Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

Frequently Asked Questions (FAQs)

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Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Overview

1. What is a Quality Reporting Program?

The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to ensure quality health care for Medicare beneficiaries through accountability and public disclosure. Quality measures are tools that measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

In the [Fiscal Year (FY) 2014 Inpatient Prospective Payment System/LTCH Prospective Payment System (PPS) Final Rule](#), CMS finalized the LTCH QRP compliance requirements. Any LTCH that does not meet reporting requirements may be subject to a two-percentage-point (2%) reduction in its Annual Update (i.e., Annual Payment Update [APU]).

The LTCH QRP is described on the [LTCH QRP](#) website.

2. What are the current measures in the LTCH QRP?

Currently there are 18 quality measures in the LTCH QRP. These measures can be found on the [LTCH QRP Measures Information](#) website.

For detailed quality measure specifications, please refer to the LTCH Measure Calculations and Reporting User's Manual V4.0, which can be found in the Downloads section on the [LTCH QRP Measures Information](#) website.

3. What are the FY 2023 updates to the LTCH QRP?

The FY 2023 LTCH Prospective Payment System (PPS) final rule did not adopt new quality measures for the LTCH QRP.

Staying Informed About the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

4. What is the process for adding and removing measures from the LTCH QRP?

The Centers for Medicare & Medicaid Services (CMS) uses its annual public rule-making cycles to add new measures, modify existing measures, or remove measures from the QRP. This provides an opportunity for stakeholders to comment on proposed changes. The Final Rule (FR) publishes CMS's responses to all the comments received, as well as its decisions.

Proposed and final rules are posted on both of these webpages:

- Federal Register
- LTCH PPS Regulations and Notices

5. Are there other resources on the LTCH QRP website I can use to stay up-to-date?

Several resources are available to help you stay informed about the LTCH QRP:

- LTCH QRP and LTCH Prospective Payment System (PPS) websites:
    - LTCH QRP webpage
    - LTCH QRP Spotlights and Announcements webpage
    - LTCH PPS website
- Mailing list notices and announcements about the LTCH QRP:
    - To receive notices and announcements, sign up and register your preferences on the CMS Email Updates webpage
- Notices about CMS Open Door Forums (ODFs) and other webinars related to the LTCH QRP are posted on the following webpages:
    - LTCH QRP Spotlights & Announcements webpage
    - CMS Special ODF Forums webpage
    - CMS Hospitals ODF webpage

6. Where can I find LTCH QRP training materials?

Information about the LTCH QRP, including Special ODF Presentations, provider training materials, tip sheets, and other resources, is available on the LTCH QRP Training webpage.

For videos of past provider training sessions and webinars, please refer to the CMS YouTube channel. Click the link and search for "LTCH."

Video recordings of the May 2022 Virtual Training program presentations and the June 2022 live, Virtual Workshop sessions are available on the CMS YouTube channel. Presentations and supplemental training materials for the Virtual Training program and the Virtual Workshop sessions can be found in the Downloads section of the LTCH QRP Training webpage.

Additional web-based training modules and presentations include:

- Introduction to the LTCH QRP

- [Achieving a Full APU Webinar](#)
- Section GG 3-Course Training Series and Specific Section GG Items Video Tutorials available on the [LTCH QRP Training](#) website

Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Technical Requirements

7. How are data collected and submitted for the LTCH QRP?

The LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) is the assessment instrument LTCH providers use to collect patient assessment data for quality measure calculation in accordance with the LTCH QRP. Completion of the LCDS is required for all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program, regardless of payer. Data are collected on admission, on discharge (planned and unplanned), and for expired patients. The LCDS is available to view in the Downloads section of the LTCH CARE Data Set & LCDS Manual webpage. The LCDS Manual can be found on the same webpage and provides ongoing guidance to providers in completing the LCDS.

Data for the LTCH QRP measures are collected from three sources:

- The LCDS
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare fee-for-service claims

8. Which items on the LCDS are considered for compliance determination?

The LTCH QRP Table for Reporting Assessment-Based Measures for the FY 2025 LTCH QRP Annual Update (i.e., Annual Payment Update [APU]) indicates the LCDS data elements that are used in determining the APU minimum submission threshold for the FY 2025 LTCH QRP determination. It is available for download on the LTCH Quality Reporting Measures Information webpage.

