

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

Frequently Asked Questions with Answers

**Current as of October 2018
This version replaces all previous versions.**



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

#	Question Category	Question	Answer
1	Definition of Long-Term Care Hospital (LTCH) for LTCH Quality Reporting Program (QRP)	What is 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 LTCHs. 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 Centers for Medicare & Medicaid Services [CMS] Certification Number [CCN] in the range of 2000–2299), it is subject to the requirements of 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 .
2	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 year quarter subsequent to 30 days after the date on its 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 the quarterly deadlines.
3	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) The LTCH QRP website provides users with important announcements and updates regarding the LTCH QRP: a) LTCH QRP website: 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, includes important announcements, updates, and reminders for the LTCH QRP: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<p>2) Proposed 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 the following two webpages:</p> <p>a) https://www.federalregister.gov/</p> <p>b) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html</p> <p>3) To receive mailing list notices and announcements about the LTCH QRP, sign up at https://public.govdelivery.com/accounts/USCMS/subscriber/new</p> <p>4) Notices about CMS Open Door Forums and other webinars related to the LTCH QRP are announced on the following webpages:</p> <p>a) https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html</p> <p>b) https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html</p>
4	LTCH QRP Help Desks	Where can I find information about which LTCH QRP help desks to contact?	<p>There are several help desks that LTCH QRP users may contact to obtain answers to specific LTCH QRP questions. The help desks are listed on the LTCH QRP website. Direct links are listed below for your convenience:</p> <p>Please note that CMS QRP Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. Submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures as well as a violation of federal regulations (Health Insurance Portability and Accountability Act [HIPAA]). Do <i>not</i> submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to these addresses. If you are not sure whether the information you are submitting is identifiable, please contact your institution's privacy officer.</p> <p>LTCH QRP Email: LTCHQualityQuestions@cms.hhs.gov Examples of issues this help desk can assist you with include the following:</p> <ul style="list-style-type: none"> • LTCH QRP requirements, including data collection and data submission timelines

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<ul style="list-style-type: none"> • LTCH Continuity Assessment Record and Evaluation (CARE) Data Set items • Calculation of quality measures • LTCH QRP provider training materials • General QRP questions <p>If you are not sure which help desk to use, email your question to the LTCH QRP Help Desk, and it will be directed to the appropriate help desk.</p> <p>Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Email: NHSN@cdc.gov Examples of issues this help desk can assist you with include the following:</p> <ul style="list-style-type: none"> • CDC quality measures: <ul style="list-style-type: none"> ○ Catheter-Associated Urinary Tract Infection (CAUTI) ○ Central Line-Associated Blood Stream Infection (CLABSI) ○ <i>Clostridium difficile</i> Infection (CDI) ○ Influenza Vaccination Coverage Among Healthcare Personnel • NHSN enrollment, reporting, and data analysis <p>LTCH QRP Reconsiderations Email: LTCHQRPReconsiderations@cms.hhs.gov Examples of issues this help desk can assist you with include the following:</p> <ul style="list-style-type: none"> • How to file a request if you receive a letter of noncompliance from CMS • Deadline for filling a Request for Reconsideration • How to dispute a finding of noncompliance 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 • How to file a request for exception or extension due to natural disaster or other extraordinary circumstances <p>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 the following:</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<ul style="list-style-type: none"> • Accessing Quality Improvement 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) <p>LTCH Payment Policy Email: LTCHPPS@cms.hhs.gov Examples of issues this help desk can assist you with include the following:</p> <ul style="list-style-type: none"> • LTCH payment inquiries • Claims/billing • Eligibility and coverage requirements <p>LTCH Public Reporting Help Desk Email: LTCHPRquestions@cms.hhs.gov Examples of issues this help desk can assist you with include the following:</p> <ul style="list-style-type: none"> • Reporting periods for the CASPER Review and Correct reports • Interpretation of results for the CASPER Quality Measure reports • Measures included the Provider Preview reports • LTCH Compare Website https://www.medicare.gov/longtermcarehospitalcompare/ • LTCH data available on Data.Medicare.gov <p>LTCH Vendor Issues Email: LTCHTechIssues@cms.hhs.gov Examples of issues this resource can assist you with include the following:</p> <ul style="list-style-type: none"> • 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 QIES Assessment Submission and Processing (ASAP) system edits

