LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM (LTCH QRP)

Frequently Asked Questions with Answers

Current as of May 2017
This version replaces all previous versions.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Long-Term Care Hospital Quality Reporting Program Frequently Asked Questions with Answers

#	Question Category	Question	Answer
1.	LTCH QRP Overview and Data Submission Deadlines	What are the current requirements of the LTCH Quality Reporting Program (LTCH QRP)?	The Centers for Medicare and Medicaid Services' LTCH QRP requires that LTCHs submit quality measure data to CMS. Failure to submit the required quality data will result in a two (2) percentage point reduction in the LTCH's annual payment update (APU). Beginning with the FY 2016 payment determination and for each subsequent year, LTCHs must meet or exceed two separate data completeness thresholds: one threshold set at 80 percent for completion of quality measures data collected using the LTCH CARE Data Set submitted through the QIES ASAP System and a second threshold set at 100 percent for quality measures data collected and submitted using the CDC's NHSN. The LTCH QRP is described on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html. A list of the current quality measures is available on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html. The data submission deadlines are provided on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html.
2.	Definition of LTCH for LTCH QRP	I need clarification on the definition of an LTCH for the purposes of the LTCH QRP. Are these long-term acute care hospitals or long-term care hospitals?	Long-term care hospitals (LTCHs) and long-term acute care hospitals (LTACHs) are different names for the same type of hospital. Medicare uses the term long-term care hospitals. These hospitals are certified as acute care hospitals that treat patients requiring extended hospital-level care, typically following initial treatment at a general acute care hospital. If a hospital is classified as an LTCH for purposes of Medicare payments (as denoted by the last four digits of its six-digit CMS Certification Number [CCN] in the range of 2000–2299), it is subject to the requirements of the LTCH QRP. If your critical access hospital (CAH) has long-term care beds that either provide skilled nursing facility-level or nursing facility-level care, it is not required to comply with any requirements mandated for LTCHs under the LTCH QRP. For further information on the LTCH QRP, please visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html.

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
3.	LTCH QRP Overview	When are new LTCHs required to begin reporting quality data to CMS under the LTCH QRP?	New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter after 30 days after the date on its CMS Certification Number (CCN) notification letter. For example, if an LTCH's CCN notification letter is dated March 15, then the LTCH would be required to begin reporting quality data to CMS beginning on July 1 (March 15 + 30 days = April 14 (quarter 2). The LTCH would be required to begin collecting quality data on the first day of the quarter after quarter 2, which is quarter 3, or July 1. The collection of quality data would begin on the first day of the calendar year quarter identified as the start date, and would include all LTCH admissions and subsequent discharges beginning on, and after, that day; however, submission of quality data would be required by previously finalized or newly proposed quarterly deadlines.

4.	LTCH QRP Information Resources	What resources are available to remain informed about the LTCH QRP?	Several resources are available to help you stay informed about the LTCH QRP:
			
			1) LTCH QRP website:
			    a) LTCH QRP web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html
			    b) "Spotlights and Announcements" page of the LTCH QRP website announces updates: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html
			
			2) Proposed Rules and Final Rules are published in the Federal Register and are typically released each year in April and August. Proposed and Final Rules are posted on both webpages:
			    a) https://www.federalregister.gov/
			    b) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html
			
			3) To receive mailing list notices and announcements about the LTCH QRP, sign up at: https://public.govdelivery.com/accounts/USCMS/subscriber/new

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			4) Notices about CMS Open Door Forums related to the LTCH QRP are announced on the following web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html 5) There are several help desks that LTCH staff may contact to obtain answers to specific LTCH QRP questions. The list of help desks and the type of assistance provided is listed in #5 below.
5.	LTCH QRP Help Desks	Where can I find contact information for the various LTCH QRP help desks?	Below is a list of the LTCH QRP help desks: **LTCH Quality Reporting Program (QRP)** Email: LTCHQualityQuestions@cms.hhs.gov Examples of issues this help desk can assist you with include: • LTCH QRP requirements, including data collection and data submission timelines • LTCH CARE Data Set items (Section A: Administrative Information, Section B: Hearing, Speech, and Vision, Section C: Cognitive Patterns, Section GG: Functional Abilities and Goals, Section H: Bladder and Bowel, Section I: Active Diagnoses, Section J: Health Conditions, Section K: Swallowing, Section M: Skin Conditions, Section O: Special Treatments, Procedures, and Programs, and Section Z: Assessment Administration. • Claims-based measures (All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge; Potentially Preventable 30 Day Post-Discharge Readmission Measure; Discharge to Community; Medicare Spending per Beneficiary) • LTCH QRP provider training materials • General quality reporting program questions

