

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Looking for the latest new and revised MLN Matters® articles? Subscribe to the MLN Matters® electronic mailing list! For more information about MLN Matters® and how to register for this service, go to [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/What\\_Is\\_MLN Matters.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/What_Is_MLN Matters.pdf) and start receiving updates immediately!

MLN Matters® Number: SE1302

Related Change Request (CR) #: Not applicable

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

## Long-Term Care Hospital (LTCH) Quality Reporting Program Reminders

### Provider Types Affected

---

This MLN Matters® Special Edition is intended for Long-Term Care Hospitals (LTCH) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries. 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 (LTCHQR) Program.

### Provider Action Needed

---

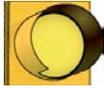


#### **STOP – Impact to You**

The LTCHQR Program requires Medicare-certified LTCHs to submit quality data on all patient admissions and discharges. It began October 1, 2012. For Fiscal Year (FY) 2014, and each subsequent year, failure to submit required quality data will result in a reduction of two percentage points in your annual payment update.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

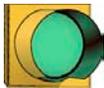


### CAUTION – What You Need to Know

LTCHs were required to start collecting and submitting data on all patients admitted on or after 12:00 a.m. on October 1, 2012, for three quality measures listed in **Table 1-1**, shown in the Background section. These data affect the payment update determination for Fiscal Year (FY) 2014.

For Calendar Year 2013 (January 1, 2013 through December 31, 2013), LTCHs must continue to collect and submit data for the three quality measures listed in Table 1-1. These data will affect the payment update determination for Fiscal Year (FY) 2015.

For Calendar Year 2014 (January 1, 2014 through December 31, 2014), LTCHs must continue to collect and submit data for the three quality measures listed in Table 1-1. Additionally, for April 1, 2014, through December 31, 2014, as proposed in the FY 2014 IPPS/LTCH PPS NPRM (78 FR 27720 through 27734, 78 FR 27751 through 27755), LTCHs need to begin to collect and submit data for one new quality measure listed in **Table 1-2**, shown in the Background section below. Further, for October 1, 2014, (or earlier, if the influenza vaccine is available before October 1) through March 31, 2015, as proposed in the FY 2014 IPPS/LTCH PPS NPRM (78 FR 27720 through 27734, 78 FR 27751 through 27755), LTCHs must begin to collect and submit data for one additional quality measure listed in **Table 1-3**, shown in the Background section below. These data will affect the payment update determination for FY 2016.



### GO – What You Need to Do

Make sure that your staff reviews the Background section for details of the LTCHQR program and that your LTCH can comply with the LTCHQR Program's reporting requirements as well as data collection, registration, and submission deadlines.

## Background

---

The Affordable Care Act, Section 3004(a), amended Section 1886(m) of the Social Security Act (the Act), and established the LTCHQR Program. Under the LTCHQR Program, for rate year 2014 and each subsequent rate year, any LTCH that does not submit data to the Secretary of Health and Human Services (HHS) in accordance with the program instructions for each rate year will have its annual update to a standard Federal rate for discharges for the hospital during the rate year reduced by two percentage points.

The LTCHQR Program was first implemented in the FY 2012 IPPS/LTCH PPS Final Rule (76 FR 51743 through 51756, and 51780 through 51781), Section VII.C, available at <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf> on the Internet.

The Centers for Medicare & Medicaid Services (CMS) adopted three measures for data collection and reporting for October 1, 2012 through December 31, 2012, for FY 2014 and FY 2015 payment update determinations, listed in Table 1-1.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

**Table 1-1. Quality Measures Adopted for FY 2014 and Retained for FY 2015, FY 2016, and Subsequent Annual Payment Update Determination by National Quality Forum (NQF) Number**

NQF Number	Measure Name
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)
NQF #0138	National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
NQF #0139	National Health Safety Network (NHSN) Central Line-associated Blood Stream Infection (CLABSI) Outcome Measure

In the FY 2013 IPPS/LTCH PPS Final Rule (77 FR 53614 through 53637, and 53667 through 53672), available at <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>, CMS retained these three measures for FY 2016 and subsequent payment update determinations, as listed in Table 1-1.

