LTCH Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
1	n/a	n/a	n/a	n/a	Version 2.0	Version 3.0	Updated version number on the title page.
2	n/a	n/a	n/a	n/a	LTCH QRP Measure Calculations and Reporting User's Manual, V2.0 – Effective June 27, 2017	LTCH QRP Measure Calculations and Reporting User's Manual, V3.0 – Effective July 1, 2018	Updated version number and effective date on the footer.
3	Document	n/a	n/a	n/a	Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.01)	Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF 2632) (CMS ID: 1011.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
4	Document	n/a	n/a	n/a	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631) (CMS ID: L009.01)	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631) (CMS ID: L009.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
5	Document	n/a	n/a	n/a	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631) (CMS ID: L010.01)	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631) (CMS ID: L010.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
6	1	1.1	1–2	n/a	n/a	The chapter concludes with the transition from LTCH CARE Data Set V3.00 to the LTCH CARE Data Set V4.00. Data collection for LTCH CARE Data Set V4.00 begins on July 1, 2018 and will impact certain quality measure specifications.	Sentence added to the introduction for the new section added to Chapter 5.
7	1	1.2	2	n/a	**Section 1.2: Definitions**	**Section 1.2: LTCH Stay Definitions**	Section 1.2 Definitions was reorganized for clarity. This

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					Influenza Season: Influenza season is July 1 to June 30 (e.g., July 1, 2016 through June 30, 2017, for the 2016–2017 influenza season). **Influenza Vaccination Season:** Influenza vaccination season is October 1 through March 31 (e.g., October 1, 2016 through March 31, 2017, for the 2016–2017 influenza vaccination season). **Patient Stay Record:** A patient stay record is an LTCH CARE Data Set record, which includes both an admission and discharge date and reflects an LTCH stay. **Stay:** The period of time between a patient's admission date into a LTCH and discharge date. A stay is also defined as a set of contiguous days in an LTCH. Interrupted stay(s) of 3 calendar days or less are included as part of the patient stay. The start of a stay is: Any admission assessment (A0250 = [01]). The end of a stay is the discharge assessment record for the patient with the same admission date as the admission assessment record and the highest discharge Reason For Assessment (RFA) value:	**Patient Stay Record:** A patient stay record is an LTCH CARE Data Set record, which includes both an admission and discharge date and reflects an LTCH stay. **Stay:** The period of time between a patient's admission date into a LTCH and discharge date. A stay is also defined as a set of contiguous days in an LTCH. Interrupted stay(s) of 3 calendar days or less are included as part of the patient stay. The start of a stay is: Any admission assessment (A0250 = [01]). The end of a stay is the discharge assessment record for the patient with the same admission date as the admission assessment record and the highest discharge Reason For Assessment (RFA) value: • Any discharge assessment (A0250 = [10,11]), **or** • Any expired assessment (A0250 = [12]). **Target date:** The target date for an assessment is defined as follows: • For an admission assessment (A0250 Reason for Assessment (RFA) = [01]), the target date is equal to the admission date	section is now focused on definitions related to the LTCH stay. Definitions that were measure specific were moved to a new Section 1.3. The language regarding program interruption has been removed since they are not used in measure calculations. Various clerical edits and updates throughout.

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					• Any discharge assessment (A0250 = [10,11]), *or* • Any expired assessment (A0250 = [12]). Example: If a patient had multiple assessment records that share the same target date and RFA = 11 unplanned discharge and an RFA = 10 planned discharge, the assessment records for the stay are the admission assessment record and the unplanned discharge assessment record. **Incomplete Stay:** Incomplete stays are defined based on the measure. Incomplete stays occur if the patient was discharged to acute care (e.g., short-term general hospital, long-term care hospital), was discharged against medical advice, had a stay that was less than three days, or expired while in the facility. We refer readers to **Chapter 6** to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable. **Complete Stay:** Complete stays are identified as patient stays that are not incomplete. All patients not meeting the criteria for incomplete stays will be considered complete stays. **Program Interruption:** Patient stays in	(A0220). This is the admission target date. • For a discharge assessment (A0250 Reason for Assessment = [10, 11]) or expired record (A0250 Reason for Assessment = [12]), the target date is equal to the discharge date (A0270). This is the discharge target date on the discharge assessment. ○ For expired assessments, the date of death (A0270) is the discharge date. ○ When there are multiple discharge assessments associated with a single target date, use the discharge assessment with the highest RFA. The date on the highest RFA discharge assessment will be the discharge target date. Example: If a patient had multiple assessment records that share the same target date and RFA = 11 unplanned discharge and an RFA = 10 planned discharge, the assessment records for the stay are the admission assessment record and the unplanned discharge assessment record.	