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
5	LTCH QRP Requirements	What are the data completion thresholds for the LTCH QRP quality measures?	<p>LTCHs must meet or exceed two separate data completeness thresholds: one threshold set at 80 percent for completion of quality data collected using the LTCH CARE Data Set and submitted through the QIES ASAP system, and a second threshold set at 100 percent for completion of quality data collected and submitted using the CDC's NHSN. The LTCH QRP requires that LTCHs submit quality data to CMS. Failure to submit the required quality data may result in a 2 percentage point reduction in the LTCH's annual payment update (APU).</p> <p>The LTCH QRP is described on the following website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html.</p> <p>The data submission deadlines are provided on the following website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html.</p>
6	LTCH QRP Requirements	How are data collected and submitted for the LTCH QRP? Are there other requirements, in addition to collecting and submitting the required patient assessment data, for satisfying the requirements of the LTCH QRP?	<p>The LTCH CARE Data Set is the assessment instrument LTCHs use to collect patient assessment data in accordance with the LTCH QRP. The LTCH CARE Data Set must be completed for all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program, regardless of patients' payment/payer source. Data are collected on admission, on discharge (planned and unplanned), and for expired patients. The LTCH CARE Data Set is available to view on the following 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 QRP Manual can be found on the same webpage and provides ongoing guidance to providers in completing the LTCH CARE Data Set.</p> <p>The measures included in the LTCH QRP are provided on the LTCH Quality Reporting Measures Information Website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.</p> <p>Data for the LTCH QRP measures are collected and submitted through three methods listed below:</p> <ol style="list-style-type: none"> 1. Data collected using the LTCH CARE Data Set are submitted to the QIES via the ASAP system. 2. Data for the NHSN measures are submitted to the CDC.


LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<p>3. Medicare Fee-For-Service claims-based measures require no additional LTCH QRP data collection or submission.</p> <p>For detailed quality measure specifications, please refer to the LTCH Measure Calculations and Reporting User's Manual, which can be found in the "Downloads" section of the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.</p>
7	LTCH QRP Compliance	Which items on the LTCH CARE Data Set are considered for compliance determination?	<p>The LTCH QRP Table for Reporting Assessment-Based Measures for the Fiscal Year (FY) 2020 LTCH QRP APU, available for download on the LTCH Quality Reporting Measures Information website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html, indicates the LTCH CARE Data Set data elements that are used in determining the APU minimum submission threshold for the FY 2020 LTCH QRP determination. Please note that this replaces the Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set document. CMS intends to update this document for each program year.</p> <p>All LTCH CARE Data Set data elements should be accurately coded to reflect the patient's status and be submitted to CMS. It is LTCH's responsibility to ensure the completeness of the LTCH CARE Data Set data. By signing the LTCH CARE Data Set upon completion (Z0400A), LTCH staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patients' status.</p> <p>Data submitted for risk adjustment items are used to adjust the quality measure outcome scores based on patient characteristics. By not capturing data that are used for risk adjustment, a patient's complexity cannot be accounted for in the quality measure outcome scores. This results in the risk-adjusted quality measure outcome scores reported on your CASPER Quality Measure reports and on LTCH Compare website not reflecting the LTCH's unique patient complexities and may show up in performance rates, i.e., poorer scores.</p> <p>For detailed measure specifications, please refer to the LTCH Measure Calculations and Reporting User's Manual, which can be downloaded from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
8	LTCH QRP Compliance	Will LTCHs be penalized if they do not complete the LTCH CARE Data Set past 5 days or submit the LTCH CARE Data Set past 7 days, but submit all data well before the data submission deadline (135 days after the quarter closes)?	<p>No. For the LTCH QRP, if the data are submitted by the quarterly submission deadlines, 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.</p> <p>The LTCH QRP data collection and submission deadlines are provided at the following website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html.</p>
9	LTCH QRP Public Reporting	I am looking for the LTCH QRP data. Where are the data being published?	<p>LTCH QRP data are available on the LTCH Compare website (https://www.medicare.gov/longtermcarehospitalcompare/). The published data and other information not reported on LTCH Compare are available for download on https://data.medicare.gov/data/long-term-care-hospital-compare.</p> <p>We also refer you to the LTCH QRP Public Reporting website for more information and resources related to public reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Public-Reporting.html.</p>
10	LTCH QRP Public Reporting	My facility's demographic data are incorrect on LTCH Compare. How do I correct it?	<p>The demographic data displayed on the Provider Preview Reports and on LTCH Compare are generated from information stored in the Automated Survey Processing Environment (ASPEN) system.</p> <p>If inaccurate demographic data are included on the Provider Preview Report or on LTCH Compare, facilities need to contact their Medicare Administrative Contractor for assistance. When requesting updates to your demographic data, it is important to carefully review all information before submitting and specify that you want your data within the ASPEN system updated, instead of referring to your data on the Compare website.</p> <p>Please note, updates to LTCH provider demographic information do not happen in real time and can take up to 6 months to appear on LTCH Compare.</p> <p>Additional information can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/How-to-Update-LTCH-Demographic-Data-1-4-18-Final.pdf.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
11	LTCH QRP Training	Where can I find LTCH QRP training materials for the LTCH CARE Data Set Version 4.00?	<p>Information about LTCH QRP trainings, including Special Open Door Forums, provider training materials, and other resources, are available on the LTCH QRP Training website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html.</p> <p>For videos of provider training sessions and webinars, please refer to the CMS YouTube channel. Click the link below and search for “LTCH”: https://www.youtube.com/user/CMSHHSgov/.</p> <p>A presentation regarding the Improving Medicare Post-Acute Care Transformation (IMPACT) Act and Assessment Data Element Standardization and Interoperability is also available: https://www.youtube.com/watch?v=1SljSQFqHs0&feature=youtu.be .</p>
12	Updates in the FY 2019 Inpatient Prospective Payment System (IPPS)/LTCH Prospective Payment System (PPS) Final Rule	What updates were made to the LTCH QRP through the FY 2019 IPPS/LTCH PPS final rule?	<p>In the FY 2019 IPPS/LTCH PPS final rule, as part of CMS’s efforts under the Meaningful Measures Initiative to use a parsimonious set of the most meaningful measures for patients and clinicians in our quality programs and the Patients Over Paperwork Initiative to reduce cost and burden and program complexity, we have removed three measures from the LTCH QRP:</p> <ul style="list-style-type: none"> • NHSN Facility-wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (National Quality Forum [NQF] #1716), beginning with the FY 2020 LTCH QRP. LTCHs will no longer be required to submit data on this measure for the purposes of the LTCH QRP beginning with October 1, 2018, admissions and discharges. • NHSN Ventilator-Associated Event Outcome Measure, beginning with the FY 2020 LTCH QRP. LTCHs will no longer be required to submit data on this measure for the purposes of the LTCH QRP beginning with October 1, 2018, admissions and discharges. • Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680), beginning with the FY 2021 LTCH QRP. Beginning with October 1, 2018, admissions and discharges, LTCHs should enter any of the valid codes or a dash (–) for O0250A, O0250B, and O0250C until the next LTCH CARE Data Set is released. If you cannot enter a dash, please enter one of the other valid codes.

