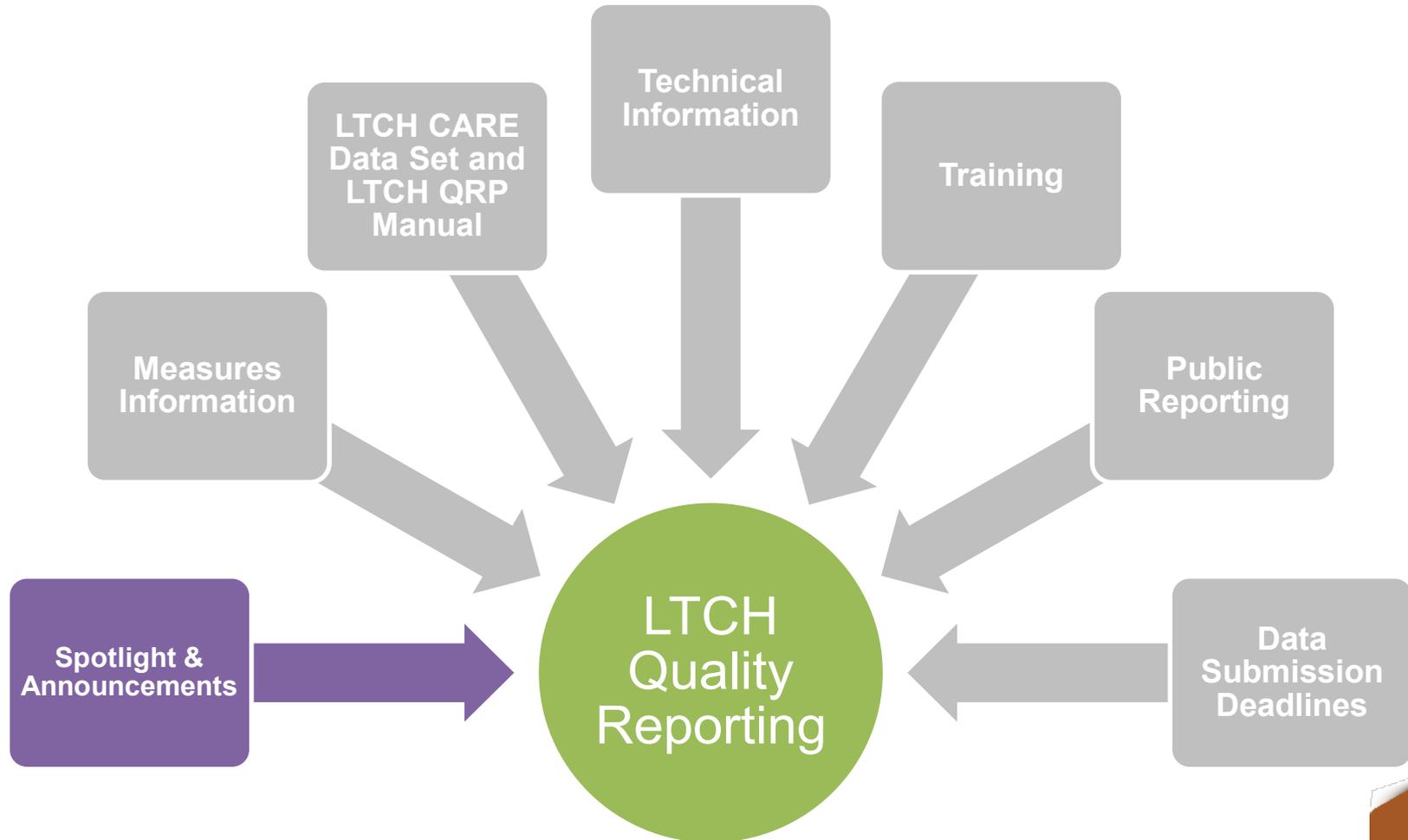
The Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Manual

The purpose of the LTCH 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. The LTCH QRP Manual provides a historical and contextual overview of the LTCH QRP, item-by-item coding instructions for the LTCH CARE Data Set, and coding examples for each item to provide LTCH staff with the rationale and guidance to optimize the accurate completion of the LTCH CARE Data Set. The most recent version of the LTCH QRP Manual is available in the downloads section below.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html>



LTCH QRP Website



LTCH QRP Website: Spotlight & Announcements

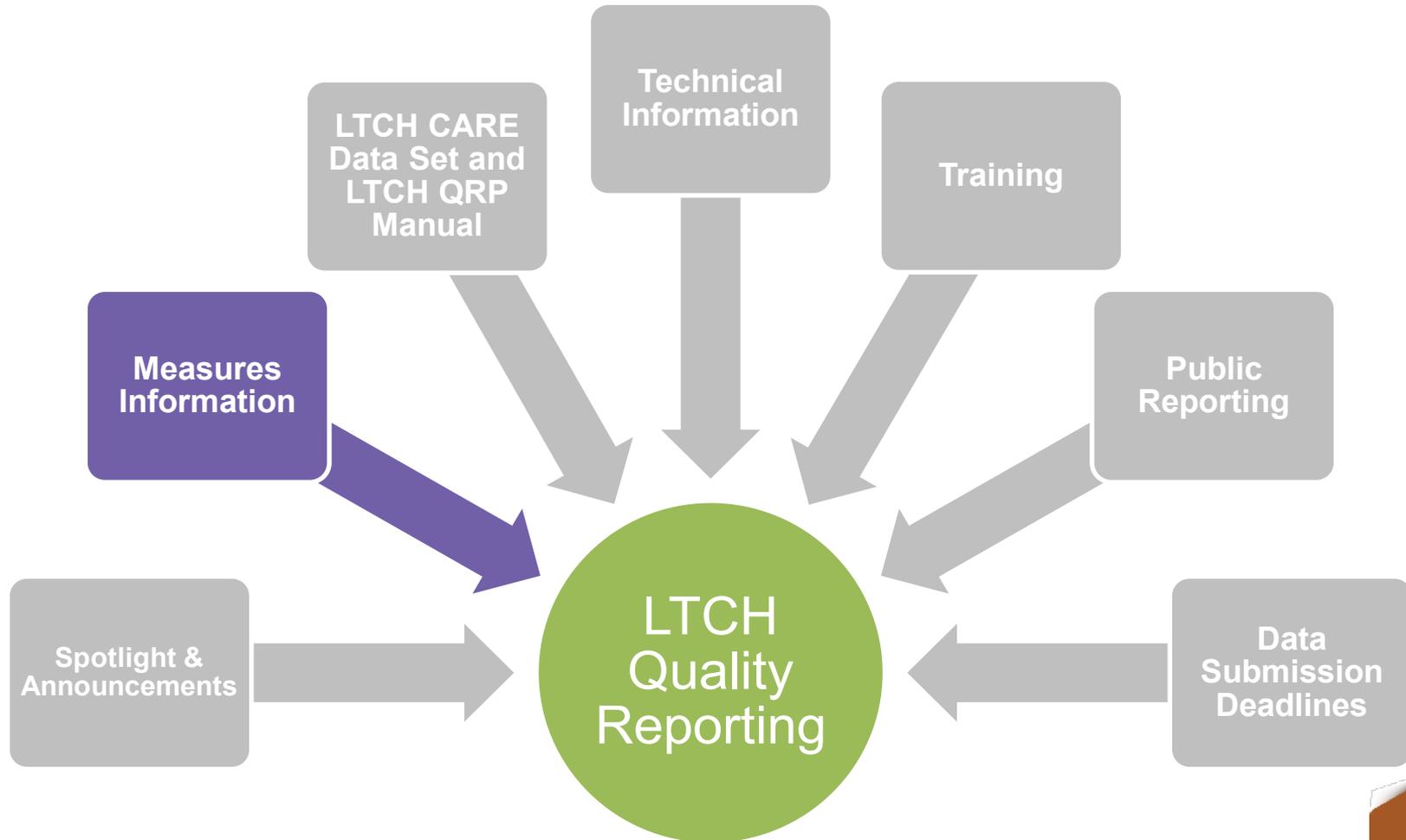


- News
- Announcements
- Updates

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html>



LTCH QRP Website



LTCH QRP Website: Measures Information

Home > Medicare > LTCH Quality Reporting > LTCH Quality Reporting Measures Information

LTCH Quality Reporting

- LTCH Quality Reporting Spotlight Announcements
- LTCH Quality Reporting Measures Information**
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LTCH Quality Reporting Measures Information

The purpose of this page is to provide information on the measures that are to be reported with the LTCH QRP. On this page, you will find descriptions for each measure, measure specifications, and the measures and data sets. This page is updated as measure updates become available.

For more detailed information on data collection and submission deadlines, please refer to the Data Submission Deadlines webpage. For more information on the data sets and quality measures, please reference the LTCH CARE Data set V 3.00 and the [LTCH QRP Manual V 3.0](#), located on the [LTCH QRP Manual webpage](#).

July 05, 2017

An updated version of the LTCH Quality Reporting Program User's Manual has been added. The LTCH Quality Reporting Program User's Manual 2.0 for the patient assessment based LTCH CARE Data Set contains information regarding record selection and measure calculation for the LTCH CARE Data Set Quality Measures. The manual also includes the logical specifications for the LTCH CARE Data Set Quality Measures. The manual also includes the specifications for the LTCH CARE Data Set Quality Measures for public reporting in late fall 2017.

What are the Long-Term Care Hospital (LTCH) quality reporting measures?

For quality measures currently adopted for the LTCH QRP, please see document in the Downloads section of the [LTCH QRP Manual](#).