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change

					which a patient is discharged from an LTCH and returns to the same LTCH within 3 consecutive calendar days, beginning with the day of the transfer from the LTCH and ends on the midnight of the third day. **Target date:** The target date for an assessment is defined as follows:
					• For an admission assessment (A0250 Reason for Assessment (RFA) = [01]), the target date is equal to the admission date (A0220). This is the admission target date.
					• For a discharge assessment (A0250 Reason for Assessment = [10, 11]) or expired record (A0250 Reason for Assessment = [12]), the target date is equal to the discharge date (A0270). This is the discharge target date on the discharge assessment.
					   ○ For expired assessments, the date of death (A0270) is the discharge date.
					   ○ When there are multiple discharge assessments associated with a single target date, use the most recent discharge assessment. The date on the most recent discharge		

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					assessment will be the discharge target date.		
8	1	1.3	4	n/a	n/a	Section 1.3: Measure-Specific Definitions • **Influenza Season:** Influenza season begins on July 1 of a given year and ends on June 30 of the subsequent year (e.g., July 1, 2018 through June 30, 2019 for the 2018–2019 influenza season). • **Influenza Vaccination Season:** Influenza vaccination season begins on October 1 of a given year and ends on March 31 of the subsequent year (e.g., October 1, 2018 through March 31, 2019 for the 2018–2019 influenza vaccination season). • **Incomplete Stay:** Incomplete stays are defined for the function measures. We refer readers to Chapter 6 to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable. • **Complete Stay:** Complete stays are identified as patient stays that are not incomplete for the function measures. All patients not meeting the criteria for incomplete stays will be considered complete stays.	Section 1.3 was added to provide measure specific definitions. Various clerical edits.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
9	1	1.3	5	1-1	n/a	*Table 1-1* below provides a list of the assessment-based measures included in the LTCH QRP and the corresponding reference name for each measure.	Paragraph added to introduce Table 1-1
10	1	1.3	5	1-1	Assessment-Based Quality Measure (LTCH CARE Data Set) References	Assessment-Based Quality Measure (LTCH CARE Data Set) NQF Number, CMS ID, and Measure Reference Name Crosswalk	The name of table 1-1 was updated
11	1	n/a	6	1-1	n/a	Added new measures (L020.01, L022.01, L023.01)	These measures are new to the CASPER reports.
12	4	4.1	11; 12	n/a	n/a	Added new measures (L020.01, L022.01, L023.01)	These measures are new to the CASPER reports.
13	4	4.1	12	n/a	Please refer to **Chapter 6, Section 6.1.A** on the effective date for data collection and implementation date for the CASPER reports.	Please refer to Chapter 6, Section 6.1.A on the effective date for data collection and implementation date for the CASPER reports.	This sentence was moved to a footnote.
14	4	4.2	12–13	n/a	**Influenza Season:** Influenza season is July 1 to June 30 (e.g., July 1, 2018 through June 30, 2019 for the 2018–2019 influenza season). **Influenza Vaccination Season:** Influenza vaccination season begins October 1 through March 31 (e.g., October 1, 2018 through March 31, 2019 for the 2018–2019 influenza vaccination season).	**Influenza Season:** Influenza season begins on July 1 of a given year and ends on June 30 of the subsequent year (e.g., July 1, 2018 through June 30, 2019 for the 2018–2019 influenza season). **Influenza Vaccination Season:** Influenza vaccination season begins on October 1 of a given year and ends on March 31 of the subsequent year (e.g., October 1, 2018 through March 31, 2019 for the 2018–2019 influenza vaccination season).	Added clarifying language to the influenza measure definitions.

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15	4	4.2	13	2b	b. Select all patient stays with a discharge date within the influenza season (i.e., July 1 to June 30 of the subsequent year).	b. Select all patient stays with a discharge date within the influenza season (i.e., July 1 of a given year to June 30 of the subsequent year).	Added clarifying language to the influenza measure selection.
16	4	n/a	14	4-1	n/a	Added new measures (L020.01, L022.01, L023.01)	These measures are new to the CASPER reports.
17	5	n/a	15	n/a	n/a	Section 5.3 of this chapter addresses the transition from LTCH CARE Data Set V3.00 to the LTCH CARE Data Set V4.00. Data collection for LTCH CARE Data Set V4.00 begins on July 1, 2018 and will impact certain quality measure specifications.	Paragraph introducing the new section added to Chapter 5.
18	5	5.1	17	n/a	n/a	Added new measures (L020.01, L022.01, L023.01)	These measures are new to the CASPER reports.
19	5	5.1	17	5-1	n/a	Added Table 5-1	Added this table to define the discharge dates for each quarter based on the calendar year and influenza season. This table is used for Tables 5-3 through 5-7.
20	5	5.1	18	5-2	n/a	Added Table 5-2	Added this table to define the measure type for each quality measure by user-requested year. This table is used for Tables 5-3 through 5-7.
21	5	5.1	19; 20; 22; 23	5-3; 5-4; 5-6; 5-7	Tables contained specific years and discharge dates.	Reports are referred to by the Quarter End Date instead of the Report Number & Year. Removed "Discharge Dates Included in Each Quarterly Rate" column. Tables can be	These tables were simplified for easier reading and no longer specify a specific year to cut down on the length of the table. In addition, the reports are