Further, CMS adopted two new measures for the FY 2016 and subsequent payment determinations, as listed in Table 1-2 and Table 1-3.

**Table 1-2. Additional Quality Measure Adopted for Fiscal Year 2016 and Subsequent Annual Payment Update Determination, Revised Implementation Date of April 1, 2014 Proposed in FY 2014 IPPS/LTCH NPRM**

NQF Number	Measure Name
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

**Table 1-3. Additional Quality Measure Adopted for Fiscal Year 2016 and Subsequent Annual Payment Update Determination, Revised Implementation Date of October 1, 2014 (or when the vaccine becomes available) Proposed in FY 2014 IPPS/LTCH NPRM**

NQF Number	Measure Name
NQF #0431	Influenza Vaccination Coverage Among Healthcare Personnel

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

## LTCH Quality Reporting Program Requirements for the First Quarter (October 1 - December 31, 2012)

For the first quarter of reporting (affecting the FY 2014 payment update determination), all Medicare-certified LTCHs should have completed submission of data for the period October 1, 2012, through December 31, 2012, for the three measures listed in Table 1-1.

- To avoid a reduction in your Annual Payment Update (APU), data on the NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NOF #0138) and NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NOF #0139) **must have been reported to Centers for Disease Control's (CDC's) NHSN no later than 11:59 p.m. on May 15, 2013.** This submission deadline for October 1, 2012-December 31, 2012, data that affects the FY 2014 Payment Update Determination has passed.
- To avoid a reduction in your APU, data on the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NOF #0678) **must have been reported to CMS no later than 11:59 p.m. on May 15, 2013.** This submission deadline for October 1, 2012-December 31, 2012, data that will affect the FY 2014 Payment Update Determination has passed.

## LTCH Quality Reporting Program Requirements for Fiscal Year 2015 Payment Determination

For Calendar Year 2013, which affects FY 2015 payment determination, LTCHs will continue reporting data on the three measures listed in Table 1-1. The timeline for submission of the quality data that will affect the FY 2015 Annual Payment Update Determination can be found in Table 1-4 below.

Table 1-4. Data Collection Timeframe and Final Submission Deadline for Data Related to FY 2015 Payment Update Determination

Data collection timeframe	Final submission deadline for data related to FY 2015 payment determination
Q1 (January-March 2013)	August 15, 2013
Q2 (April-June 2013)	November 15, 2013
Q3 (July-September 2013)	February 15, 2014
Q4 (October-December 2013)	May 15, 2014

## LTCH Quality Reporting Program Requirements for Fiscal Year 2016 Payment Determination

For Calendar Year 2014, which affects FY 2016 payment determination, LTCHs will continue reporting data on the three measures listed in Table 1-1. You will also begin collecting and submitting data on the measure listed in Table 1-2 starting April 1, 2014. You will also begin collecting and submitting data on the measure listed in Table 1-3 starting October 1, 2014. These dates were proposed in the

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

FY 2014 IPPS/LTCH PPS NPRM (78 FR 27720 through 27734, 78 FR 27751 through 27755) available at <http://www.gpo.gov/fdsys/pkg/FR-2013-05-10/pdf/2013-10234.pdf> on the Internet. The timelines for submission of the quality data that will affect the FY 2016 Annual Payment Update Determination can be found in Table 1-5, Table 1-6, and Table 1-7 below.