LTCH QRP Frequently Asked Questions with Answers (continued)

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			<p>We also adopted a new measure removal factor, Factor 8, “the costs associated with a measure outweigh the benefit of its continued use in the program.” We codified the measure removal factors in our regulations. We also updated our regulations to expand methods for notifying an LTCH of noncompliance with the requirements of the LTCH QRP for a program year; and how CMS will notify an LTCH of a reconsideration decision.</p> <p>The FY 2019 IPPS/LTCH PPS final rule is available at https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.</p> <p>More information about the Meaningful Measures Initiative is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html.</p>
13	LTCH CARE Data Set	Where can I find the LTCH CARE Data Set Version 4.00? What are the significant differences between Version 3.00 and Version 4.00 of the LTCH CARE Data Set?	<p>The LTCH CARE Data Set Version 4.00 was implemented on July 1, 2018, and is available for review in the “Downloads” section of the following CMS LTCH QRP website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html.</p> <p>The LTCH CARE Data Set Version 4.00 Change Table lists the differences between the LTCH CARE Data Version 3.00 and Version 4.00 and is also available in the “Downloads” section at the link above.</p>
14	LTCH CARE Data Set	Training materials indicate we have 3 days to enter data on new admissions. Does this include weekends and holidays?	<p>Yes. 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 standard assessment period for the LTCH CARE Data Set begins 2 calendar days before the Assessment Reference Date (ARD) and ends on the ARD, for a total assessment period of 3 days, unless otherwise stated. More information can be found in Chapter 2 of the LTCH QRP Manual, 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.</p>
15	LTCH CARE Data Set	Do we need to complete an Admission and Discharge assessment if the patient was admitted and discharged from the LTCH within 3 days?	<p>Yes, the LTCH would need to complete the LTCH CARE Data Set Admission and appropriate Discharge assessment. Determine at the time of the transfer to another hospital/facility whether the patient is expected to return to the LTCH within 3 calendar days (day of transfer + 2 calendar days). If the transfer to another hospital/facility is planned and the patient is not expected to return to the</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<p>LTCH within 3 calendar days, the transfer is considered “planned” and a Planned Discharge assessment would need to be completed for this patient.</p> <p>If, at the time of transfer, the patient was expected to return to the LTCH within 3 calendar days, and does not return within 3 days, an Unplanned Discharge assessment would need to be completed for this patient. An Unplanned Discharge assessment would also need to be completed if the patient was transferred to another facility emergently.</p> <p>CMS is aware that there are circumstances in which LTCHs may not be able to complete every item on the LTCH CARE Data Set. In these cases, you should refer to the LTCH QRP Manual and code the data set accordingly. For example, if you are unable to assess the patient on a particular item, and therefore unable to enter a response on the LTCH CARE Data Set, you would code the item with a dash (–). CMS expects dash use to be a rare occurrence. The -3900 edit (warning) is in place as a reminder to staff completing the assessment that the item is required and not completing the item may result in a 2% payment reduction to the LTCHs applicable FY APU.</p>
16	LTCH CARE Data Set	If the patient dies during the assessment period, do we complete the Admission and Expired assessments?	Yes, both an Admission assessment and Expired assessment should be completed for a patient who dies during the assessment period of the LTCH stay. The ARD for the Expired assessment is the date of death.
17	LTCH CARE Data Set	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 appropriate (Unplanned or Planned) Discharge assessment.
18	LTCH CARE Data Set	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 on information gathered from the patient's medical record, direct observation, interviews with staff members, the patient's family members, or a combination of 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. Where clarification is needed, you should refer to the specific section of the LTCH QRP Manual and review the intent, rationale, and specific coding instructions for each item in question.