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						extrapolated for every calendar year/influenza season.	referred to by the Quarter End Date to match the CASPER system's reference to each report.
22	5	5.1	19	5-5	The Change in Mobility measure had a quarterly rate and cumulative rate table	Removal of the quarterly rate table for the Change in Mobility measure	Since 4 quarterly rates are displayed at a time for all measures, Table 5-3 can be applied for the Change in Mobility measure.
23	5	5.2	24	n/a	n/a	Added new measures (L020.01, L022.01, L023.01)	These measures are new to the CASPER reports.
24	5	5.2	25; 28	5-8; 5-10	Tables contained specific years and discharge dates.	Reports are referred to by the Report End Date. Removed "Discharge Dates Included in in the Report" and "Reporting Quarter" columns. Reorganized the "Discharge Dates Through the Month of" column. Tables can be extrapolated for every calendar year/influenza season.	These tables were simplified for easier reading and no longer specify a specific year to cut down on the length of the table. In addition, the reports are referred to by the Report End Date to match the CASPER system's reference to each report.
25	5	5.2	26–27	5-9		Reorganized the table to align with Tables 5-8 and 5-10.	The reports are referred to by the Report End Date to match the CASPER system's reference to each report.
26	5	5.3	29	n/a		Added new section to Chapter 5. Section 5.3: Measure Calculations During the Transition from LTCH CARE Data Set V3.00 to LTCH CARE Data Set V4.00	New section added to Chapter 5 to explain the transition from LTCH CARE Data Set V 3.00 to V4.00

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
27	6	6.1	31–34	n/a	n/a	n/a	Various clerical edits and updates throughout. No changes to the measure calculation.
28	6	6.1	32	2.1-2.3	2. **Calculate the national average observed score** as the mean of all assessments included in the denominator. This will be used in step 5 to calculate the facility-level risk-adjusted score.	3. **Calculate the national average observed score**[38] (steps 2.1 through 2.3). a. After excluding patient stays based on the criteria listed in ***Table 7-1***, these patient stays become the denominator for the national average observed score. b. Identify patient stays in the denominator of the national average observed score with pressure ulcers that are new or worsened based on the criteria in Table 7-1. These records comprise the numerator of the national average observed score. c. Divide the numerator (2.2) by the denominator (2.1) to calculate the national average observed score. *Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table*	Added steps, note, and footnote to clarify the calculation of the national average observed score.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
						A-1 of Appendix A and theassociated Risk-Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided by these documents.	
29	6	6.1	33	3.3	See Appendix A, Table A-1 for the regression constant and coefficients.[27] The regression constant and coefficients are values obtained through statistical logistic regression analysis.	See Appendix A, Table A-2 and the associated Risk-Adjustment Appendix File for the regression constant and coefficients.[38] The regression constant and coefficients are values obtained through statistical logistic regression analysis. Please note that the CASPER QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period stated in Table A-2 and the associated Risk-Adjustment Appendix File.	Added note to clarify calculation of regression constants and coefficients.
30	6	6.1.A	35–36	n/a	n/a	Added Section 6.1.A	This section was added to explain the transition from the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) to the Changes in Skin

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							Integrity Post-Acute Care: Pressure Ulcer/Injury and the differences between the two measures.
31	6	6.2	37–40	n/a	n/a	Added Section 6.2	This measure is new to the CASPER reports.
32	6	6.3	40	1	1. **Identify excluded patient stays** (step 1.1). 1.1 Patient stay is excluded if one of the following is true for planned, unplanned and expired discharge assessments: 1.1.1 The occurrence of falls was not coded; i.e., J1800 = [-]. 1.1.2 The code indicated that a fall occurred; i.e., J1800 = [1] AND the number of falls with major injury was not coded; i.e., J1900C = [-].	1. **Identify excluded patient stays** (step 1.1): Patient stay is excluded if the number of falls with major injury was not coded (J1900C = [-]) for the planned, unplanned, and expired discharge assessments.	Refined the exclusion criteria. No changes to the measure calculation.
33	6	6.4	42; 43	1; 2	Valid codes and code definitions for the coding of the admission Mobility items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance	Valid codes and code definitions for the coding of the admission Mobility items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance	The 10 code has been added as a valid code for the admission and discharge mobility items. This change will be implemented in the measure calculations for NQF #2632 on and after July 1, 2018.