Collection periods and submission deadlines for the data are located on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

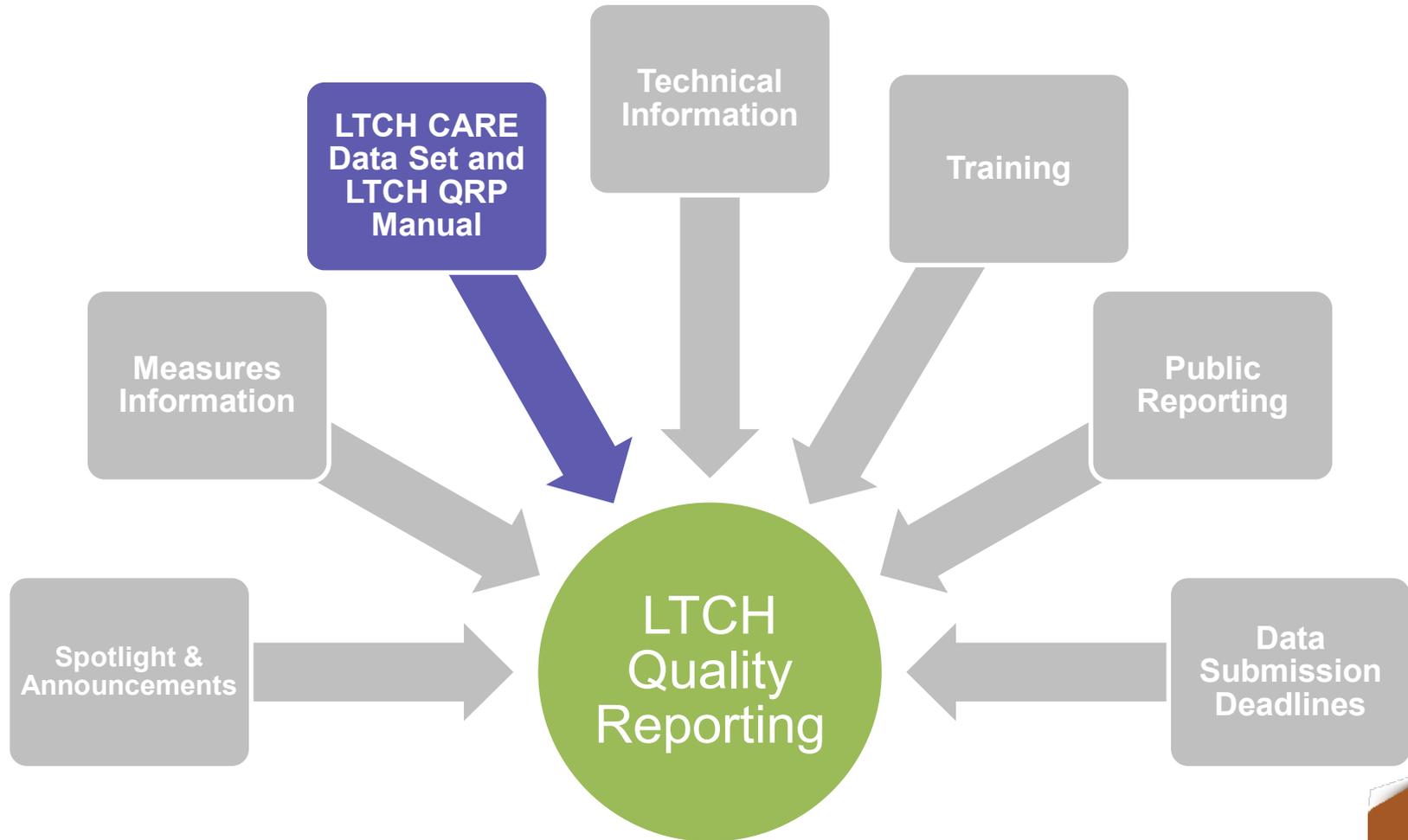
Data for the LTCH QRP measures are collected and submitted through three methods described below. For more information about when data are collected and must be submitted, as well as the most current definitions for the quality measures please refer to the LTCH QRP Manual available under the Downloads section of the [LTCH QRP Manual](#) webpage.

I. LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Measures

- Final and proposed measure specifications.
- National Quality Forum (NQF) Measure Identification Numbers and Titles.
- LTCH QRP Measures.
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>



LTCH QRP Website



LTCH QRP Website: LTCH CARE Data Set and LTCH QRP Manual

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Home > Medicare > LTCH Quality Reporting > LTCH CARE Data Set & LTCH QRP Manual

LTCH CARE Data Set & LTCH QRP Manual

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The Long-Term Care Hospital (LTCH) Continuity Assessment Record and Data Set

The Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (LTCH CARE) assessment instrument LTCH providers use to collect patient assessment data for payment determination in accordance with LTCH QRP. Patient assessment data includes planned and unplanned, and for expired patients. The LTCH CARE Data Set V 3.0, 2016. The LTCH CARE Data Set V 3.0 will go into effect April 1, 2016. For information and submission, please refer to the LTCH Quality Reporting Data Submission and Reporting Manual.

The Long-Term Care Hospital (LTCH) Quality Reporting Program

The purpose of the LTCH QRP Manual is to offer continuing guidance to LTCHs regarding the submission, and reporting of quality data to CMS for compliance with the LTCH QRP. The LTCH QRP Manual provides a historical and contextual overview of the LTCH QRP, item-by-item coding instructions for the LTCH CARE Data Set, and coding examples for each item to provide LTCH staff with the rationale and guidance to optimize the accurate completion of the LTCH CARE Data Set. The most recent version of the LTCH QRP Manual is available in the downloads section below.

[LTCH Quality Reporting](#)
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[LTCH Quality Reporting Archives](#)

- Current versions of the LTCH CARE Data Set, the LTCH QRP Manual, and associated documents.
- Tool and manual updates.
- Change table(s).

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html>



LTCH QRP Website: LTCH CARE Data Set and LTCH QRP Manual

Downloads

[May_2017_Review_and_Correct_Reports_Provider_Post_Training_Materials.zip \[ZIP, 2MB\]](#) 

[May 2 Review Correct Webcast QA- May 2017.pdf \[PDF, 388KB\]](#) 

[May_2017_Review_and_Correct_Reports_Provider_Training \(1\).zip \[ZIP, 2MB\]](#) 

[LTCH_CollateralMaterials_Chicago_August2016.zip \[ZIP, 1MB\]](#) 

[LTCH_SlidePresentationsExceptSectionGG_Chicago_August2016.zip \[ZIP, 6MB\]](#) 

[LTCH_SlidesPresentationSectionGG_Chicago_August2016.zip \[ZIP, 5MB\]](#) 

[August_LTCH_Training_Part_1 \[ZIP, 1021KB\]](#) 

[August_LTCH_Training_Part_2 \[ZIP, 5MB\]](#) 

[August_LTCH_Training_Part_3 \[ZIP, 4MB\]](#) 

[LTCH Compliant Packet \[ZIP, 1MB\]](#) 

[IMPACT Act and Assessment Data Element Standardization and Interoperabil... \[ZIP, 6MB\]](#) 

[02032016LTCHWebinar_masterslidedeck_4 \[PDF, 3MB\]](#) 

[LTCH_Provider_Training_November_2015_Day 1 \[ZIP, 13MB\]](#) 

[LTCH_Provider_Training_November_2015 Day 2 \[ZIP, 20MB\]](#) 

[LTCH QR Program Manual version 2.0 \[ZIP, 3MB\]](#) 

[LTCH SODF Presentation – November 5, 2014 \[PDF, 16MB\]](#) 

[LTCH SODF Presentation - June 12, 2014 \[PDF, 461KB\]](#) 

[LTCH SODF June 12, 2014 Announcement \[PDF, 273KB\]](#) 

[MAY 2014 SODF Final Documents \[ZIP, 2MB\]](#) 

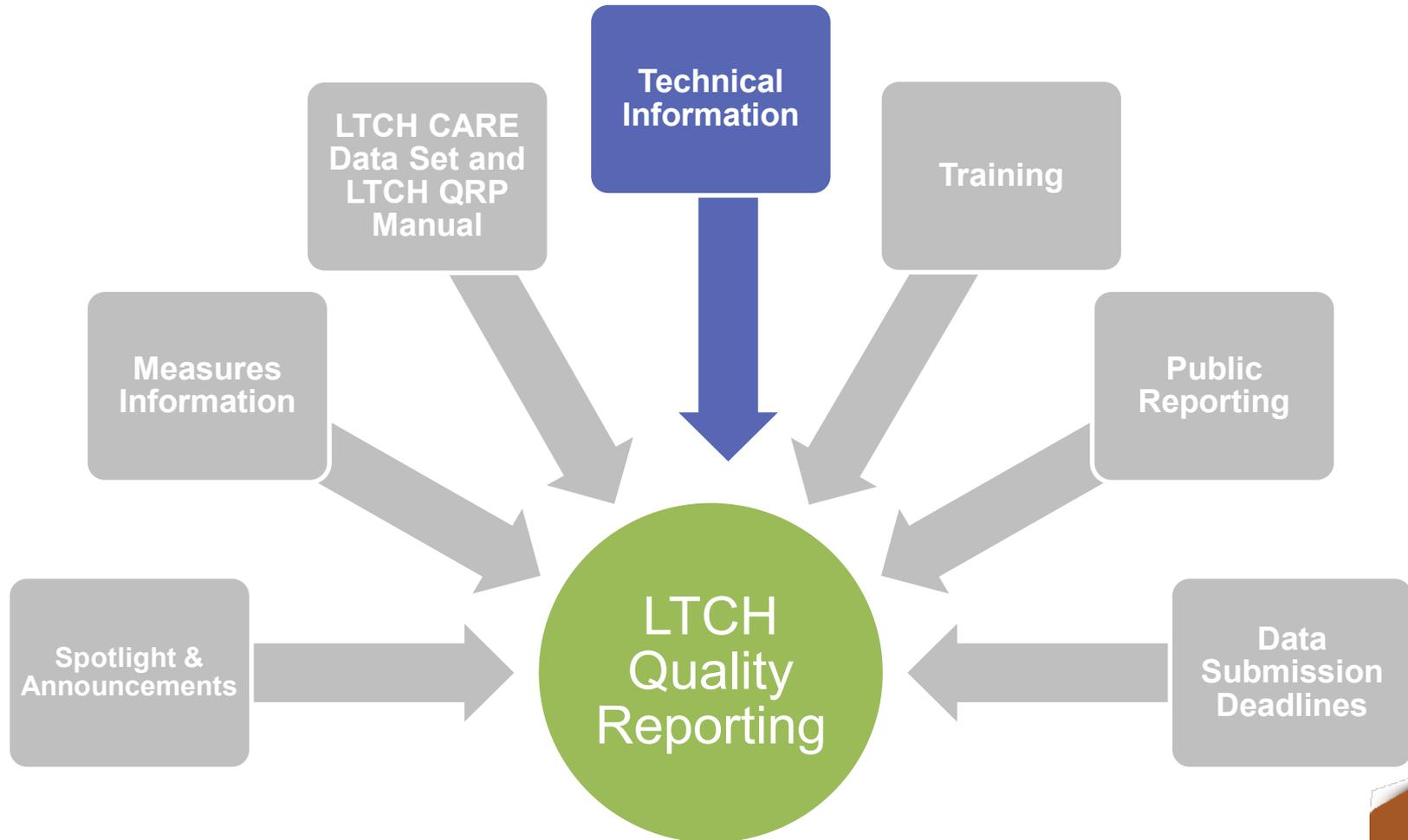
[LTCH QRP 2014 Provider Training Materials \[ZIP, 841KB\]](#) 