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			CDC/NHSN Email: NHSN@cdc.gov Examples of issues this help desk can assist you with include: • CDC Quality Measures: Catheter-Associated Urinary Tract Infections (CAUTI), Central Line-Associated Blood Stream Infection (CLABSI), Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia, *Clostridium Difficile* Infection (CDI), Influenza Vaccination Coverage among Healthcare Personnel, and Ventilator-Associated Event (VAE) • National Healthcare Safety Network (NHSN) enrollment, reporting, and data analysis **LTCH QRP Reconsideration Process** Email: LTCHQRPReconsiderations@cms.hhs.gov Examples of issues this help desk can assist you with include: • How to file a request if you receive a letter of non-compliance from CMS • Deadline for filling a Request for Reconsideration • How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2% payment reduction • Requesting information about the LTCH QRP payment reduction for failure to report required quality data **Data Submission and Data Validation** Email: help@qtso.com Phone: 1-800-339-9313 Examples of issues this help desk can assist you with include: • Accessing 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 Payment Policy** Email: LTCHPPS@cms.hhs.gov Examples of issues this help desk can assist you with include: • LTCH payment inquiries • Claims/billing • Eligibility and coverage requirements

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			LTCH Public Reporting Help Desk Email: LTCHPRquestions@cms.hhs.gov Examples of issues this help desk can resource can assist you with include: • Data reported in the Provider Preview reports • LTCH Compare Website • LTCH data available on Data.Medicare.gov **LTCH Vendor Issues** Email: LTCHTechIssues@cms.hhs.gov Examples of issues this resource can assist you with include: • Technical questions related to LTCH CARE Data Set Data Submission Specifications • VUT (Validation Utility Tool) vendor tool used to ensure software meets CMS requirements and will pass Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system edits
6.	LTCH QRP – Compliance	Could a facility potentially get the 2% reduction twice? For example, a 2% monetary payment penalty for not being compliant with quality measure reporting AND a 2% payment penalty for not submitting IMPACT Act data correctly?	No. An LTCH can only receive a 2% reduction related to any applicable fiscal year (FY) Annual Payment Update (APU) for which they are determined to be out of compliance. The IMPACT Act requirements are an extension of the LTCH QRP requirements, and an LTCH cannot receive multiple 2% reductions to a specific FY APU.
7.	LTCH QRP – Compliance	Will LTCHs be penalized if they do not complete the LTCH CARE Data Set past five days or submit the LTCH CARE Data Set past seven days, but submit all data well before the data submission deadline (135 days after the quarter closes)?	For the LTCH QRP, completion of the LTCH CARE Data Set beyond 5 days and submission of the LTCH CARE Data Set beyond 7 days after completion of the LTCH CARE Data Set will not affect CMS determination of the LTCH's compliance with the LTCH QRP if the data are submitted by the quarterly submission deadlines.

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8.	LTCH QRP – Public Reporting	I am looking for the LTCH QRP data. Can you tell me where LTCH QRP data is being published?	In the FY 2016 IPPS/LTCH PPS Final Rule (https://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf), we finalized a policy to publish the LTCH QRP data in Fall 2016. This data is now available on the Long-Term Care Hospital (LTCH) Compare Web site (https://www.medicare.gov/longtermcarehospitalcompare/). The published data and other information not reported on LTCH Compare is available to download on https://data.medicare.gov/data/long-term-care-hospital-compare. Four measures in the LTCH QRP are now available on the LTCH Compare Web site: 1. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678); 2. All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from LTCHs (NQF #2512); 3. NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138); and 4. NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139). In the FY 2017 IPPS/LTCH PPS Final Rule four additional quality measures were finalized which will be publicly available on the LTCH Compare Web site in CY 2017 pending availability of data: 1. NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716); 2. NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717); 3. Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431); and 4. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680). We refer you to the FY 2017 IPPS/LTCH PPS Final Rule: https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf. We also refer you to the LTCH QRP Public Reporting website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Public-Reporting.html.