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					• 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern (only valid for items GG0170J1 through GG0170K1)	• 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern (only valid for items GG0170J3 through GG0170K3) • - – Not assessed/no information	
34	6	6.4	42; 43	1.1; 2.1	1.1 To obtain the admission mobility score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, or 88, then recode to 01 and use this code as the score. • If the Mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the score.	1.1 To obtain the admission mobility score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score. • If the Mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the score.	The 10 code has been added as a valid code for the admission and discharge mobility items. Therefore, additional instruction to recode to 01 was needed. This change will be implemented in the measure calculations for NQF #2632 on and after July 1, 2018.
35	6	6.4	45	4	• Invasive Ventilator: weaning (O0100F3 = [1]) or • Invasive Ventilator: non-weaning (O0100F4 = [1])	• Invasive Mechanical Ventilation Support: weaning (O0150A = [1]) or • Invasive Mechanical Ventilation Support: non-weaning (O0150A = [2])	O0100F3 and O0100F4 was removed and replaced with O0150A. This change will be implemented in the measure calculations for NQF #2632 on and after July 1, 2018.
36	6	6.4	45	2	2. **Calculate the national average change in mobility score** as the mean of the observed change in	2. **Calculate the national average change in mobility score** as the mean of the observed change in	Fixed an error. Added steps, note, and footnote to clarify the calculation of the national

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					self-care scores for all patient stays calculated from steps 1 – 5 from **Chapter 6, Section 6.3**. This will be used in step 4 to calculate the risk-adjusted average change in mobility score.	mobility scores for all patient stays calculated from steps 1 – 5 from **Chapter 6, Section 6.3**. This will be used in step 4 to calculate the risk-adjusted average change in mobility score. *Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table A-1 and the associated Risk-Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided by these documents.*	average observed change in mobility score.
37	6	6.4	46	3.1	See **Appendix A**, *Table A-2*, for the regression constant and coefficients as well as detailed LTCH CARE Data Set coding for each risk adjustor.[29] The regression constant and regression coefficients are values obtained through GLM regression analysis.	See **Appendix A**, *Table A-4* and the associated Risk-Adjustment Appendix File for the regression constant and coefficients as well as detailed LTCH CARE Data Set coding for each risk adjustor.[44] The regression constant and regression coefficients are values	Added note to clarify calculation of regression constants and coefficients.

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						obtained through GLM regression analysis. Please note that the CASPER QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period stated in Table A-4 and the associated Risk-Adjustment Appendix File.	
38	6	6.5; 6.6	47–48; 55–56	2.1-2.2; 2.1-2.2	2.1 **Complete patient stays**. For patients with complete patient stays, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (i.e., GG0130A1 = [07, 09, 88]). All three of the following criteria are required for inclusion in the numerator: 2.1.1 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 88]), or a "^" indicating a skip pattern for each of the functional assessment items on the admission	2.1 **Complete patient stays**. For patients with complete patient stays, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (i.e., GG0130A1 = [07, 09, 10, 88]). All three of the following criteria are required for inclusion in the numerator: 2.1.1 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]), for each of the functional assessment items, or a "^" indicating items affected by the skip pattern on the admission	The 10 code has been added as a valid code for the functional performance and discharge goal items. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018. Changed the example from GG0130A1 to GG0130A3 to reflect an item from the discharge assessment.

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					assessment. All admission functional assessment items (refer to 1.3) must be completed; and 2.1.2 A valid numeric score for a discharge goal indicating the patient's expected level of independence, for at least one Self-Care or Mobility item on the admission assessment (refer to 1.4); and 2.1.3 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 88]), or a "^" indicating a skip pattern for each of the functional assessment items on the discharge assessment. All discharge functional assessment items (refer to 1.5) must be completed. 2.2 **Incomplete patient stays**. For patients with incomplete patient stays, collection of discharge functional status data	assessment. All admission functional assessment items (refer to 2.3) must be completed; and 2.1.2 A valid numeric score or a valid code indicating the activity was not attempted (e.g., GG0130A2 = [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one Self-Care or Mobility item on the admission assessment (refer to 1.4); and 2.1.3 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A3 = [07, 09, 10, 88]), for each of the functional assessment items or a "^" indicating items affected by the skip pattern on the discharge assessment. All discharge functional assessment	

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					might not be feasible. Each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 88]). The following two criteria are required for inclusion in the numerator: 2.2.1 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (i.e., GG0130A1 = [07, 09, 88]), or a "^" indicating a skip pattern for each of the functional assessment items on the admission assessment. All admission functional assessment items (refer to 1.3) must be completed; and 2.2.2 A valid numeric score, which is a discharge goal indicating the patient's expected level of independence, for at least	items (refer to 2.5) must be completed. 2.2 **Incomplete patient stays**. For patients with incomplete patient stays, collection of discharge functional status data might not be feasible. Each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]). The following two criteria are required for inclusion in the numerator: 2.2.1 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (i.e., GG0130A1 = [07, 09, 10, 88]), for each of the functional assessment items or a "^" indicating items affected by the skip pattern on the admission assessment. All admission functional assessment	