[LTCH SODF Presentation – November 5, 2014 \[PDF, 16MB\]](#) 

- Final LTCH CARE Data Set version 3.00, effective April 1, 2016.
- LTCH QRP Manual version 3.0 Errata.
- Future versions of the LTCH CARE Data Set.
- Change tables.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>

LTCH QRP Website



LTCH QRP Website: Technical Information

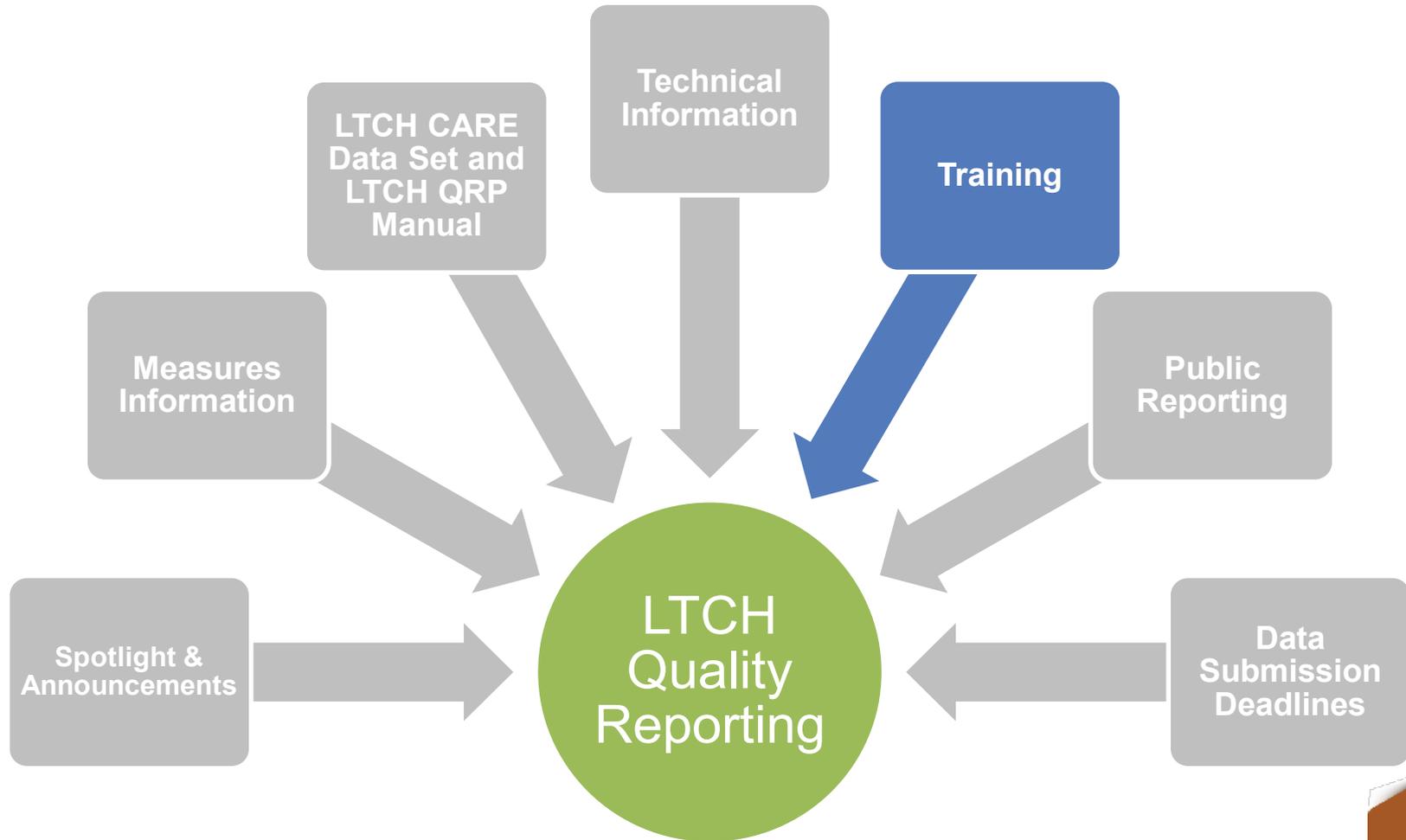
The screenshot shows the CMS.gov website with the URL <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Techni>. The page title is "LTCH Quality Reporting Technical Information". The main content area includes an introduction, contact information for technical issues, and updates from June 2, 2017. The sidebar contains a list of links, with "LTCH Quality Reporting Technical Information" highlighted.

- Technical updates and resources.
- Contacts for technical issues.
- LTCH CARE Data Set submission specifications.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>



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- [LTCH Quality Reporting Measures Information](#)
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- [LTCH Quality Reporting Archives](#)

LTCH Quality Reporting Training

The purpose of this page is to provide information about LTCH QRP training for LTC Forum (SODF) Presentations, provider training materials, and other resources. Training and other updates are organized by date and added to this webpage as new materials are added.

CDC and CMS Issue Joint Reminder on NHSN Reporting

CDC's National Healthcare Safety Network (NHSN) is the nation's most comprehensive system for collecting and analyzing data on healthcare-associated infections that is currently utilized by more than 16,000 U.S. healthcare facilities. NHSN provides data and other resources to help healthcare facilities improve their infection prevention efforts aimed at protecting patients.

In response to anecdotal reports of intentional non-reporting of infection data, CDC and CMS issued a joint reminder that addresses concerns about healthcare facility non-reporting of healthcare-associated infections. While there is no evidence of a widespread issue, CDC and CMS want to emphasize that strict adherence to the NHSN definitions is critical.

CDC and CMS are committed to ensuring data accuracy and reliability for guiding prevention priorities and protecting patients. Identifying infections and making sure that patients receive the highest quality of care is our top priority.

To read the full reminder, visit: <http://www.cdc.gov/nhsn/pdfs/cms/nhsn-reporting-signed.pdf>

Updates

May 24, 2017

May 2 Review and Correct Reports Provider Training Question and Answer (Q&A) Document Is Now Available

- Training updates.
- Training registration.
- Training presentations and collateral materials.
- Training Q&As.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>

LTCH QRP Website: Training Downloads

Downloads

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[LTCH Compliant Packet](#) [ZIP, 1MB] 

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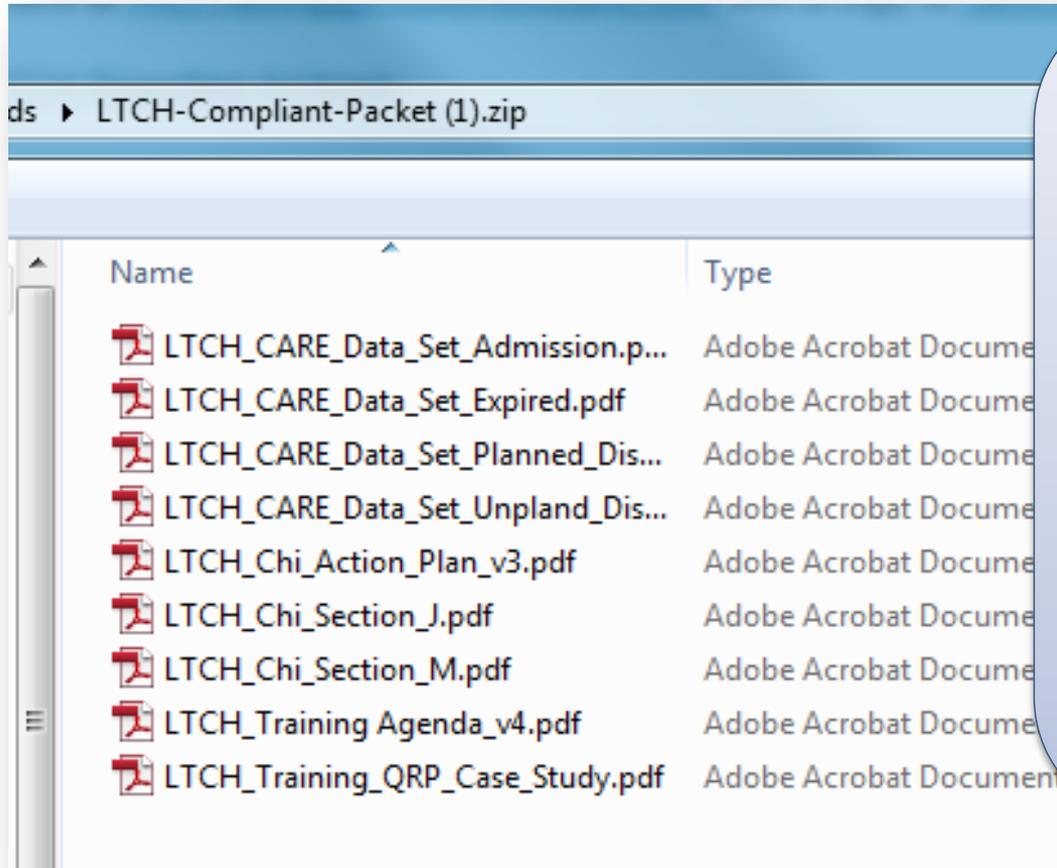
[LTCH QRP 2014 Provider Training Materials](#) [ZIP, 841KB] 

[LTCH SODF Presentation – November 5, 2014](#) [PDF, 16MB] 

- May 2017 Review and Correct Reports Webcast Recording & Q&A.
- August 2016 LTCH QRP Provider Training Materials, Videos & Q&A.
- November 2015 LTCH QRP Provider Training Materials, Videos & Q&A.
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act & Interoperability Training Presentation.