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9.	LTCH QRP – Training Videos	Do you have training videos?	Training materials, including links to the videos of the training sessions are available on the LTCH QRP Training web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html. Also, included in the download section, is the IMPACT Act and Assessment Data Element Standardization and Interoperability presentation. Click HERE to access the video.
10.	Measures Adopted in the FY 2017 IPPS/LTCH PPS Final Rule	What new measures have been adopted through the FY 2017 IPPS/LTCH PPS Final Rule?	Four measures were adopted through the FY 2017 IPPS/LTCH PPS Final Rule. Three Medicare FFS claims-based measures were adopted for the FY 2018 payment determination and subsequent years. These measures include: • Medicare Spending Per Beneficiary-PAC LTCH QRP • Discharge to Community-PAC LTCH QRP • Potentially Preventable 30-Day Post-Discharge Readmission Measure for LTCH QRP One assessment-based quality measure was adopted for the FY 2020 payment determination and subsequent years. • Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC LTCH QRP Finalized measure specifications for these measures are available for download on the LTCH Quality Reporting Measures Information webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.

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11.	LTCH CARE Data Set – All	Where can I find the LTCH CARE Data Set Version 3.00? What are the significant differences between Version 2.01 and Version 3.00 of the LTCH CARE Data Set?	The LTCH CARE Data Set Version 3.00 was implemented on April 1, 2016 and is available for review in the Downloads section of the following CMS LTCH QRP webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html. The LTCH CARE Data Set Change Table, available in the same zip file as the LTCH CARE Data Set Version 3.00, outlines the differences between the LTCH CARE Data Version 2.01 and Version 3.00.
12.	LTCH CARE Data Set – Required and Voluntary Items	Where can I find the list of required and voluntary items for the LTCH CARE Data Set Version 3.00?	The list of LTCH CARE Data Set Version 3.00 required and voluntary items for the LTCH QRP can be found in Appendix D of the LTCH QRP Manual Version 3.0 on the following web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html.
13.	LTCH CARE Data Set – All	Do we need to obtain patient consent to submit the data contained within the LTCH CARE Data Sets? And if so, is there a standard consent already in use?	An LTCH is not required to obtain patient consent to collect data for quality measures for the LTCH QRP. CMS has the statutory authority to collect quality data for LTCHs under Section 3004(a) of the Patient Protection and Affordable Care Act of 2010, the FY 2012 IPPS/LTCH PPS Final Rule, the FY 2013 IPPS/LTCH PPS Final Rule, the FY 2014 IPPS/LTCH PPS Final Rule, the FY 2015 IPPS/LTCH PPS Final Rule, the FY 2016 IPPS/LTCH PPS Final Rule, and the FY 2017 IPPS/LTCH PPS Final Rule.
14.	LTCH CARE Data Set – All	Who is a "qualified/appropriate" staff member to complete the LTCH CARE Data Set?	CMS does not provide guidance on who can or cannot complete assessment items. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Each facility delivers patient care per their unique characteristics and standards (e.g., patient population, bed size). Thus, each facility self-determines their policies and procedures for completing the assessments in compliance with State and Federal requirements. That said, the goal for the assessment is to accurately reflect the patient's status; therefore, staff completing a specific section of the LTCH CARE Data Set should have knowledge of the patient's status in these areas.

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
15.	LTCH CARE Data Set – All	Training materials indicate we have 3 days to enter data on new admissions. Does this include weekends and holidays, or are they excluded?	The facility has 3 days to gather the data and an additional 5 days to complete the LTCH CARE Data Set Admission assessment, which includes weekends and holidays. The Assessment Reference Date (ARD) is the end of the assessment period for the LTCH CARE Data Set assessment records, so if a patient was admitted on a Friday, the ARD for the Admission assessment is Sunday. The LTCH would have until Tuesday to complete the LTCH CARE Data Admission assessment. More information can be found in Chapter 2 of the CMS LTCH QRP Manual Version 3.0, available in the Downloads section at the following link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html.
16.	LTCH CARE Data Set – All	Do we need to complete an admission and discharge assessment if the patient was admitted and discharged from the LTCH within 3 days?	Yes, the LTCH would need to complete the LTCH CARE Data Set Admission and Discharge assessment. Regarding the Discharge assessment, determine whether the discharge was planned or unplanned. It would depend on whether, at the time of transfer to another hospital/facility, the patient was expected to return to the LTCH within 3 days (day of transfer + 2 calendar days). If, at the time of transfer, the patient was expected to return to the LTCH within 3 days, and does not return within 3 days, then, an Unplanned Discharge assessment needs to be completed for this patient. An Unplanned Discharge assessment would also be completed if the patient was transferred to another facility emergently. If the patient had a "planned transfer" to "another hospital/facility" that was going to result in the patient's absence from the LTCH for longer than 3 calendar days, then, the transfer is considered "planned" and a Planned Discharge assessment needs to be completed for this patient.
17.	LTCH CARE Data Set – All	If the patient dies during the assessment period, do you fill out Admission and Expired assessments?	Yes, both an Admission assessment and Expired assessment would be completed. The Assessment Reference Date (ARD) for the Expired assessment is the date of death.