All LCDS data elements should be accurately coded to reflect the patient's status and be submitted to the Centers for Medicare & Medicaid Services (CMS). It is the LTCH's responsibility to ensure the completeness of the LCDS data. By signing the LCDS upon completion (item Z0400A), LTCH staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patient's status.

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 means the risk-adjusted quality measure outcome scores reported on your Internet Quality Improvement and Evaluation System (iQIES) reports and on the Care Compare website may not reflect the LTCH's unique patient complexities. It may result in lower performance rates, i.e., poorer scores.

For detailed measure specifications, please refer to the LTCH Measure Calculations and Reporting User's Manual V4.0, which can be found in the Downloads section of the LTCH Quality Reporting Measures Information webpage.

9. What are the requirements for the LTCH to be considered compliant?

The LTCH QRP requires that LTCHs submit quality measure data to CMS. 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 LCDS and submitted through iQIES.
- A second threshold, set at 100 percent, for quality measures data collected and submitted using the CDC NHSN.

Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the LTCH's Annual Update (i.e., APU).

10. What are the data submission deadlines for the LTCH QRP?

LCDS and NHSN data are submitted to CMS based on deadlines established for the APU determination year. If corrections to the quality measure data need to be made, they must be submitted before the LTCH QRP submission deadlines.

Data submission deadlines for the LTCH QRP quality measures can be found in the Downloads section of the LTCH QRP Data Submission Deadlines webpage.

11. Does the definition of "quarter" for the quarterly LCDS data submission deadlines include patients admitted during that quarter, discharged during that quarter, or both?

The quarterly data submission deadlines apply to patients with an admission and/or discharge date that occurs within that quarter. For example, if a patient was admitted on March 30 (Quarter 1: January 1–March 31) and discharged on April 28 (Quarter 2: April 1–June 30), there would be two submission deadlines to meet. The first quarter data submission deadline (August 15) would apply for that patient's LCDS admission record and the second quarter data submission deadline (November 15) would apply for that patient's LCDS discharge record.

12. What is iQIES? How can I request access to iQIES?

Providers and vendors use the cloud-based system referred to as the Internet Quality Improvement and Evaluation System (iQIES).

All users must create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access Roles and Profile system (HARP). HARP is a secure identity management portal that CMS provides.

For your organization to receive access to iQIES, your organization must:

- Identify individual(s) who will be the Provider Security Official(s) (PSO).
- Register the PSO in the HARP system on the Create an Account webpage.

For assistance with HARP onboarding, users can call the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) Helpdesk at (800) 339-9313 or email

iqies@cms.hhs.gov. If you have any questions related to iQIES, please send them to iqies@cms.hhs.gov.

Upon receiving access, security officials will have access to "My Profile" and "Help" in iQIES. CMS has prepared a fact sheet with more information about the Remote Identify Proofing Requirements for iQIES security process in place to gain access to iQIES.

Frequently Asked Questions (FAQs) related to HARP are also available. If you have any questions related to HARP, you can find your application's help desk on the HARP Contact Help Desk webpage.

Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) and the LTCH Continuity Assessment and Record of Evaluation (CARE) Data Set (LCDS)

13. What is the current version of the LCDS?

Version 5.0 of the LCDS is to be completed for any patient discharged on or after October 1, 2022.

The LCDS V5.0 is available in the Downloads section of the LTCH CARE Data Set and LCDS Manual webpage. For more information, please see the links below to LCDS version 5.0, and a change table listing differences between Version 4.0 and Version 5.0:

- LCDS Version 5.0
- Change table summarizing revisions to the LCDS Version 5.0

14. Where can I find the LCDS QRP Manual for the LTCH QRP?

Instructions for coding items in the LCDS can be found in the CMS LCDS Manual Version 5.0 and the CMS LCDS Manual Version 5.0 Errata, available in the Downloads section of the LTCH CARE Data Set & LCDS Manual webpage.