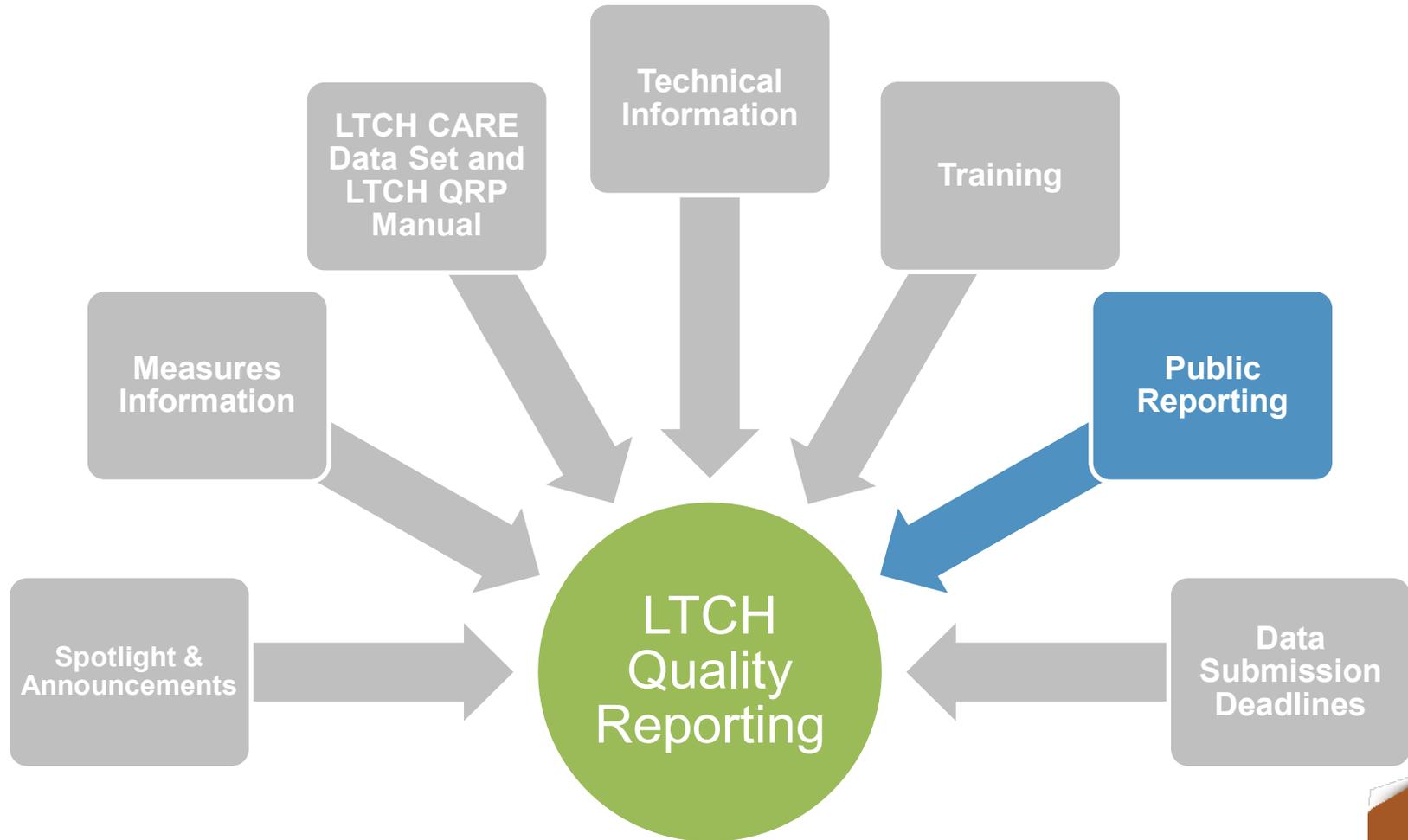
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>

LTCH QRP Website: Training Downloads



- Past in-person LTCH QRP Provider Training materials are packaged into zipped folders.
- Each section of the training has a zipped folder containing all related training materials.
- CMS provides training materials (presentations, case studies, action plan templates, etc.) for reuse in your organization.

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LTCH QRP Website: Public Reporting

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LTCH Quality Reporting

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LTCH Quality Public Reporting

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 (PAC) requires LTCHs to report standardized patient assessment data on quality, resident safety, and patient experience to Medicare and Medicaid. LTCHs are required to report data on quality, resident safety, and patient experience to Medicare and Medicaid. LTCHs are required to report data on quality, resident safety, and patient experience to Medicare and Medicaid.

Beginning in fall 2016, CMS will publicly report LTCH quality data. CMS will publicly report performance data on four quality measures:

- Percent of residents or patients with pressure ulcers that are stage 2 or worse
- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) measure- NQF #0138
- National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) measure- NQF #0139
- All-cause unplanned readmission measure for 30 days post-discharge from LTCHs- NQF #2512

June 06, 2017

LTCH Compare Quarterly Refresh

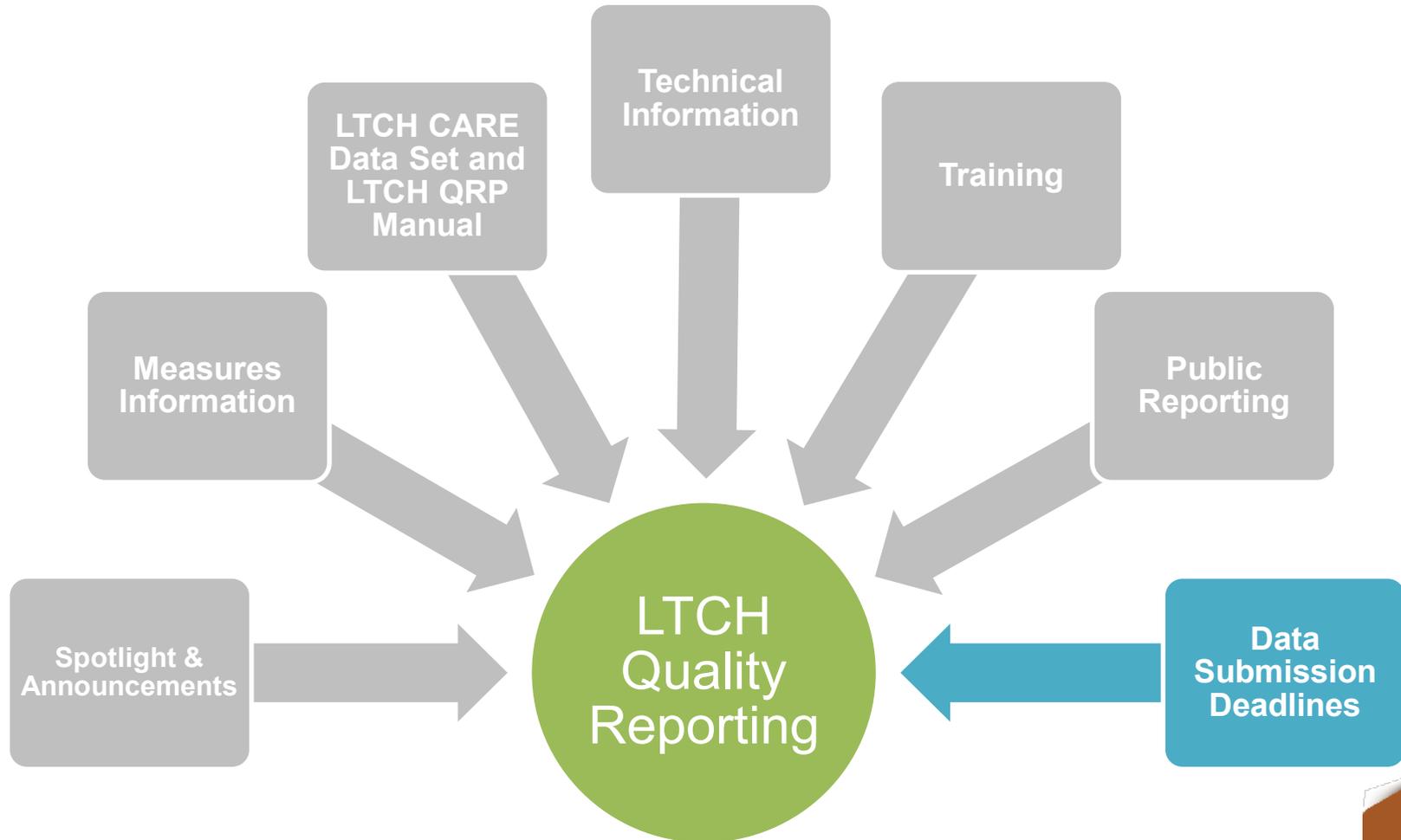
The June 2017 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q3 2015 – Q2 2016, is now available. Visit [LTCH Compare](#) to view the data.

- Public Reporting updates.
- Public Reporting resources & education materials.
- Downloads.
 - LTCH Compare Fact Sheet.
 - NHSN Rebaseline Guidance.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Public-Reporting.html>



LTCH QRP Website



LTCH QRP Website: Data Submission Deadlines

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LTCH Quality Reporting

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LTCH Quality Reporting Data Submission Deadlines

The purpose of this page is to provide data collection timelines and submission deadlines required through the LTCH QRP. LTCHs must submit data no later than 11:59 PM on the deadlines listed below. The LTCH CARE Data Set must be transmitted to CMS and Processing (ASAP) system to the Quality Improvement Evaluation System (QIES) and Safety Network (NHSN) measures must be submitted to the Centers for Disease Control and Prevention (CDC) and submission deadlines for each APU determination are summarized in the table below.

This page will be updated as new information regarding data collection and submission deadlines is received.

February 14, 2017

NHSN Data Submission Deadline Extended to May 15th for LTCH QRP

CMS is extending the February 15th submission deadline for the Long-Term Care Program (QRP) for data submitted via the Centers for Disease Control and Prevention's National Health Safety Network (NHSN) during Quarter 3 2016, allowing providers to submit their data by May 15, 2017. This extension will provide facilities additional time to submit this quality reporting data and ensure an accurate submission.

For more information, view the PDF in the downloads section of this webpage.

February 15, 2016

LTCH QRP Data Submission Extension

CMS has made the decision to extend the NHSN data submission deadline for LTCH providers until February 15, 2016, for Calendar Year 2015 Quarters 1, 2, & 3 for FY2017 payment determination. Facilities are encouraged to review their Q1, Q2, and Q3 data within NHSN to ensure completeness. Facilities may add or update data from 2015 Q1, Q2, and Q3 data within NHSN to ensure completeness. Facilities may add or update data from 2015 Q1, Q2, and Q3 data within NHSN to ensure completeness. Facilities may add or update data from 2015 Q1, Q2, and Q3 data within NHSN to ensure completeness.

