

CHAPTER 1: INTRODUCTION TO THE CMS LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM MANUAL

1.1 Purpose and Content of the LTCH Quality Reporting Program Manual

The purpose of this Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Manual is to offer continuing guidance to LTCHs regarding the collection, submission, and reporting of quality data to CMS for compliance with the LTCH QRP, which was first implemented in Section VII.C. of the Fiscal Year (FY) 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756, and 51780 through 51781)¹ pursuant to Section 3004(a) of the Patient Protection and Affordable Care Act of 2010.²

The CMS LTCH QRP Manual provides guidance to LTCHs on the following:

- (1) Use of the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set to collect, submit, and report quality data for the following:
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
 - This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41632 through 41633). Please see: <https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf>.
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - Application of the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632)

¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment, Final Rule. Federal Register/Vol. 76, No. 160, August 18, 2011. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.

² The Patient Protection and Affordable Care Act. Pub. L. 111-148. Stat. 124-119. 23 March 2010. Web. <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.

- Drug Regimen Review Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)
 - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
 - Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay
 - Ventilator Liberation Rate
- (2) Overview of the process for LTCHs' enrollment in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) <https://www.cdc.gov/nhsn/enrollment/index.html>) to report data for the following:
- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139)
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
 - National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)
 - This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41628 through 41630). Please see: <https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf>.
 - National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)
 - National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure (NQF N/A)
 - This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41630 through 41632). Please see: <https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf>.

1.2 Statutory Authority

Section 3004(a) of the Affordable Care Act amended section 1886(m) of the Act by adding paragraph (5), requiring the Secretary to establish the LTCH QRP. This program applies to all hospitals certified by Medicare as LTCHs. Beginning with the FY 2014 LTCH QRP³, the Secretary is required to reduce any annual update to the LTCH PPS standard Federal rate for

³ When we use the term “FY [year] LTCH QRP”, we are referring to the fiscal year for which the LTCH QRP requirements applicable to that fiscal year must be met for an LTCH to receive the full annual update when calculating the payment rates applicable to it for that fiscal year.

discharges occurring during such fiscal year by 2 percentage points for any LTCH that does not comply with the requirements established by the Secretary. Specifically, section 1886(m)(5) of the Act requires that beginning with the FY 2014 LTCH QRP, each LTCH submit data on quality measures specified by the Secretary in a form and manner, and at a time, specified by the Secretary. For more information on the statutory history of the LTCH QRP, we refer readers to the FY 2015 IPPS/LTCH PPS final rule (79 FR 50286).

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) (Pub. L. 113-185) amended Title XVIII of the Act, in part, by adding a new section 1899B of the Act that requires the Secretary to establish new data reporting requirements for certain post-acute care (PAC) providers, including LTCHs. Specifically, sections 1899B(a)(1)(A)(ii) and (iii) of the Act require LTCHs, inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health agencies (HHAs), under the provider-type's respective quality reporting program (which, for LTCHs, is found at section 1886(m)(5) of the Act), to report data on quality measures specified under section 1899B(c)(1), with respect to at least five domains, and data on resource use and other measures specified under section 1899B(d)(1) of the Act with respect to at least three domains. Section 1899B(a)(1)(A)(i) of the Act further requires each of these PAC provider-types to report under its respective quality reporting program standardized patient assessment data in accordance with subsection (b) for at least the quality measures specified under subsection (c)(1) and that is with respect to five specific categories: functional status; cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; and impairments. Section 1899B(a)(1)(B) requires that all of the data that must be reported in accordance with section 1899B(a)(1)(A) of the Act be standardized and interoperable to allow for the exchange of the information among PAC providers and other providers and the use of such data in order to enable access to longitudinal information and to facilitate coordinated care. We refer readers to the FY 2016 IPPS/LTCH PPS final rule (80 FR 49723 through 49724) for additional information on the IMPACT Act and its applicability to LTCHs.

For more information on regulations related to the LTCH QRP please see:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html>.

Data collection timeframes and data submission deadlines for the currently adopted quality measures for the FY 2020 LTCH QRP and for future years are listed below in *Table 1-1*, *Table 1-2*, and *Table 1-3*.

Table 1-1
Quality Measures Currently Adopted for the LTCH QRP and Data Collection Time Frames for the FY 2020 LTCH QRP

NQF Number (If available)	Measure Name	Data Collection Time Frame
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)	January 1, 2018–June 30, 2018
N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	July 1, 2018–December 31, 2018

(continued)

Table 1-1 (continued)
Quality Measures Currently Adopted for the LTCH QRP and Data Collection Time
Frames for the FY 2020 LTCH QRP

NQF Number (If available)	Measure Name	Data Collection Time Frame
NQF #0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	January 1, 2018–December 31, 2018
NQF #0139	National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure	January 1, 2018–December 31, 2018
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)	July 1, 2017–June 30, 2018
NQF #0431	Influenza Vaccination Coverage Among Healthcare Personnel	October 1, 2018–March 31, 2019
NQF #1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure	January 1, 2018–September 30, 2018
NQF #1717	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure	January 1, 2018–December 31, 2018
Application of NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	January 1, 2018–December 31, 2018
N/A	National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure	January 1, 2018–September 30, 2018
NQF #2631	Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 1, 2018–December 31, 2018
Application of NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 1, 2018–December 31, 2018
NQF #2632	Functional Outcome Measure: Change in Mobility among Long-Term Care Hospital Patients Requiring Ventilator Support	January 1, 2018–December 31, 2018
N/A	Medicare Spending per Beneficiary (MSPB)-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	This is a Medicare fee-for-service claims-based measure and does not require data reporting by LTCHs
N/A	Potentially Preventable 30-Day Post Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	This is a Medicare fee-for-service claims-based measure and does not require data reporting by LTCHs
N/A	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	This is a Medicare fee-for-service claims-based measure and does not require data reporting by LTCHs