15. Who can complete an LCDS?

Each facility self-determines its policies and procedures for patient documentation practices and completing the assessments in compliance with state and federal requirements. Staff members who have gathered information to complete any section of the LCDS are responsible for signing the signature page.

Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Reconsiderations, Exceptions, and Extensions

16. Does the Centers for Medicare & Medicaid Services (CMS) tell LTCHs if they are non-compliant with the QRP requirements?

Yes. Any LTCH found non-compliant with the QRP requirements receives a letter of notification from its Medicare Administrative Contractor (MAC). Compliance letters are distributed electronically into the Non-Compliance Notification folders within the Internet Quality Improvement and Evaluation System (iQIES) for each LTCH to access. This letter also includes the reason(s) for failing Annual Update (i.e., Annual Payment Update [APU]) compliance.

17. I received a letter of notification that my LTCH is non-compliant with the LTCH QRP requirements. Can I ask CMS to reconsider the decision?

The notification letter sent by the MAC includes instructions for requesting reconsideration of this decision. If an LTCH believes the finding of non-compliance is in error, or it has evidence that an extraordinary circumstance prevented timely submission of data, the LTCH may file for a reconsideration. An example of extraordinary circumstances might include a fire in the building. A LTCH disagreeing with the payment reduction decision may submit a request for reconsideration to CMS within 30 days from the date at the top of the non-compliance notification letter. CMS does not accept any requests submitted after the 30-day deadline.

Requests for reconsiderations must be submitted via email. More information about how to submit a request for reconsideration can be found on the [LTCH QRP Reconsideration and Exception & Extension](#) webpage.

18. The county where our LTCH is located was affected by a natural disaster. Are we excepted from the QRP reporting requirements?

If an LTCH is unable to submit quality data due to an extraordinary circumstance beyond its control, the LTCH can request an exception or extension from the QRP requirements. The extraordinary circumstances may be natural or man-made. An LTCH must request an exception or extension within 90 days of the event, and CMS may grant the exception or extension for one or more quarters. In the event of large-scale acts of nature, CMS may grant an exception or extension to an entire region without LTCHs having to request one.

Requests for exceptions and extensions must be submitted by email. More information about how to submit a request for exception or extension can be found on the [LTCH QRP Reconsideration and Exception & Extension](#) webpage.

Other Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Frequently Asked Questions

19. My LTCH is in Maryland. Is our facility included in the LTCH QRP? Do we need to report health care–acquired infection data under the LTCH QRP?

To determine whether an LTCH is included in the LTCH QRP, the provider must determine whether it is being paid under Medicare's LTCH Prospective Payment System (PPS).

For information about your facility's Medicare status, contact your Medicare Administrative Contractor (MAC). You can locate your state's MAC on the CMS Medicare Administrative Contractors webpage, Who are the MACs.

Please check with your state about any state-specific requirements related to submission of quality data, including health care–acquired infection data.

20. My facility's demographic data are incorrect on Care Compare. How do I correct them?

The demographic data displayed on the Provider Preview Reports and on Care Compare are generated from information historically stored in the Automated Survey Processing Environment (ASPEN) system. The Centers for Medicare & Medicaid Services (CMS) will be transitioning to use the demographic information from the Provider Enrollment, Chain, and Ownership System (PECOS). During this transition, all LTCH providers will be responsible to ensure their latest demographic data are updated and available in *both* the ASPEN and PECOS systems.

Please note that updates to LTCH provider demographic information do not happen in real time and can take up to six months to appear on Care Compare.

Additional information can be found on the How to Update LTCH Demographic Data webpage.

21. Where are LTCH quality measure data publicly reported?

The Care Compare website was launched in August 2020. It combines the eight original CMS provider compare sites into one place. It features updated maps and new filters to make it easier for the public to compare providers. When the LTCH provider type is chosen, the website takes reported data and puts them into a format that can be used more readily by the public to get a snapshot of the quality of care each facility provides. Providers may also download data by going to the Provider Data webpage and selecting from the list of datasets available.