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
18.	LTCH CARE Data Set – All	If a patient is discharged to a short-stay acute care hospital and then dies at the acute care hospital 6 days later, does the LTCH have to complete an expired assessment?	No. If the patient is away from the LTCH for more than 3 days, the LTCH does not need to complete an Expired assessment. You should complete the Discharge assessment.
19.	LTCH CARE Data Set – All	In completing the LTCH CARE Data Set, can we code information based on observation or interview only or does the information need to be documented in the medical record to be coded on the LTCH CARE Data Set?	LTCH CARE Data Set coding should be based upon information gathered from the patient's medical record, direct observation, interviews with staff members, patient's family members, or a combination of information from these sources. Facilities should have medical record documentation that matches the data entered into the LTCH CARE Data Set to verify the rationale used for completing the assessment.
20.	LTCH CARE Data Set – All	Can the LTCH CARE Data Set serve as the documentation of the patient assessment for the medical record or does the assessment need to be incorporated into the hospital's usual documentation forms?	As stated in the LTCH QRP Manual Version 3.0, Chapter 2: "The Centers for Medicare & Medicaid Services (CMS) recognizes that, in addition to items included in the LTCH CARE Data Set, a complete and ongoing patient assessment guided by clinical standards is essential for all LTCH patients. Therefore, completion of the LTCH CARE Data Set does not replace the assessment of each patient for the delivery of services in LTCHs. Further, completion of the LTCH CARE Data Set should never supersede or substitute sound clinical judgment. Similarly, completion of the LTCH CARE Data Set should not supersede applicable Federal, State, and local statutes and regulations."
21.	LTCH CARE Data Set – All	Should the codes recorded on the LTCH CARE Data Set be supported by documentation in the medical record?	As stated in the LTCH QRP Manual V 3.0, Chapter 2, data collected to complete each item on the LTCH CARE Data Set should include information from direct patient assessments, observations, interviews, and other relevant strategies within the assessment period timeframe.

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22.	LTCH CARE Data Set – All	Can I use any of the documentation that came with the patient from the referring hospital to complete the LTCH CARE Data Set Admission Assessment?	Responses to items on the LTCH CARE Data Set should be based on assessment of the patient's current condition and other assessment data collected during the assessment period, which on admission is no later than the first 3 calendar days at the time of admission (date of admission [A0220] plus 2 days). When directed, assessments may be required within a specified period of time with the assessment period. For example, the assessment period for GG0100, Prior Functioning: Everyday Activities, is based on the time prior to the current illness, exacerbation, or injury. Documentation from the previous setting can be used to complete the LTCH CARE Data Set to the extent that a specific item refers to the timeframe during which the patient was in that setting.
23.	LTCH CARE Data Set – All	If the discussions and interviews with nursing staff occur after the ARD but provide relevant information for coding activity during the ARD, can this information be used to code?	The 3-day assessment period is not intended to replace the timeframe required for clinical Admission assessments as established by accepted standards of practice, facility policy, and State and Federal regulations. Therefore, the LTCH CARE Data Set assessment sections that include patient assessment data should be consistent with the initial clinical assessment.
24.	LTCH CARE Data Set – All	When is it appropriate to use a skip pattern?	A skip pattern indicates that a specific item does not need to be completed, and can be skipped. The instructions direct the assessor to skip over the next item (or several items) and go to another area of the assessment. When you encounter a skip pattern, leave the item blank, and move to the next item as directed. For example, on the Admission assessment, if 0, No, is coded for M0210, Unhealed Pressure Ulcer(s) the system would skip to the next applicable question which in this example is Section O, item O0100, Special Treatments, Procedures, and Programs.
25.	LTCH CARE Data Set – Applicable Patients	Are LTCHs required to complete and submit the LTCH CARE Data Set for site neutral patients? For example, if a site neutral patient is admitted and subsequently discharged within two days, would we have to complete and submit the LTCH CARE Data set for that patient?	The LTCH CARE Data Set must be completed on any patient admitted to and treated within your LTCH, if your LTCH meets the requirements as defined below: The LTCH CARE Data Set is applicable to all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program. These hospitals are certified as acute-care hospitals that treat patients requiring extended hospital-level care, typically following initial treatment at a general acute-care hospital. If a hospital is classified as an LTCH, for purposes of Medicare payments (as denoted by the last four digits of its six-digit CMS Certification Number [CCN] in the range of 2000–2299), it is subject to the requirements of the LTCH Quality Reporting Program (LTCH QRP). It is not