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Table 1-1 (continued)
Quality Measures Currently Adopted for the LTCH QRP and Data Collection Time
Frames for the FY 2020 LTCH QRP

NQF Number (If available)	Measure Name	Data Collection Time Frame
N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	July 1, 2018–December 31, 2018
N/A	Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	July 1, 2018–December 31, 2018
N/A	Ventilator Liberation Rate	July 1, 2018–December 31, 2018

Table 1-2
LTCH CARE Data Set and CDC NHSN Data Collection Time Frames & Submission
Deadlines for the FY 2020 LTCH QRP

Data Collection Time Frame	Final Submission Deadlines
Q1: January 1–March 31, 2018*	August 15, 2018*
Q2: April 1–June 30, 2018*	November 15, 2018*
Q3: July 1–September 30, 2018	February 15, 2019
Q4: October 1–December 31, 2018	May 15, 2019
October 1, 2018–March 31, 2019 for NQF #0431 Only**	May 15, 2019
July 1, 2017–September 30, 2017 for NQF #0680 Only	February 15, 2018
October 1, 2017–December 31, 2017 for NQF #0680 Only	May 15, 2018
January 1, 2018–March 31, 2018 for NQF #0680 Only	August 15, 2018
April 1, 2018–June 30, 2018 for NQF #0680 Only	November 15, 2018

*Data Collection Timeframe and Final Submission Deadlines do not apply to Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC LTCH QRP, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, Compliance with SBT by Day 2 of the LTCH Stay, and Ventilator Liberation Rate. Data collection for these measures begins July 1, 2018.

**The submission deadline for NQF #0431 is annual, not quarterly.

Table 1-3
LTCH CARE Data Set and CDC NHSN Data Collection Time Frame & Submission
Deadlines for Future Years

Data Collection Time Frame	Final Submission Deadlines
Q1: January 1–March 31	August 15
Q2: April 1–June 30	November 15
Q3: July 1–September 30	February 15
Q4: October 1–December 31	May 15

(continued)

Table 1-3 (continued)
LTCH CARE Data Set and CDC NHSN Data Collection Time Frame & Submission
Deadlines for Future Years

Data Collection Time Frame	Final Submission Deadlines
October 1–March 31 for NQF #0431 Only*	May 15

*The submission deadline for NQF #0431 is annual, not quarterly.






For the measures collected via the LTCH CARE Data Set, please refer to the following Web sites for measure specifications:

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680): <http://www.qualityforum.org/QPS/0680> and the LTCH QM User's Manual available for download at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674): <http://www.qualityforum.org/QPS/0674> and the LTCH QM User's Manual available for download at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631): <http://www.qualityforum.org/QPS/2631> and the LTCH QM User's Manual available for download at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631): <http://www.qualityforum.org/QPS/2631> and the LTCH QM User's Manual available for download at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632): <http://www.qualityforum.org/QPS/2632> and the LTCH QM User's Manual available for download at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- Ventilator Liberation Rate: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>

Effective July 1, 2018, the data collection instrument for these measures is the LTCH CARE Data Set Version 4.00 (see **Appendix C**). The LTCH CARE Data Submission Specifications for submitting these data using the LTCH CARE Data Set are available on the LTCH Quality Reporting Technical Information Web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>.

For the measures collected via the CDC's National Healthcare Safety Network (NHSN), please refer to the following pages on the NQF Web site for specifications:

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure: <http://www.qualityforum.org/QPS/0138> 
- National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure: <http://www.qualityforum.org/QPS/0139> 
- Influenza Vaccination Coverage Among Healthcare Personnel: <http://www.qualityforum.org/QPS/0431> 
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure: <http://www.qualityforum.org/QPS/1716> 
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure: <http://www.qualityforum.org/QPS/1717> 
- National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure: <http://www.cdc.gov/nhsn/ltach/vae/index.html>

For general information on the data collection procedures for these measures, please refer to **Chapter 5** of this Manual. For specific direction regarding the submission of these quality measures to CMS via the CDC's NHSN, please refer to the CDC's NHSN Web site and links, as listed above.

For more information on the quality measures in the LTCH QRP, we refer readers to the following final rules:

- FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756 and 51780 through 51781): <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

- FY 2013 IPPS/LTCH PPS final rule (77 FR 53614 through 53637 and 53667 through 53672): <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>
- FY 2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887 and 50959 through 50964): <http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>
- FY 2015 IPPS/LTCH PPS final rule (79 FR 50286 through 50319 and 50348 through 50349): <http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>
- FY 2016 IPPS/LTCH PPS final rule (80 FR 49723 through 49756): <http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>
- FY 2017 IPPS/LTCH PPS final rule (81 FR 57193 through 57236): <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>
- FY 2018 IPPS/LTCH PPS final rule (82 FR 38425 through 38461): <https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>
- FY 2019 IPPS/LTCH PPS final rule (83 FR 41624 through 41634): <https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf>

1.3 Version History of the LTCH Quality Reporting Program Manual

Table 1-4 summarizes the published versions of the *CMS LTCH QRP Manual*, along with their effective dates.

Table 1-4
CMS LTCH Quality Reporting Program Manual Version History

Version #	Effective Start Date	Effective End Date
Version 1.0	May 1, 2012	August 23, 2012
Version 1.1	August 24, 2012	June 30, 2014
Version 2.0	July 1, 2014	March 31, 2016
Version 3.0	April 1, 2016	June 30, 2018
Version 4.0	July 1, 2018	—