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					one Self-Care or Mobility item on the admission assessment (refer to 1.4).	items (refer to 1.3) must be completed; and 2.2.2 A valid numeric score or a valid code indicating the activity was not attempted (e.g., GG0130A2 = [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one Self-Care or Mobility item on the admission assessment (refer to 2.4).	
39	6	6.5; 6.6	48–49; 56–57	2.3; 2.3	The Mobility (GG0170) items are: • GG0170A1. Roll left and right • GG0170B1. Sit to lying • GG0170C1. Lying to sitting on side of bed • GG0170D1. Sit to stand • GG0170E1. Chair/bed-to-chair transfer • GG0170F1. Toilet transfer *For patients who are walking as indicated by GG0170H1=2, include items*: • GG0170I1. Walk 10 feet • GG0170J1. Walk 50 feet with two turns • GG0170K1. Walk 150 feet	The Mobility (GG0170) items are: • GG0170A1. Roll left and right • GG0170B1. Sit to lying • GG0170C1. Lying to sitting on side of bed • GG0170D1. Sit to stand • GG0170E1. Chair/bed-to-chair transfer • GG0170F1. Toilet transfer • GG0170I1. Walk 10 feet *For patients who are walking, as indicated by GG0170I1 = 01, 02, 03, 04, 05, or 06, include items:* • GG0170J1. Walk 50 feet with two turns • GG0170K1. Walk 150 feet	On admission, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. The 10 code has been added as a valid code for the admission and discharge mobility items. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018.

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					For patients who are not walking as indicated by GG0170H1=0 or 1, GG0170I1, GG0170J1 and GG0170K1 are skipped. Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) admission performance items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern	*For patients who are not walking as indicated by GG0170I1= 07, 09, 10, or 88, GG0170J1 and GG0170K1 are skipped.* The following valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) admission performance items are accepted for this quality measure: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern	
40	6	6.5; 6.6	51; 58	2.5; 2.4	Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge goal items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance	The following valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge goal items are accepted for this quality measure: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance	All discharge goal items on the admission assessment now accept 07, 09, 10, and 88 as valid codes in addition to 01 – 06. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018.

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					• 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent	• 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns	
41	6	6.5; 6.6	51–52; 58–59	2.6; 2.5	The Mobility (GG0170) items are: • GG0170A3. Roll left and right • GG0170B3. Sit to lying • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer *For patients who are walking as indicated by GG0170H3=2, include items*: • GG0170I3. Walk 10 feet • GG0170J3. Walk 50 feet with two turns • GG0170K3. Walk 150 feet *For patients who are not walking as indicated by GG0170H3=0 or 1, GG0170I3, GG0170J3 and GG0170K3 are skipped.*	The Mobility (GG0170) items are: • GG0170A3. Roll left and right • GG0170B3. Sit to lying • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3. Walk 10 feet *For patients who are walking, as indicated by GG0170I3 = 01, 02, 03, 04, 05, or 06, include items:* • GG0170J3. Walk 50 feet with two turns • GG0170K3. Walk 150 feet *For patients who are not walking as indicated by GG0170I3= 07, 09, 10, or 88, GG0170J3 and GG0170K3 are skipped.*	On discharge, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. The 10 code has been added as a valid code for the admission and discharge mobility items. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018.

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					Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge performance items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 88 – Not attempted due to medical condition or safety concern • ^ – Skip pattern	Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge performance items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern	
42	6	6.5	53	3	3. **Determine the denominator count.** Calculate the total number of patient stays with both an admission and discharge LTCH CARE Data Set assessment with the discharge date in the measure target period, which do not meet the exclusion criteria.	3. **Determine the denominator count.** Count the total number of patient stays with a discharge date in the measure target period.	Clarification of the denominator count.
43	6	6.6	59	3	3. **Determine the denominator count.** Determine the total number of patient stays, both complete and incomplete, with planned, unplanned discharge or expired	3. **Determine the denominator count.** Count the total number of patient stays with a discharge date in the measure target period.	Clarification of the denominator count.

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					assessment (i.e., A0250 = [10, 11, 12]) during the targeted time period.		

44	6	6.7	60–61	3	3. **Determine the numerator count.**
					3.1 Identify the target assessments and determine the numerator count from the patient stays in the denominator.
					   3.1.1 Include patient stays in the numerator count if the discharge assessment meets any of the following criteria:
					      3.1.1.1 Patient received the influenza vaccine during the most recent influenza vaccination season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).
					      3.1.1.2 Patient was offered and declined the influenza vaccine (O0250C = [4]).
					      3.1.1.3 Patient was ineligible due to medical contraindication(s) (O0250C = [3]).
						3. **Determine the numerator count.**
						3.1 Identify the target assessments and determine the numerator count from the patient stays in the denominator.
						   3.1.1 Include patient stays in the numerator count if the discharge assessment meets any of the following criteria:
						      3.1.1.1 Patient received the influenza vaccine during the most recent influenza vaccination season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).
						      3.1.1.2 Patient was offered and declined the influenza vaccine (O0250C = [4]).
						      3.1.1.3 Patient was ineligible due to medical contraindication(s) (O0250C = [3]).
							Clarification of the numerator count.