**Table 1-5. Data Collection Timeframe and Final Submission Deadline for Data Related to FY 2016 Payment Update Determination for NQF #0138, NQF #0139, and NQF #0678**

Data collection timeframe	Final submission deadline for data related to FY 2016 payment determination
Q1 (January-March 2014)	May 15, 2014
Q2 (April-June 2014)	August 15, 2014
Q3 (July-September 2014)	November 15, 2014
Q4 (October-December 2014)	February 15, 2015

**Table 1-6. Data Collection Timeframe and Final Submission Deadline for Data Related to FY 2016 Payment Update Determination for NQF #0680**

Data collection timeframe	Final submission deadline for data related to FY 2016 payment determination
Q2 (April-June 2014)	August 15, 2014
Q3 (July-September 2014)	November 15, 2014
Q4 (October-December 2014)	February 15, 2015

**Table 1-7. Data Collection Timeframe and Final Submission Deadline for Data Related to FY 2016 Payment Update Determination for NQF #0431**

Data collection timeframe	Final submission deadline for data related to FY 2016 payment determination
October 1, 2014 (or when vaccine becomes available)-March 31, 2015	May 15, 2015

## Requirements for the Data Submission for LTCH Quality Reporting Program Quality Measures

### Submitting Pressure Ulcer and Patient Seasonal Influenza Vaccine Data Using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set

The LTCH CARE Data Set should be used as the data collection tool for the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) NQF #0678 measure and the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) NQF #0680. Data collection using the LTCH CARE Data Set is applicable to *all* patients receiving inpatient services in a facility certified as a hospital and designated

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

as an LTCH under the Medicare program. It is not applicable to patients receiving services in LTCH units that are not designated as LTCHs under the Medicare program.

Starting October 1, 2012, the LTCH CARE Data Set Version 1.01 has been in use for data collection and submission of the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) measure. Information on data collection and submission of this measure using the LTCH CARE Data Set Version 1.01 is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html> on the Internet. The LTCH CARE Data Set Version 1.01 was approved on April 24, 2012, by the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act. The OMB Control Number is 0938-1163. This version will remain in effect until March 31, 2014.

Per FY 2014 IPPS/LTCH PPS Proposed Rule, the LTCH CARE Data Set Version 2.01 will go into effect, if finalized, starting April 1, 2014. On February 1, 2013, the CMS solicited comments on the LTCH CARE Data Set Version 2.01 through a 60-day public notice under the Paperwork Reduction Act (78 FR 7433 through 7434). On April 12, 2013, the CMS solicited comments on the LTCH CARE Data Set Version 2.01 through a 30-day notice under the Paperwork Reduction Act (78 FR 21955 through 21956). Upon receiving approval from OMB and upon finalization of the proposal in the FY 2014 IPPS/LTCH PPS Proposed Rule, effective April 1, 2014, the LTCH CARE Data Set Version 2.01 will be used for data collection and submission of the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) measure and the Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (NQF #0680) measure.

For data collection and submission of NQF #0678 during CY 2013 through March 31, 2014, please refer to the LTCHQR Program Manual Version 1.01 available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html> on the CMS website. On May 8, 2013, an updated draft LTCHQR Program Manual Version 2.0 for proposed implementation date of April 1, 2014 was released. This manual includes information on data collection and submission of the NQF #0678 and NQF #0680 measures using the LTCH CARE Data Set Version 2.01.

LTCH Assessment Submission Entry & Reporting (LASER) software is a free, Java-based application that provides an option for LTCHs to collect and maintain their LTCH CARE Data Set for subsequent submission to the Quality Improvement and Evaluation Systems (QIES) Assessment Submission and Processing (ASAP) System. For further information, including a downloadable version of LASER and LASER WebEx training videos, please refer to information available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html> and select LTCH Assessment Submission Entry & Reporting (LASER) Software in the Related Links section.

### **Submitting CAUTI, CLABSI, and Influenza Vaccination Coverage Among Healthcare Personnel Data to NHSN**

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

The CDC NHSN should be used as the data submission for the NHSN CAUTI Outcome Measure (NQF #0138), NHSN CLABSI Outcome Measure (NQF #0139), and Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) measure. Data for CAUTI and CLABSI measures must be submitted starting October 1, 2012, through December 31, 2012, for FY 2014 payment update determination. Data submission for CAUTI (NQF #0138) and CLABSI (NQF #0139) measures must continue for CY 2013 and CY 2014 for FY 2015 and CY 2016 payment update determination, respectively. Data for Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) must be submitted starting October 1, 2014, through March 31, 2015, for FY 2016 payment update determination.