#	Question Category	Question	Answer
			applicable to patients receiving services in LTCH units that are not designated as LTCHs under the Medicare program. Data collection using the LTCH CARE Data Set is applicable regardless of patient's age, diagnosis, length of stay, or payment/payer source. Data collected must be submitted within the time, manner, and form established by CMS for the LTCH QRP. For more information regarding the requirements of the LTCH QRP, we refer you to the CMS LTCH QRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html.
26.	LTCH CARE Data Set – Applicable Patients	Do IPPS patients who are admitted to the LTCH who may or may not be Medicare or Medicaid need to be entered into the system? For example, IPPS patients who come to the LTCH that do not affect our 25 day LOS rule? These patients are expected to be at the LTCH less than 25 days.	Data collection using the LTCH CARE Data Set is applicable regardless of patient's age, diagnosis, length of stay, or payment/payer source.
27.	LTCH CARE Data Set – Data Submission	What areas, if a dash is used, will cause the fatal error?	A dash will result in a fatal error and cause the record to be rejected if the dash is submitted in an item but a dash is not a valid value for that item. A list of valid values for each item included in the XML file can be located in the LTCH Data Submission Specifications, available for download at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html.
28.	LTCH CARE Data Set – Data Submission	What can be done if you can't locate a validation report?	If the ASAP system-generated final validation report is not found in the Validation Report or VR folder within 24 hours following submission of the zip file of LTCH CARE records, this indicates that there was a severe error with the zip file, there are no XML records in the zip file or no records could be extracted from the zip file. The user that submitted the file to the QIES ASAP system should request the LTCH Submitter Validation Report to identify the errors that were encountered. The report must be requested by submission ID. The submission ID can be found on the initial confirmation message printed from the LTCH Submission system following submission of the file. The submission ID can also be located on the 'My List of Submissions' page in the LTCH Submission System. The LTCH Submitter

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			Validation report is available in the LTCH provider report category in the CASPER reporting application. Refer to the CASPER Reporting User's Guide for step-by-step directions to request the Submitter Validation report.
29.	LTCH CARE Data Set – Data Submission	Can a user at the LTCH corporate office have access to all facility validation reports in the QIES ASAP system?	A corporate user with authority to submit data on behalf of one or more LTCH providers can only have access to request or view validation reports for those same LTCH providers. Corporate users cannot view all validation reports for all providers.
30.	LTCH CARE Data Set – Data Submission	If you have completed an inactivated file, will that file replace the old file submitted to the QIES ASAP system?	The purpose of the inactivation record is to move the erroneous record to an archive file in the QIES ASAP system. A new record containing the correct information for the patient will not automatically be saved into the national repository. If a new record is required, you must submit the new record following acceptance of the inactivation record by the QIES ASAP system.
31.	LTCH CARE Data Set – Data Submission	If a file was discovered with an error and was already submitted to the QIES ASAP system, do you correct it with modification and inactivation?	Use of a modification or inactivation record depends solely on the item that contained the erroneous information. If the error is in a key field used to identify the record or the patient, a modification record cannot be utilized. In this instance, an inactivation record is required. The record and patient key fields can be found in Chapter 4 of the LTCH QRP Manual. If an error exists in a non-key field item, a modification record can be submitted to correct the error. If the state code or facility ID is in error, a special manual deletion request must be submitted to permanently remove the record from the QIES ASAP system. Following permanent deletion of the file, you would be required to submit a new record that contains the correct state code and facility ID.