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					3.1.2 If the discharge assessment meets any of the criteria from step 3.1.1 use the discharge assessment as the target assessment for the CASPER QM Report Measure Calculations for NQF #0680. 3.1.3 If the discharge assessment did not meet the criteria from step 3.1.1 use the admission assessment as the target assessment to determine if the patient stay is included in the numerator count based on the criteria from step 3.1.1 and for the CASPER QM Report Measure Calculations for NQF #0680. 3.2 Sum the numerator counts from 3.1.1 and 3.1.2 to determine the total number of patient stays that will be included in the facility's numerator count.	3.1.2 Use the discharge assessment as the target assessment to determine if the patient stay meets any of the criteria from step 3.1.1. 3.1.3 If the discharge assessment did not meet the criteria from step 3.1.1, use the admission assessment as the target assessment to determine if the patient stay is included in the numerator count based on the criteria from step 3.1.1. 3.2 Sum the numerator counts from 3.1.2 and 3.1.3 to determine the total number of patient stays that will be included in the facility's numerator count.	
45	6	6.8	63–64	n/a	n/a	Added Section 6.8	This measure is new to the CASPER reports.

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46	6	6.9	65–66	n/a	n/a	Added Section 6.9	This measure is new to the CASPER reports.
47	6	6.10	67–70	n/a	n/a	Added Section 6.10	This measure is new to the CASPER reports.
48	7	n/a	72–73; 80; 91; 92; 93	7-1; 7-4; 7-7a; 7-7b; 7-7c			Various clerical edits and updates throughout. No changes to the measure calculation.
49	7	n/a	76	7-3	***Exclusions*** Patient stay is excluded if one of the following is true for the unplanned or planned discharge or expired assessment during the selected time window. **Occurrence of falls was not coded:** • J1800 (Any Falls Since Admission) = [-] **Assessment indicated that a fall occurred AND the number of falls with major injury was not coded:** • J1800 (Any Falls Since Admission) = [1] AND J1900C (Falls with Major Injury) = [-]	***Exclusions*** Patient stay is excluded if the number of falls with major injury was not coded: J1900C (Falls with Major Injury) = [-]	Refined the exclusion criteria. No changes to the measure calculation.
50	7	n/a	78	7-4	Each Mobility item is coded using a 6-point scale, as follows: • 06 (Independent) • 05 (Setup or clean-up assistance) • 04 (Supervision or touching assistance)	Each Mobility item is coded using a 6-point scale, as follows: • 06 (Independent) • 05 (Setup or clean-up assistance) • 04 (Supervision or touching assistance)	The 10 code has been added as a valid code for the admission and discharge mobility items. Therefore, additional instruction to recode to 01 was needed. This change will be implemented in

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					• 03 (Partial/moderate assistance) • 02 (Substantial/maximal assistance) • 01 (Dependent) • 07 (Patient refused) • 09 (Not applicable) • ^ (skip) • - (dash) • 88 (Not attempted due to medical condition or safety concerns). • If code is between 01 and 06, then use code as the score • If code is 07, 09, 88, then recode to 01 and use this code as the score If the Mobility item is skipped (^), dashed (–), or missing, then recode to 01 and use this code as the score	• 03 (Partial/moderate assistance) • 02 (Substantial/maximal assistance) • 01 (Dependent) • 07 (Patient refused) • 09 (Not applicable) • 10 (Not attempted due to environmental limitations) • ^ (skip) • - (dash) • 88 (Not attempted due to medical condition or safety concerns). • If code is between 01 and 06, then use code as the score • If code is 07, 09, 10, 88, then recode to 01 and use this code as the score If the Mobility item is skipped (^), dashed (–), or missing, then recode to 01 and use this code as the score	the measure calculations for NQF #2632 on and after July 1, 2018.
51	7	n/a	78	7-4	***Target Population*** Patients with an admission assessment (A0250=01) and a planned discharge assessment (A0250=10) that define a patient stay during the target period, who require invasive ventilator support at the time of admission (O0100F3 = [1] or O0100F4 = [1] on the admission assessment).	***Target Population*** Patients with an admission assessment (A0250=01) and a planned discharge assessment (A0250=10) that define a patient stay during the target period, who require invasive ventilator support at the time of admission (O0150A = [1, 2] on the admission assessment).	O0100F3 and O0100F4 was removed and replaced with O0150A. This change will be implemented in the measure calculations for NQF #2632 on and after July 1, 2018.
52	7	n/a	78	7-4	***Exclusions*** Patient stay is excluded if:	***Exclusions*** Patient stay is excluded if:	Added clarification to the age calculation.