Information on data collection and submission of these three measures can be found in Chapter 5 of the LTCHQR Program Manual Version 2.00, available as a download on <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html> on the CMS website.

To report data for the LTCHQR Program through CDC's NHSN, the LTCH must enroll in NHSN as an individual long-term acute care facility and complete several mandatory online training modules. For detailed information about how to enroll your LTCH with NHSN for the purpose of submitting quality data, please visit the NHSN LTCH page at <http://www.cdc.gov/nhsn/LTACH/enroll.html> on the Internet. The deadline for NHSN enrollment for the October 1, 2012, through December 31, 2012, data reporting quarter for FY 2014 payment update determination was December 31, 2012.

If at the time of publication of this MLN article, you have not enrolled your LTCH in the CDC's NHSN, you can contact NHSN by e-mail at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for further guidance. [Frequently asked questions](#) about the NHSN enrollment process are available on the CDC website.

## Educational Materials for the LTCH Quality Reporting (LTCHQR) Program

---

You are encouraged to refer to the materials available on the LTCHQR Program website. These materials, which include the LTCHQR Program Manual, and a current Frequently Asked Questions document, are available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/> on the Internet.

### LTCHQR Program Provider Training Slide Decks

Training slides from the May 2012 LTCH provider training conference are also available on the Internet. Part 1 is available at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Training-Slide-Decks\\_Part1.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Training-Slide-Decks_Part1.zip) on the CMS website. Part 2 is available at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Training-Slide-Decks\\_Part2.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Training-Slide-Decks_Part2.zip) on the CMS website.

### Operational Guidance for LTCHs to Report CLABSI Data to CDC's NHSN for the Purpose of Fulfilling CMS' LTCH Quality Reporting Program Requirements

This is available at <http://www.cdc.gov/nhsn/PDFs/LTACH/8-6-2012-LTCH-CLABSI-Guidance.pdf> on the CDC website.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

### Operational Guidance for LTCHs to Report CAUTI Data to CDC's NHSN for the Purpose of Fulfilling CMS' Quality Reporting Program Requirements

This is available at <http://www.cdc.gov/nhsn/PDFs/LTACH/8-6-2012-LTCH-CAUTI-Guidance.pdf> on the CDC website.

### Operational Guidance for LTCHs to Report Long-Term Acute Care Hospital Surveillance for Healthcare Personnel Vaccination Data for the Purpose of Fulfilling CMS' Quality Reporting Program Requirements

This is available at <http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html> on the CDC website.

If you would like to receive e-mail notifications with announcements about the LTCHQR Program, you may sign-up to do so in two ways:

- Select the following link to go directly to the sign-up page <https://public.govdelivery.com/accounts/USCMS/subscriber/new> available on the Internet; or
- Go to the LTCHQR Program website <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/> and, under Related Links, select All Open Door Forum Mailing List Sign-up.

## Additional Information

---

Questions and comments regarding information presented in the LTCHQR Program Manual should be directed to [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

Questions and comments related to technical submission specifications and technical issues related to the completion, submission, and correction of LTCH CARE Data Set should be directed to [LTCHTechIssues@cms.hhs.gov](mailto:LTCHTechIssues@cms.hhs.gov).

Questions related to accessing QIES, LTCH Assessment Submission Entry Reporting (LASER), submission and validation reports and Certification And Survey Provider Enhancement Reports (CASPER), should be directed to the QIES Technical Support Office at [help@qtso.com](mailto:help@qtso.com) or by phone at 1-800-339-9313.

For assistance with completing the National Healthcare Safety Network (NHSN) enrollment process, as well as for any questions related to the CLABSI, CAUTI and Influenza Vaccination Coverage Among Healthcare Personnel Data to the NHSN, contact the Centers for Disease Control and Prevention (CDC) NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.