- Data submission updates.
- Data Collection & Final Submission Deadlines for Payment Update Determination.
- Downloads.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html>

Federal Register

- Proposed Rules and Final Rules are published in the Federal Register and typically released each year in April and August.
- Proposed and Final Rules are posted on both of these webpages:
 - <https://www.federalregister.gov/>.
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html>.

Stay Connected

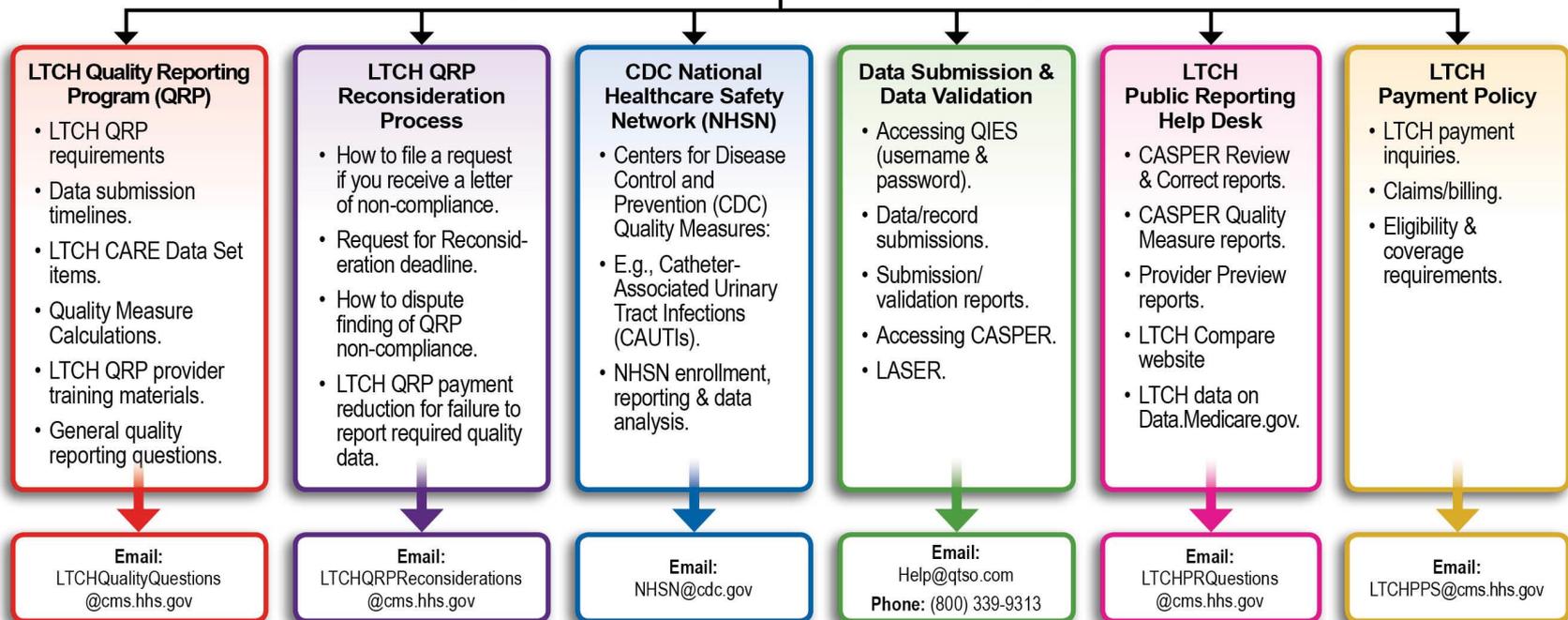
- To receive mailing list notices and announcements about the LTCH QRP, sign up at:
<https://public.govdelivery.com/accounts/USCMS/subscriber/new>.
- To receive notices about Centers for Medicare & Medicaid Services (CMS) Open Door Forums related to the LTCH QRP:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html>.

LTCH Help Desks

LTCH Help Desks

LTCH Help Desks

LTCH Provider, with a question about:



LTCH Help Desks

LTCH Vendor, with a question about:

LTCH Vendor Issues

- Technical questions related to LTCH CARE Data Set submission specifications.
- VUT (vendor tool to ensure software meets CMS requirements & will pass ASAP edits).

Email:

LTCHTechIssues@cms.hhs.gov

LTCH QRP Help Desk



LTCH Quality Reporting Program (QRP)

Email: LTCHQualityQuestions@cms.hhs.gov

Examples of issues:

- LTCH QRP requirements, including data collection and data submission timelines.
- LTCH CARE Data Set items.
- Calculation of quality measures.
- LTCH QRP provider training materials.
- General QRP questions.

If you are unsure which Help Desk to use, e-mail your question to this Help Desk for triage.



CDC/NHSN Help Desk



**Centers for Disease Control and Prevention (CDC)/
National Healthcare Safety Network (NHSN)**

Email: NHSN@cdc.gov

Examples of issues:

- CDC Quality Measures:
 - Catheter-Associated Urinary Tract Infection (CAUTI).
 - Central Line-Associated Blood Stream Infection (CLABSI).
 - Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia.
 - *Clostridium difficile* infection (CDI).
 - Influenza Vaccination Coverage Among Healthcare Personnel.
 - Ventilator-Associated Event (VAE).
- NHSN enrollment, reporting, and data analysis.



LTCH QRP Reconsideration Process

Help Desk



LTCH QRP Reconsideration Process

Email: LTCHQRPreconsiderations@cms.hhs.gov

Examples of issues:

- How to file a request if you receive a letter of non-compliance from CMS.
- Deadline for filing a Request for Reconsideration.
- How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2-percent payment reduction.
- Requesting information about the LTCH QRP payment reduction for failure to report required quality data.



Data Submission and Data Validation Help Desk



Data Submission and Data Validation

Email: Help@qtso.com

Phone: (800) 339-9313

Examples of issues:

- Accessing Quality Improvement and Evaluation System (QIES) (username and password).
- Data/record submissions.
- Submission/validation reports.
- Accessing Certification And Survey Provider Enhanced Reports (CASPER).
- LASER (LTCH Assessment Submission Entry and Reporting).



LTCH Public Reporting Help Desk



LTCH Public Reporting Help Desk

Email: LTCHPRQuestions@cms.hhs.gov

Examples of issues:

- Reporting periods for the CASPER Review and Correct reports.
- Interpretation of results for the CASPER Quality Measure (QM) reports.
- Measures included the Provider Preview reports.
- LTCH Compare Website
<https://www.medicare.gov/longtermcarehospitalcompare/>
- LTCH data available on [Data.Medicare.gov](https://data.medicare.gov).



LTCH Payment Policy Help Desk



LTCH Payment Policy

Email: LTCHPPS@cms.hhs.gov

Examples of issues:

- LTCH payment inquiries.
- Claims/billing.
- Eligibility and coverage requirements.



LTCH Vendor Issues Help Desk



LTCH Vendor Issues

Email: LTCHTechIssues@cms.hhs.gov

Examples of issues:

- Technical questions related to LTCH CARE Data Set Data Submission Specifications.
- Validation Utility Tool (VUT) – Vendor tool used to ensure software meets CMS requirements and will pass QIES Assessment Submission and Processing (ASAP) system edits.



Polling Question

How often do you visit the LTCH QRP web page on the CMS website?

- A. Very frequently (weekly).
- B. Occasionally (monthly).
- C. Rarely (a few times a year).
- D. Never.

Knowledge Check 1

Which resource below is the best reference for guidance in coding the LTCH CARE Data Set assessment items?

- A. LTCH QRP Manual.
- B. LTCH CARE Data Set Change Table.
- C. QIES User Maintenance Application User's Guide.

Knowledge Check 2

You have a question about coding an unstageable pressure ulcer on the LTCH CARE Data Set. Which Help Desk should you contact?

- A. LTCH Payment Policy.
- B. CDC/NHSN.
- C. LTCH Quality Reporting Program (QRP).
- D. Data Submission and Data Validation.



Coding Reminders

Dash Use Example

- Instances where using the dash [-] does not impact Annual Payment Update (APU) determination:
 - Coding Section GG Discharge Goal items.
 - Coding A1000. Race/Ethnicity.
 - A dash may be used if ethnicity is unknown.
 - Dashes must be inserted into each of the six available boxes.
 - Specific date items.

Dash Use Example: Section GG Discharge Goals

- Use the six-point scale to code GG0130. Self-Care and GG0170. Mobility Discharge Goal(s).
 - Do not use the “activity was not attempted” codes (07, 09, or 88) to code discharge goal(s).
- At least one discharge goal must be reported for either one self-care or one mobility activity.
- A dash [–] may be used if a goal is not reported for a specific activity.
- Using the dash in this allowed instance does not affect APU determination as long as at least one self-care or mobility goal is reported.

Dash Use

- To determine whether a specific item allows a dash value, refer to the LTCH Data Submission Specifications and associated errata files at:
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>.

Leaving Items Blank

- There are situations in which the correct response is to skip an item and leave it blank.
- Examples:
 - O0250B. Date influenza vaccine received.
 - Leave this item blank if the patient **did not receive** the influenza vaccine in the LTCH.
 - O0250C. If influenza vaccine not received, state reason.
 - Leave this item blank if the patient **received** the influenza vaccine in the LTCH.

Important Timeframes

- The standard assessment period for the LTCH CARE Data set begins **2 calendar days** prior to the Assessment Reference Date (ARD) and ends on the ARD, for a total assessment period of 3 days, unless otherwise stated.

Important Timeframes

- The ARD is the end point of the assessment period for the LTCH CARE Data Set Assessment Record.
 - The ARD for an Admission record is **at most** the third calendar day of the patient's stay.
 - The ARD for Planned or Unplanned Discharge and Expired assessments is equal to the date of discharge or death, respectively.

Important Timeframes

- Admission Assessment Period: first day of admission plus the following 2 calendar days, ending at 11:59 PM.
- Discharge Assessment Period: day of discharge and the 2 calendar days prior to the day of discharge.

Important Timeframes

- **Program Interruption:**
 - Refers to an interruption in a patient's care given by an LTCH because of the transfer of that patient to another hospital/facility per agreement for medical services.