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					Patient is younger than 21 years: • Age (A0220 minus A0900) < 21 years	**Patient is younger than 21 years:** • Age (A0220 minus A0900) < 21 years (Age is calculated based on the truncated difference between admission date (A0220) and birth date (A0900); i.e., the difference is not rounded to nearest whole number.)	
53	7	n/a	80, 97	7-4 7-10	*Data for each covariate are derived from the admission assessment included in the target patient stay records.* 1. **Age groups** (age is calculated based on the difference between truncated admission date (A220) and birth date (A0900) that is exact value; not rounded to nearest whole number. 65–74 years is the reference category).	*Data for each covariate are derived from the admission assessment included in the target patient stay records.* 1. **Age groups** (Age is calculated based on the truncated difference between admission date (A0220) and birth date (A0900); i.e., the difference is not rounded to nearest whole number. 65–74 years is the reference category).	The definition for age group was revised for clarification in multiple measures.
54	7	n/a	81	7-4	11. **Presence of a stage 3, 4, or unstageable pressure ulcer:** a. = [1] (Yes) if ([M0300C1 (Number of stage 3 pressure ulcers) > 1] or [M0300D1 (Number of stage 4 pressure ulcers) > 1] or [M0300E1 (Number of unstageable pressure ulcers due to non-removable dressing/device) > 1] or [M0300F1 (Number of unstageable pressure ulcers due	11. **Presence of a stage 3, 4, or unstageable pressure ulcer/injury:** a. = [1] (Yes) if ([M0300C1 (Number of stage 3 pressure ulcers) > 0] or [M0300D1 (Number of stage 4 pressure ulcers) > 0] or [M0300E1 (Number of unstageable pressure ulcers due to non-removable dressing/device) > 0] or [M0300F1 (Number of	Fixed the logic from greater than 1 to greater than 0 pressure ulcers for each of the pressure ulcer category and added "/injury" to the covariate label.

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					to coverage of wound bed by slough and/or eschar) > 1] or [M0300G1 ((Number of unstageable pressure ulcers with suspected deep tissue injury in evolution) > 1]) b. Else = [0] (No)	unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar) > 0] or [M0300G1 ((Number of unstageable pressure ulcers with suspected deep tissue injury in evolution) > 0]) b. Else = [0] (No)	
55	7	n/a	81	7-4	13. **Comorbidities: Severe and Metastatic Cancers:** a. = [1] (Yes) if I0101 = [1] b. Else = [0] (No)	13. **Comorbidities: Severe and Metastatic Cancers:** a. = [1] (Yes) if I0103 = [1] or I0104 = [1] b. Else = [0] (No)	I0101 (Severe and Metastatic Cancers) was replaced with I0103 (Metastatic Cancer) and I0104 (Severe Cancer). This change will be implemented in the measure calculations for NQF #2632 on and after July 1, 2018.
56	7	n/a	84–86; 87–89	7-5; 7-6	[01, 02, 03, 04, 05, 06, 07, 09, 88]	[01, 02, 03, 04, 05, 06, 07, 09, 10, 88] *The change above applies to the following items: GG0130A1, GG0130B1, GG0130C1, GG0130D1 (7-4 only), GG0170A1 (7-4 only), GG0170B1, GG0170C1, GG0170D1, GG0170E1, GG0170F1, GG0170I1, GG0170J1, GG0170K1, GG0170R1, GG0170S1, GG0130A3, GG0130B3, GG0130C3, GG0130D3 (7-4 only), GG0170A3 (7-4 only), GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, GG0170K3, GG0170R3, GG0170S3*	The 10 code has been added as a valid code for the functional performance items. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018.

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57	7	n/a	83–84; 87–88	7-5; 7-6	[01, 02, 03, 04, 05, 06]	[01, 02, 03, 04, 05, 06, 07, 09, 10, 88] *The change above applies to the following items: GG0130A2, GG0130B2, GG0130C2, GG0130D2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170I2, GG0170J2, GG0170K2, GG0170R2, GG0170S2*	All discharge goal items on the admission assessment now accept 07, 09, 10, and 88 as valid codes in addition to 01 – 06. This change will be implemented in the measure calculations for NQF #2631 and Application of NQF #2631 on and after July 1, 2018.
58	7	n/a	84	7-5	19. (GG0170I1. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR GG0170H1. Does the patient walk? = [0, 1]; and	19. (GG0170I1. Walk 10 feet = [01, 02, 03, 04, 05, 06] and GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR GG0170I1. Walk 10 feet = [07, 09, 10, 88]; and	On admission, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. This change will be implemented in the measure calculations for NQF #2631 on and after July 1, 2018.
59	7	n/a	86	7-5	19. (GG0170I3. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] OR GG0170H3. Does the patient walk = [0]; and	19. (GG0170I3. Walk 10 feet = [01, 02, 03, 04, 05, 06] and GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06] and GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] OR GG0170I3. Walk 10 feet = [07, 09, 10, 88]; and	On discharge, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. This change will be implemented in the measure calculations for NQF #2631 on and after July 1, 2018.
60	7	n/a	87	7-6		GG0170F1: Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and	All functional assessment items are identified in chapter 6, section 6.5, but the corresponding table in chapter 7 (Table 7-5) was missing one of