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
19	LTCH CARE Data Set	If discussions and interviews with nursing staff occur after the ARD but provide relevant information for coding the data elements during the ARD, can this information be used to complete the Admission Assessment?	<p>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 sections that include patient assessment data should be consistent with the initial clinical assessment.</p> <p>However, if you discover an error in coding that may incorrectly reflect the patient's status within the respective assessment period as established by the ARD, then that assessment must be corrected. For more information on making corrections to an LTCH CARE Data Set assessment record, please refer to Chapter 4 of the LTCH QRP Manual, available for download at the following website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html.</p>
20	LTCH CARE Data Set	When is it appropriate to use a skip pattern?	<p>A skip pattern indicates that a specific item or specific items do not need to be completed and can be skipped. The skip pattern 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, skip the items as instructed, then move to the next item as directed.</p> <p>For example, on the Admission assessment, if 0, No, is coded for M0210, the system would skip to the next applicable question, Section N, item N2001, Drug Regimen Review.</p>
21	LTCH CARE Data Set	Are LTCHs required to complete an assessment for patients who cannot be assessed? For example, patients who were admitted and died before the admission assessment could be completed. How should each section be coded?	<p>If the facility was unable to collect information to complete the LTCH CARE Data Set Admission Assessment or Expired Assessment, code the LTCH CARE Data Set to the best of your ability and use the following guidance when coding the Admission and Expired assessments.</p> <p>CMS is aware that there are circumstances in which LTCHs may not be able to complete every item on the LTCH CARE Data Set assessment. In these cases, refer to the applicable sections of the LTCH QRP Manual and code the item set accordingly. For example, if you are unable to assess the patient on a particular item and therefore unable to enter a response on the LTCH CARE Data Set, code the item with the default response of a dash (–). CMS expects dash use to be a rare occurrence.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
			<p>Admission Assessment:</p> <p>Section B—Hearing, Speech, and Vision Code to the best of your ability. If you do not have any information, enter a dash.</p> <p>Section C—Cognitive Patterns Code to the best of your ability. If you do not have any information, enter a dash.</p> <p>Section GG—Functional Abilities and Goals GG0100—Prior Functioning. code if information is known, otherwise enter code 8. Unknown</p> <p>GG0110—Prior Device Use (use check boxes). If you do not have information about prior device use, check Z. None of the above</p> <p>GG0130—Self-Care and GG0170—Mobility: Admission Self-Care and Mobility Performance. Code to the best of your ability. If you are unable to assess the patient due to medical issues, enter code 88, “Not assessed due to medical condition or safety issues.”</p> <p>GG0130—Self-Care and GG0170—Mobility: Self-Care and Mobility Discharge Goals. A minimum of one self-care or mobility goal must be coded per patient stay on the LTCH CARE Data Set. Code at least one discharge goal to the best of your ability using the predicted plan of care for the patient.</p> <p>Section H—Bowel & Bladder Code to the best of your ability. If there is no information available, enter a dash.</p> <p>Section I—Active Diagnoses Check all that apply.</p> <p>Section K—Swallowing/Nutritional Status Code to the best of your ability. If there is no information available, enter a dash.</p> <p>Section M—Skin Conditions Code to the best of your ability. If there is no information available, enter a dash.</p> <p>Section N—Medications Code to the best of your ability. If there is no information available, enter a dash.</p> <p>Section O—Special Treatments, Procedures, and Programs Code to the best of your ability. If there is no information available, enter a dash. For O0250, Influenza Vaccine, enter a dash.</p> <p>Expired Assessment:</p> <p>Section B—Hearing, Speech, and Vision No items on the Expired assessment.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