Important Timeframes

- **Program Interruption:**
 - Must not exceed 3 calendar days, whereby Day 1 begins on the day the patient leaves the LTCH, regardless of hour of transfer.
 - For such an interruption, LTCHs should not complete or submit an LTCH CARE Data Set Discharge Record (planned or unplanned).

Important Timeframes

- **Program Interruption:**

- Examples of transfers that do not exceed 3 calendar days (including day of transfer):
 - Acute-care hospital transfer with return same day.
 - Host hospital unit for services, such as X-ray, CT scan, MRI, or surgical procedure.
 - Outside appointments, such as surgical procedure, dialysis, or diagnostic procedure.

Knowledge Check 3

If at least one self-care or mobility goal is entered on the LTCH CARE Data Set, using a dash for the remaining discharge goal items will not affect the APU determination.

- A. True
- B. False

Section-Specific Assessment Items

Sections B, J, M & O

Section B

Hearing, Speech, and Vision

Section B: Hearing, Speech, and Vision

- The intent of these items is to document the patient's ability to understand and communicate with others.
 - B0100. Comatose.
 - BB0700. Expression of Ideas and Wants.
 - BB0800. Understanding Verbal Content.
- Document the patient's ability to understand and communicate with others in his/her primary language, whether in speech, writing, sign language, gestures, or a combination of these.

Section B: Hearing, Speech, and Vision

- B0100. Comatose.
 - Patients who are in a coma or persistent vegetative state are at risk for the complications of immobility.
 - Review the medical record to determine whether a neurological diagnosis of coma or persistent vegetative state has been **documented**.

Section B: Hearing, Speech, and Vision

- BB0700. Expression of Ideas and Wants.
 - Consider both verbal and nonverbal expression and exclude language barriers.
 - Assess using the patient's preferred language.
 - Ensure patient can hear you or has access to their preferred method for communication (whether in speech, writing, sign language, gestures, or a combination of these).
 - If appropriate, ensure access to hearing and visual aids and appliances.

Section B: Hearing, Speech, and Vision

- BB0700. Expression of Ideas and Wants.

BB0700. Expression of Ideas and Wants (3-day assessment period)

Enter Code

Expression of Ideas and wants (consider both verbal and non-verbal expression and excluding language barriers)

4. Expresses complex messages **without difficulty** and with speech that is clear and easy to understand
3. Exhibits some **difficulty** with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
2. **Frequently** exhibits difficulty with expressing needs and ideas
1. **Rarely/Never** expresses self or speech is very difficult to understand

Section B: Hearing, Speech, and Vision

- **BB0800. Understanding Verbal Content.**
 - Inability to understand direct person-to-person communication:
 - Can severely limit association with other people.
 - Can inhibit the individual's ability to follow instructions that can affect health and safety.

Section B: Hearing, Speech, and Vision

- **BB0800: Understanding Verbal Content.**
 - Assess with hearing aid or device, if used and excluding language barriers.
 - Assess using the patient's preferred language.
 - Ensure patient can hear you or has access to their preferred method for communication.
 - If appropriate, ensure access to hearing and visual aids and appliances.

Section B: Hearing, Speech, and Vision

- BB0800: Understanding Verbal Content.

BB0800. Understanding Verbal Content (3-day assessment period)

Enter Code

Understanding Verbal Content (with hearing aid or device, if used and excluding language barriers)

4. **Understands:** Clear comprehension without cues or repetitions
3. **Usually Understands:** Understands most conversations, but misses some part/intent of message. Requires cues at times to understand
2. **Sometimes Understands:** Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand
1. **Rarely/Never Understands**

Section B: Hearing, Speech, and Vision

- Distinguishing between BB0700 and BB0800:
 - BB0700. Expression of Ideas and Wants
 - Focuses on the patient's ability to communicate and make oneself understood.
 - BB0800. Understanding Verbal Content
 - Focuses on the patient's ability to understand direct person-to-person communication.

Knowledge Check 4

- **Scenario:** Mr. B has a history of traumatic brain injury and is currently being treated for sepsis. When conversing with the nurse, Mr. B sometimes has difficulty finding a word. After struggling to identify the word, he will eventually compensate by using other descriptive words. For example, Mr. B recently described coffee as “that hot, black stuff that I drink in the morning.”
- How would you code BB0700?
 - A. Code **4**, Expresses without difficulty.
 - B. Code **3**, Expresses with some difficulty.
 - C. Code **2**, Frequently exhibits difficulty with expression.
 - D. Code **1**, Rarely/Never expresses self.

Knowledge Check 5

- **Scenario:** Mrs. K had a stroke several weeks ago and was diagnosed with receptive aphasia. The certified nursing assistant (CNA) asks Mrs. K if she needs help with her meal. Mrs. K does not respond. The CNA demonstrates eating by motioning with a fork, but the patient still does not respond. Mrs. K does not have a hearing impairment. The nurse notes that Mrs. K rarely understands what she is saying or demonstrating whenever she communicates with her.
- How would you code BB0800?
 - A. Code **4**, Understands.
 - B. Code **3**, Usually understands.
 - C. Code **2**, Sometimes understands.
 - D. Code **1**, Rarely/Never understands.

Section J

Health Conditions (Falls)

Section J Items

- These items are intended to code any falls since admission in addition to any injury caused by falls.
 - J1800. Any Falls Since Admission.
 - J1900. Number of Falls Since Admission.

Fall Definition

- Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface.
 - e.g., onto a bed, chair, or bedside mat.
- May be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground.
- Not a result of an overwhelming external force.
 - e.g., a patient pushes another patient.

Definition of Intercepted Fall

- An **intercepted fall** occurs when the patient would have fallen if:
 - He or she had not caught him/herself.
 - He or she had not been intercepted by another person.
- An **intercepted fall is considered a fall.**

Item Intent

- CMS understands that challenging a patient's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls.

J1800 Coding Instructions

- Complete for Planned Discharge, Unplanned Discharge, and Expired Assessments.

J1800. Any Falls Since Admission	
Enter Code	Has the patient had any falls since admission?
<input type="checkbox"/>	0. No → Skip to M0210. Unhealed Pressure Ulcer(s) 1. Yes → Continue to J1900. Number of Falls Since Admission

0. **No** → *Skip*
1. **Yes** → *Co*

J1900 Coding Instructions

- Complete for Planned Discharge, Unplanned Discharge, and Expired Assessments.
- Determine the number of falls that occurred since admission.
- Code the level of fall-related injury for each.
- Code each fall only once. **If the patient has multiple injuries in a single fall, code the fall for the highest level of injury.**

J1900. Number of Falls Since Admission	
CODING: 0. None 1. One 2. Two or more	<input type="checkbox"/> Enter <input type="checkbox"/> <input type="checkbox"/>
	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

CODING:

- 0. None
- 1. One
- 2. Two or more

J1900 Coding Tips

- For item J1900. Number of Falls Since Admission:
 - Include all falls that have occurred since the time of admission.
 - This would include any falls that occurred during a program interruption.
 - Falls that are reported to the LTCH or falls that the LTCH is aware of occurring during a program interruption should be reported.

Knowledge Check 6

- **Scenario:** Mr. S is ambulating with a walker and with the help of a physical therapist. Mr. S stumbles, and the therapist has to bear some of the patient's weight in order to prevent the fall.
- How would you code J1800. Any Falls Since Admission?
 - A. Code **0**, No.
 - B. Code **1**, Yes.

Knowledge Check 7

- **Scenario:** A patient with an acquired brain injury (ABI) is seated in his wheelchair with the seatbelt buckled. The patient unbuckles the seatbelt and slides himself to the floor without injury. The patient's behavior plan identifies that he exhibits attention-seeking behaviors of intentional falls.
- How would you code J1800. Any Falls Since Admission?
 - A. Code **0**, No.
 - B. Code **1**, Yes.

Knowledge Check 8

- **Scenario:** A patient is sent out of the LTCH to attend a physician appointment. The patient falls while in the waiting room of the physician's office. When the patient returns to the LTCH the same day, the CNA immediately reports this fall to the nurse. There is no evidence of injury related to this fall. The patient had no other falls during this admission.
- How would you code J1900A. Number of Falls Since Admission?
 - A. Code **0**, None.
 - B. Code **1**, One.
 - C. Code **2**, Two or more.

Section M

Skin Conditions

Section M: Intent

- Document the presence, appearance, and change in status of pressure ulcers.

PRESSURE ULCER:

Localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.

M0300. Current Number of Unhealed Pressure Ulcer(s)

Admission Assessment

- M0300A1-G1
 - Identifies number of unhealed pressure ulcers at each stage.
 - Establishes the patient's baseline assessment.

Discharge Assessment (Planned or Unplanned)

- M0300A1-G1
 - Identifies number of unhealed pressure ulcers at each stage.
- M0300A2-G2
 - At the time of discharge, identifies if the unhealed pressure ulcer(s) in M0300A1-G1 were present on admission or if the pressure ulcer(s) were acquired or worsened during the stay.

Present on Admission M0300A2-G2

- The present on admission (POA) items (M0300A2-G2) are coded at discharge.
- Address whether the pressure ulcer(s) observed at discharge were:

1. Present on admission

• OR

2. Acquired or worsened during the stay

Present on Admission

M0300A2-G2

- A pressure ulcer reported at discharge and coded as **not Present on Admission** on the Discharge Assessment would be interpreted as new or worsened.
- A pressure ulcer reported at discharge and coded as **Present on Admission** on the Discharge Assessment, would **not** be considered new or worsened.

Present on Admission: Scenario 1

Admission

Stage 2
pressure
ulcer.

Discharge

Stage 2 pressure
ulcer becomes
unstageable due
to slough/eschar.

This pressure ulcer
was **Not Present
on Admission.**
It has worsened.

Present on Admission: Scenario 1

Coding

Item	Admission Assessment	Discharge Assessment
M0300B1. Number of Stage 2 pressure ulcers	1	0
M0300B2. Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0	1
M0300F2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission		0
M0800A. Worsening in Pressure Ulcer Status Since Admission: Stage 2		0
M0800E. Worsening in Pressure Ulcer Status Since Admission: Unstageable – Slough and/or eschar		1

Present on Admission: Scenario 1

Coding Rationale

- A Stage 2 pressure ulcer, per definition, does not include slough and/or eschar, as these are signs of a deeper involvement of tissue damage.
- Even though the ulcer itself cannot be staged to a higher numerical stage, characteristically and clinically, it is appropriate to assign a worsened status to this ulcer.
- The unstageable ulcer due to slough and/or eschar would not be coded as Present on Admission at the time of discharge, because the ulcer was observed at admission as a Stage 2 pressure ulcer, not as an unstageable ulcer due to slough and/or eschar.
- This ulcer would also be reported as worsened in M0800E. Unstageable – Slough and/or Eschar.