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							the items that should have been listed (GG0170F1)
61	7	n/a	88	7-6		GG0130D2. Wash upper body = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or GG0170A2. Roll left and right = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or GG0170I2. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or	All discharge goals were identified in chapter 6, section 6.5, but the corresponding table in chapter 7 (Table 7-5) was missing three of the items that should have been listed (GG0130D2; GG0170A2; GG0170D2)
62	7	n/a	88	7-6	9. (GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR GG0170H1. Does the patient walk = [0,1]; and	9. (GG0170I1. Walk 10 feet = [01, 02, 03, 04, 05, 06] and GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR GG0170I1. Walk 10 feet = [07, 09, 10, 88]; and	On admission, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. This change will be implemented in the measure calculations for Application of NQF #2631 on and after July 1, 2018.
63	7	n/a	89	7-6	9. (GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR (GG0170H3.Does the patient walk = [0])]; and	9. (GG0170I3. Walk 10 feet = [01, 02, 03, 04, 05, 06] and GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) OR GG0170I3. Walk 10 feet = [07, 09, 10, 88]]; and	On discharge, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. This change will be implemented in the measure calculations for Application of NQF #2631 on and after July 1, 2018.
64	7	n/a	90	7-7		*Note:* The discharge assessment should be used to determine if the patient stay meets any of the criteria for the numerator. If the information on the discharge assessment did not	Clarification of the numerator count.

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						indicate that the patient met any one of the criteria for the numerator (i.e., patient stay did not qualify for numerator count based on coding from the discharge assessment), the admission assessment should be used to determine if the patient stay meets any one of the criteria for the numerator.	
65	7	n/a	94	7-8	n/a	Added Table 7-8	This measure is new to the CASPER reports.
66	7	n/a	95	7-9	n/a	Added Table 7-9	This measure is new to the CASPER reports.
67	7	n/a	95–98	7-10	n/a	Added Table 7-10	This measure is new to the CASPER reports.
68	A	n/a	99–109	n/a		Revised Appendix A	Reorganized Appendix A into 3 sections (A.1 – A.3) to accommodate the Risk-Adjustment Appendix File.
69	A	n/a	101	A-1	n/a	Added Table A-1	Added a table displaying which quality measures require risk-adjustment.
70	A	A.1	101	A-1	n/a	Added Section A.1	Added this section to organize all the covariate tables.
71	A	A.1	102	A-3	n/a	Added Table A-3	This measure is new to the CASPER reports and requires a table listing the covariates and the associated coefficients and intercept.

(continued)

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LTCH Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
72	A	A.1	103	A-4	Stage 3, 4, or unstageable pressure ulcer | Presence | = [1] (Yes) if ([M0300C1 (Number of stage 3 pressure ulcers) > 1] or [M0300D1 (Number of stage 4 pressure ulcers) > 1] or [M0300E1 (Number of unstageable pressure ulcers due to non-removable dressing/device) > 1] or [M0300F1 (Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar) > 1] or [M0300G1 ((Number of unstageable pressure ulcers with suspected deep tissue injury in evolution) > 1]) Else = [0] (No)	Stage 3, 4, or unstageable pressure ulcer | Presence | = [1] (Yes) if ([M0300C1 (Number of stage 3 pressure ulcers) > 0] or [M0300D1 (Number of stage 4 pressure ulcers) > 0] or [M0300E1 (Number of unstageable pressure ulcers due to non-removable dressing/device) > 0] or [M0300F1 (Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar) > 0] or [M0300G1 ((Number of unstageable pressure ulcers with suspected deep tissue injury in evolution) > 0]) Else = [0] (No)	Fixed the logic from greater than 1 to greater than 0 pressure ulcers for each of the pressure ulcer category.
73	A	A.1	105	A-5	n/a	Added Table A-5	This measure is new to the CASPER reports and requires a table listing the covariates and the associated coefficients and intercept for the predicted model. Note: this table will not have risk-adjustment values until sufficient data is collected and the coefficient and intercept values are tested.
74	A	A.1	106	A-6	n/a	Added Table A-6	This measure is new to the CASPER reports and requires a table listing the covariates and the associated coefficients and

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LTCH Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	LTCH QRP Measure Calculations and Reporting User's Manual V2.0	LTCH QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
							intercept for the expected model. Note: this table will not have risk-adjustment values until sufficient data is collected and the coefficient and intercept values are tested.
75	A	A.1	107	A-7	n/a	Added Table A-7	This measure is new to the CASPER reports and requires a table listing the LTCH-specific intercepts for the predicted model. Note: this table will not have risk-adjustment values until sufficient data is collected and the coefficient and intercept values are tested.
76	A	A.2	108	n/a		Added Section A.2	Added the overview to the new Risk-Adjustment Appendix File.
77	A	A.3	109	n/a		Added Section A.3	Added the risk-adjustment procedure for guidance on how to use the QM User's Manual and the associated Risk-Adjustment Appendix File.

Revised 7/1/18