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			<p>Section C—Cognitive Patterns No items on the Expired assessment.</p> <p>Section GG—Functional Abilities and Goals No items on the Expired assessment.</p> <p>Section H—Bowel & Bladder No items on the Expired assessment</p> <p>Section J—Health Conditions Code based on chart review.</p> <p>Section M—Skin Conditions No items on the Expired assessment.</p> <p>Section N—Medications Code to the best of your ability. If there is no information available, enter a dash.</p> <p>Section O—Special Treatments, Procedures and Programs For O0250, Influenza Vaccine, enter a dash.</p> <p>As a reminder, failure to submit the required quality data may result in a 2 percentage point reduction in the LTCH's APU. LTCHs must meet or exceed two separate data completeness thresholds: one threshold set at 80 percent for completion of quality data collected using the LTCH CARE Data Set submitted through the QIES ASAP system, and a second threshold set at 100 percent for completion of quality data collected and submitted using the CDC NHSN.</p>
22	LTCH Experience of Care Survey	When will the LTCH Experience of Care survey be added to the LTCH QRP? Where can I find more information about the survey?	<p>Currently, there is no proposed date for adding the survey to the LTCH QRP. Although CMS is not including this survey in the LTCH QRP at this time, CMS is providing this survey and accompanying materials for public use. CMS cannot provide assistance to facilities on the use of this survey, answer technical questions about the use of this survey, or provide analysis support. Facilities and vendors should not send survey data to CMS; survey data submitted to CMS will be deleted.</p> <p>You can find more information on the LTCH Experience of Care survey here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Patient-Experience-of-Care-.html.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
23	LTCH CARE Data Set Data Submission	Which data elements will cause a fatal error if a dash is used?	<p>A dash will result in a fatal error and the record will be rejected if the dash is submitted for an item and a dash is not a valid value for that item.</p> <p>A list of valid values for each item is located in the LTCH CARE Data Submission Specifications, available for download at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html.</p>
24	LTCH CARE Data Set Data Submission	What can be done if I can't locate a validation report?	<p>If the ASAP system-generated final validation report is not found in the Validation Report or Validation Report folder within 24 hours following submission of the zip file of LTCH CARE Data Set 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 who 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 using the 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 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 LTCH Submitter Validation report.</p>
25	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?	<p>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.</p>
26	LTCH CARE Data Set Data Submission	If I have completed an inactivation request, will that record replace the old record submitted to the QIES ASAP system?	<p>The purpose of the inactivation request 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 inactivated record by the QIES ASAP system.</p>

LTCH QRP Frequently Asked Questions with Answers (continued)

#	Question Category	Question	Answer
27	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 a modification request record or an inactivation request record?	<p>Submission of a modification request record or an inactivation request record depends solely on the item that contained the incorrect information.</p> <p>If the error is in a key field used to identify the record or the patient, an inactivation record is required. The record event and patient identifiers 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.</p> <p>Completion of a modification request record will archive the inaccurate LTCH CARE Data Set assessment record within the QIES ASAP system and replace the record with the new, corrected record. Completion of an inactivation request will also archive an inaccurate LTCH CARE Data Set assessment record within the QIES ASAP system, but will not replace the record with the new record.</p> <p>If the record contains the wrong state code, facility ID, or both, an LTCH CARE Manual Assessment Deletion Request form must be submitted to permanently remove the record from the QIES ASAP system. Following permanent deletion of the file, you would be required to resubmit the record with the correct state code and/or facility ID. A copy of the LTCH CARE Manual Assessment Deletion Request form can be obtained from the QTSO help desk by emailing your request to help@qtso.com or by calling 1-877-201-4721.</p>