Present on Admission: Scenario 2

Admission

Stage 3
pressure
ulcer.

Discharge

Stage 3 pressure
ulcer becomes
unstageable due
to slough/eschar.

This pressure ulcer
was **Present on
Admission.**

It is not considered
worsened.

Present on Admission: Scenario 2

Coding

Item	Admission Assessment	Discharge Assessment
M0300C1. Number of Stage 3 pressure ulcers	1	0
M0300C2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0	1
M0300F2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission		1
M0800B. Worsening in Pressure Ulcer Status Since Admission: Stage 3		0
M0800E. Worsening in Pressure Ulcer Status Since Admission: Unstageable – Slough and/or eschar		0

Present on Admission: Scenario 2

Coding Rationale

- We cannot observe the tissues to differentiate between Stage 3 or 4.
- Because we cannot observe the tissues within the ulcer to appropriately numerically stage it, we cannot say whether the ulcer has worsened or not per our definition.
- Because this ulcer was not debrided and the assessor was unable to determine if the ulcer remained a Stage 3 or had increased in numerical stage to a Stage 4, it would be considered POA (at the time of discharge).
- **Clinicians should ensure that an ulcer is as clean as possible (and debrided, if necessary) prior to staging the ulcer and before simply choosing to code the ulcer as unstageable.**

Pressure Ulcers: Program Interruption

- A patient who is transferred from the LTCH and returns due to a program interruption is **not** considered a new admission.
- Therefore, any new pressure ulcer formation, increase in numerical staging that occurs during the program interruption should not be coded as “present on admission.”

Program Interruption: Scenario

- **Scenario:** Mr. F is admitted to the LTCH with a Stage 2 pressure ulcer. He is transferred to a short-stay acute-care hospital, but returns to the LTCH within 3 calendar days.
- Upon return, the ulcer is reassessed and staged as a Stage 3 pressure ulcer. The patient is discharged 3 weeks later with a healing Stage 3 pressure ulcer.

Program Interruption: Scenario Coding

Coding:

Item	Admission Assessment	Discharge Assessment
M0300B1. Number of Stage 2 pressure ulcers	1	0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	0	1
M0300C2. Number of these Stage 3 pressure ulcers present on admission		0
M0800B. Worsening in Pressure Ulcer Status Since Admission: Stage 3		1

Program Interruption: Scenario Coding Rationale

- **Rationale:**
 - The Stage 2 pressure ulcer that was present on admission was **coded on the Admission Assessment as 1 in M0300B1.**
 - On Discharge, the Stage 3 pressure ulcer was not present upon the patient's admission to the LTCH; therefore, **M0300C1 should be coded as 1, M0300C2 should be coded as 0 and M0800B should be coded as 1 on the Discharge Assessment.**

Program Interruption: Scenario Coding Rationale

- **Rationale (continued):**
 - The patient returned to the LTCH within 3 calendar days and is not considered a new admission.
 - Any new pressure ulcer formation, increase in numerical staging that occurred at the acute-care hospital during a program interruption should not be coded as “present on admission.”

Unstageable Pressure Ulcers

- Visualization of the wound bed is necessary for accurate staging.
- Pressure ulcers that have eschar or slough tissue present such that the anatomic depth of soft tissue damage cannot be visualized or palpated in the wound bed should be classified as unstageable.

Unstageable Pressure Ulcers

- If the wound bed is only **partially** covered by eschar or slough, and the extent of soft tissue damage can be visualized or palpated, the ulcer should be numerically staged and should not be coded as unstageable.

Non-Removable Dressing/Device

- Known pressure ulcers covered by a non-removable dressing/device should be coded as unstageable.
 - Examples include a primary surgical dressing that cannot be removed per physician's order, an orthopedic device, or cast.
- “Known” refers to when documentation is available that says a pressure ulcer exists under the non-removable dressing/device.

Kennedy Ulcers

- Skin ulcers that occur at the end of life are known as Kennedy or terminal ulcers.
 - Etiology is believed to be related to tissue perfusion issues due to organ and skin failure.
- Evolution and appearance differ from a typical pressure ulcer.
 - Generally appear from 6 weeks to 2 to 3 days before death.
 - Present as pear-shaped purple areas with irregular borders.

Kennedy Ulcers

- Skin ulcers that occur at the end of life are not captured in Section M of the LTCH CARE Data Set.
- However, they should be assessed and staged using the pressure ulcer staging system, documented in the clinical record, and addressed in care planning.

Coding Tips

- Terminology referring to “healed” vs. “unhealed” ulcers refers to whether the ulcer is “closed” vs. “open.”
- Stage 1 pressure ulcers, Suspected Deep Tissue Injury, and unstageable pressure ulcers, although closed (i.e., may be covered with tissue, eschar, slough), would not be considered healed.

Coding Tips

- Mucosal pressure ulcers are not staged using the skin pressure ulcer staging system because anatomical tissue comparisons cannot be made.
- Therefore, mucosal ulcers (e.g., those related to nasogastric tubes, oxygen tubing, endotracheal tubes, urinary catheters, mucosal ulcers in the oral cavity) should not be coded on the LTCH CARE Data Set.

Coding Guidance

For Special Populations

Coding Guidance for Special Populations

- The following examples provide coding guidance for patients with developmental disorders, intellectual disabilities and acquired brain injury (ABI).

Coding for Special Populations

Scenario 1

BB0700. Expression of Ideas and Wants

- A patient with intellectual disabilities and speech disorder uses simple gestures and speech sounds, rather than words, to communicate their needs and wants. The patient does not read or write.
- When the patient is thirsty they will point to the sink and produce speech sounds. It is clear to the staff who work with the patient that the speech sound communicates that they are thirsty. After providing the patient with water, they do not make any more gestures or speech sounds.

Coding for Special Populations

Scenario 1

- **Coding:** BB0700 would be coded **2, Frequently exhibits difficulty with expressing needs and ideas.**
- **Rationale:**
 - This patient frequently exhibits difficulty with expression and relies only on gestures and speech sounds to express their needs and wants, which may only be understood by family/caregivers of this individual.
 - While some patient communicated needs can be met somewhat easily due to staff instruction surrounding the patient's communication patterns, other needs will be more challenging to convey to staff.

Coding for Special Populations

Scenario 2

BB0800. Understanding Verbal Content

- An adult patient with intellectual disabilities may be able to understand simple or familiar verbal and non-verbal communications by the staff.
- The family has instructed staff in specific methods of communication for this patient. The CNAs use these methods to communicate with the patient when initiating and facilitating completion of self-care activities.
- The CNAs have stated that the patient will sometimes follow simplified spoken directions. However, at other times, the patient looks confused and does not complete the task unless further gestures and non-verbal cues are provided to encourage task completion.

Coding for Special Populations

Scenario 2

- **Coding:** BB0800 would be coded **2**, **Sometimes Understands:** Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
- **Rationale:** The patient sometimes follows spoken directions, but at other times will look confused and not complete the task unless other gestures and non-verbal cues are used.

Coding for Special Populations

Scenario 3

C1610. Signs and Symptoms of Delirium

- A patient with Down Syndrome is in your LTCH for the management of chronic ventilation and respiratory needs. Per this patient's group home caregiver, the patient's intellectual disability baseline is mild to moderate.
- The patient consistently follows very simple directions related to self-care. The caregiver provides the staff with detailed directions in communication with this patient.
- The patient usually has a calm demeanor, is alert and cooperative in her home environment, as well as during prior hospitalizations. During the first two days of admission, the CNA and nurses report that the patient is sometimes difficult to arouse, and often fluctuates between agitation and a calm demeanor.

Coding for Special Populations

Scenario 3

Coding: C1610: Signs and Symptoms of Delirium would be coded as follows:

- **Acute Onset and Fluctuation Course**
 - C1610A – 1, Yes
 - C1610B – 1, Yes
- **Inattention**
 - C1610C – 0, No
- **Disorganized Thinking**
 - C1610D – 0, No
- **Altered Level of Consciousness**
 - C1610E1 – 0, No
 - C1610E2 – 1, Yes

Coding for Special Populations

Scenario 3

- **Rationale:**

- Upon LTCH admission, the patient's cognitive patterns were compared to the group home caregiver's report of the patient's baseline prior to the admission.
- The patient exhibited an acute onset of fluctuation in behaviors (e.g., agitation) and altered level of consciousness (difficult to arouse).
- The assessment coding indicates the observed signs and symptoms of delirium during the patient's admission assessment period.

Coding for Special Populations

Scenario 4

H0350. Bladder Incontinence

- An adult patient with an acquired brain injury (ABI) is usually continent of urine. However, when this patient's family leaves after visiting, the patient routinely is incontinent of urine in their bed.
- The patient has a behavior plan which addresses this behavior. The patient's psychologist has been working with them on managing their behaviors after separation from their family.
- When asked why the patient has been urinating in their bed, the patient indicates that they are upset because their family has left. Neurologist input may be needed to determine if this issue is behavioral versus due to ABI.

Coding for Special Populations

Scenario 4

- **Coding:** H0350 would be coded **0, Always continent.**
- **Rationale:**
 - In this example, the patient with ABI is continent with the exception of intentional voiding on the floor after separation from their family. This has been diagnosed as a behavioral issue, so this void would not be considered an episode of incontinence.
 - If a patient with behavioral issues purposefully voids on the floor, this voiding would not be considered an episode of incontinence.

Section 0

Influenza Vaccination Season

Influenza Vaccination Season

- Influenza Season:
 - Begins July 1 of the current year and ends June 30 of the following year.
- Influenza Vaccination Season:
 - Begins October 1 of the current year.
 - Ends March 31 of the following year.

Influenza Vaccination Season

- If the patient was in the LTCH one or more days during the influenza vaccination season:
 - and was assessed
 - and where appropriate, received the influenza vaccination for the current influenza season
- Report that information on the LTCH CARE Data Set, **regardless of whether the patient was admitted or discharged, during or outside the influenza vaccination season (IVS).**

Influenza Vaccination Season

- LTCHs should document year-round, including when a patient has been vaccinated outside the influenza vaccination season.
- For the Quality Measure, only the records of patients in the LTCH 1 or more days during the influenza vaccination season (at least 1 day between Oct 1 and Mar 31) are included in the calculation.

O0250. Influenza Vaccine

O0250. Influenza Vaccine - Refer to current version of LTCH Quality Reporting Program Manual for current influenza season and reporting period.

Enter Code

A. Did the **patient receive the influenza vaccine in this facility** for this year's influenza vaccination season?

0. **No** → Skip to O0250C. If influenza vaccine not received, state reason

1. **Yes** → Continue to O0250B. Date influenza vaccine received

B. Date influenza vaccine received → Complete date and skip to Z0400. Signature of Persons Completing the Assessment

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Enter Code

C. If influenza vaccine not received, state reason:

1. **Patient not in this facility during this year's influenza vaccination season**

2. **Received outside of this facility**

3. **Not eligible** - medical contraindication

4. **Offered and declined**

5. **Not offered**

6. **Inability to obtain influenza vaccine** due to a declared shortage

9. **None of the above**

O0250. Influenza Vaccine

- Item O0250A. Did the **patient receive the influenza vaccine in this facility** for this year's influenza vaccination season?
 - Code **0**, No, if the patient did not receive the influenza vaccine in the LTCH (proceed to O0250C, state reason).
 - Code **1**, Yes, for vaccines given to patients in the facility one or more days during the influenza vaccination season (continue to O0250B).

O0250. Influenza Vaccine

- Item O0250B. Date influenza vaccine received.
 - Enter the date that the patient in your LTCH received the vaccine. Do not leave any boxes blank.
 - If the date is unknown or the information is not available, a single dash “–” needs to be entered into the box.

O0250. Influenza Vaccine

- Item O0250C. If influenza vaccine not received, state reason:
 1. Patient not in this facility during this year's influenza vaccination season.
 2. Received outside of this facility.
 3. Not eligible – medical contraindication.
 4. Offered and declined.
 5. Not offered.
 6. Inability to obtain influenza vaccine due to a declared shortage.
 9. None of the above.

O0250C. Influenza Vaccine Coding Tips

- Item O0250C. If influenza vaccine not received, state reason:
 - Code **6**, Inability to obtain vaccine due to a declared shortage.
 - NOTE: If the influenza vaccine was unavailable at the facility due to a declared vaccine shortage, the patient should be vaccinated once the facility receives the vaccine.

Entire Stay is During the Influenza Vaccination Season

October 1



October 8
Patient admitted to
LTCH



October 10
Patient vaccinated
by LTCH



November 1
Patient discharged
home

Influenza Vaccination Season

Admitted Before the End of the Influenza Vaccination Season

March 31



March 31
Patient admitted
to LTCH



April 5
Patient vaccinated
by LTCH



April 15
Patient discharged
home

Influenza Vaccination Season

Discharged During the Influenza Vaccination Season



September 3

Patient vaccinated by
primary care physician



September 15

Patient admitted
to LTCH

October 1

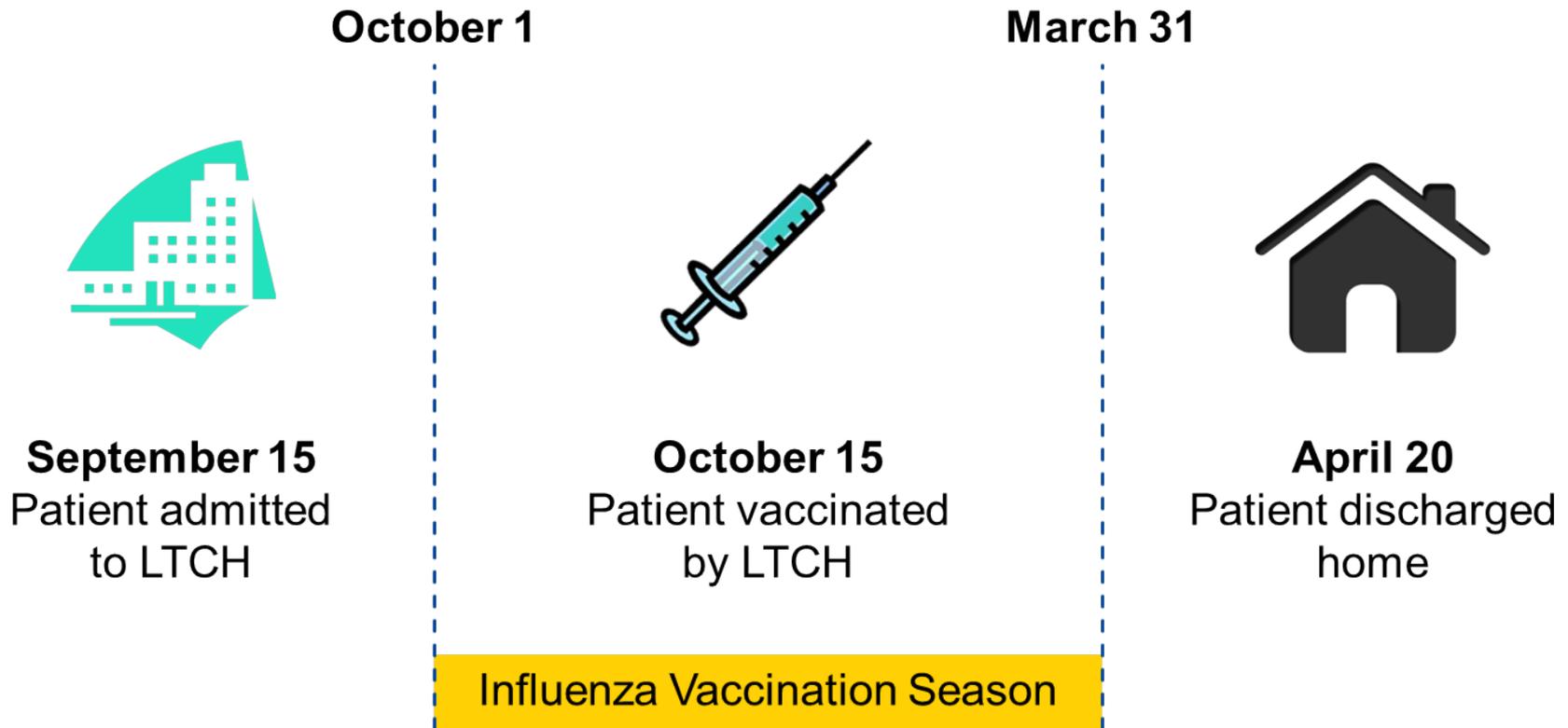


October 1

Patient discharged
home

Influenza Vaccination Season

Entire Stay Encompasses the Influenza Vaccination Season



Knowledge Check 9

- Scenario: Mrs. V was admitted to the LTCH on April 1, 2017. It is the LTCH's policy to vaccinate patients through the end of May. Mrs. V is vaccinated in the LTCH on April 14, 2017, and was discharged April 15, 2017.
- How would you code O0250A. Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season?
 - 0, No.
 - 1, Yes.

Knowledge Check 9

- **Scenario:** Mrs. V was admitted to the LTCH on April 1, 2017. It is the LTCH's policy to vaccinate patients through the end of May. Mrs. V is vaccinated in the LTCH on April 14, 2017, and was discharged April 15, 2017.
- How would you code O0250B. Date influenza vaccine received?
 - A. 04-01-2017
 - B. 04-14-2017
 - C. 04-15-2017

LTCH QRP

Findings from Data Analysis

Findings from Data Analysis

- Thank you for all the effort you have made to collect accurate data!
- We have examined the data, and much of the data patterns we observed are patterns we expected.



Section GG: Use of Code 07, Patient Refused

- Coding a self-care item as **07, Patient refused** would indicate that the patient did not perform the activity and a helper did not perform the activity for the patient during the 3-day assessment period.
- A therapist would not code **07, Patient refused** because the patient is not assessed performing the activity in therapy.

Section GG: GG0130. Self-Care

- **Example:**

- A therapist is responsible for coding the oral hygiene item.
- The therapist does not assess this activity in therapy during the last 3 days of the patient's stay.

- **Coding:**

- The therapist should interview the patient and nurses to determine the patient's level of independence with the activity and code 01-06, as appropriate.”

Section GG: Use of Code 09, Not Applicable

- Code **09, Not applicable**, indicates that:
 - the patient does not perform the activity, and a helper does not perform the activity for the patient and
 - the patient or a helper did not perform the activity prior to the current illness, injury, or exacerbation.
- We do not expect this code to be used frequently for most self-care or mobility items.

Section GG: Use of Code 09, Not Applicable

- **Example:**
 - A patient received all nutrition and liquids through tube feedings prior to the onset of his new medical condition. The patient did not eat or drink anything by mouth.
 - The patient is admitted to the LTCH receiving nutrition and liquids through tube feedings, and does not eat or drink by mouth.
- **Coding:**
 - GG0130A. Eating, should be coded as 09, Not applicable for the admission assessment.

Section M: Discharge

- At the time of discharge, the skin assessment items are coded based on the following:
 - If a pressure ulcer is observed at discharge, determine whether the pressure ulcer was observed at the time of admission.
 - A pressure ulcer that is coded as “present on admission” on the Discharge Assessment refers to a pressure ulcer that has not worsened or is not new since the time of admission.
 - If a pressure ulcer observed at admission worsens to a higher stage by discharge, it would not be coded as “present on admission” at discharge.

Section O

- The influenza vaccination season starts October 1 and ends on March 31.
 - Communities may extend an influenza vaccination season.
- If the influenza vaccine was not received, code 1, “Patient not in this facility during this year’s influenza vaccination season,” only if the patient was not in the LTCH 1 or more days during the influenza vaccination season.

Section O

- **Example:**

- The patient was admitted to the LTCH June 16, 2017, and discharged June 30, 2017.
- The patient did not receive the influenza vaccination for the 2016–2017 season.
- This patient was not in the LTCH 1 or more days and did not receive the influenza vaccine.

- **Coding:**

- Code 1, Patient was not in this facility during this year's influenza vaccination season.

Questions?