22. Which LTCH quality measures are reported on the Care Compare website?

The following quality measures are currently reported on the Care Compare website:

LTCH QRP Measure Name	Measure Type	Measure Name as Displayed on Care Compare
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Assessment-based	Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Assessment-based	Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Assessment-based	Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Assessment-based	Percentage of patients with pressure ulcers/pressure injuries that are new or worsened
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC LTCH QRP	Assessment-based	Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified
Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)	Assessment-based	Change in ability to move around for patients admitted on a ventilator
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	Assessment-based	Percentage of patients on ventilators assessed for readiness to begin breathing trials without a ventilator within the first 2 days of their LTCH stay; and Percentage of patients on ventilators who appropriately received breathing trials within the first 2 days of their LTCH stay
Ventilator Liberation Rate for the PAC LTCH QRP	Assessment-based	Percentage of patients that were successfully weaned from the ventilator during their LTCH stay
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	CDC NHSN*	Catheter-associated urinary tract infection (CAUTI)
National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)	CDC NHSN*	Central line-associated bloodstream infection (CLABSI)

LTCH QRP Measure Name	Measure Type	Measure Name as Displayed on Care Compare
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)	CDC NHSN*	Clostridium difficile infection (CDI)
Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	CDC NHSN*	Influenza vaccination coverage among healthcare personnel
COVID-19 Vaccination Coverage Among Healthcare Personnel	CDC NHSN*	Percentage of COVID-19 vaccinations among healthcare personnel
Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Claims-based	Medicare Spending Per Beneficiary (MSPB) for patients in an LTCH
Discharge to Community – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (NQF #3480)	Claims-based	Rate of successful return to home and community from an LTCH
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Claims-based	Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH

*Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)

Facilities have a 30-day preview period before public display of the measures. Please also refer to the LTCH QRP Public Reporting website for more information and resources related to public reporting.

23. Who can I contact with a specific question about the LTCH QRP?

There are several help desks you may contact to obtain answers to specific LTCH QRP questions. The help desks are listed below for your convenience.

Please note that the CMS LTCH QRP and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. Sending emails with patient-level data or protected health information to these email addresses may be a violation of your facilities' policies and procedures, as well as a violation of federal regulations (Health Insurance Portability and Accountability Act of 1996 [HIPAA]). Do *not* 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.

Below is a list of the LTCH QRP and other LTCH help desks. If you are unsure which help desk to use, email your question to the LTCH QRP Help Desk and it will be directed to the appropriate help desk.

LTCH QRP
Email: LTCHQualityQuestions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- LTCH QRP requirements
- Data submission timelines
- LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) quality measures or data elements
- LCDS Quality Indicator items (Section A: Administrative Information; Section B: Hearing, Speech, and Vision; Section C: Cognitive Patterns; Section D: Mood; Section GG: Functional Abilities and Goals; Section H: Bladder and Bowel; Section I: Active Diagnoses; Section J: Health Conditions; Section K: Swallowing/Nutritional Status; Section M: Skin Conditions; Section N: Medications; Section O: Special Treatments, Procedures, and Programs)
- LCDS assessment-based quality measures
- LTCH claims-based quality measures
- LTCH QRP provider training materials
- General LTCH quality reporting questions

CDC/NHSN
Email: NHSN@cdc.gov

Examples of issues this help desk can assist you with:

- Questions about data submitted to CMS via the CDC NHSN
- Accessing reports available in the NHSN

Internet Quality Improvement and Evaluation System (iQIES), Data Submission and Data Validation
Email: iqies@cms.hhs.gov
Phone: 1-800-339-9313

Examples of issues this help desk can assist you with:

- Accessing the iQIES (username and password)
- General issues related to iQIES
- Accessing Provider and Quality Reporting Program reports
- Case Mix Group (CMG) Grouper classification
- Submission/validation reports
- Accessing reports in iQIES
- Validation Utility Tool (VUT) (vendor tool to ensure software meets CMS requirements and will pass iQIES system edits)
- Technical questions related to LCDS data specifications

LTCH QRP Public Reporting
Email: LTCHPRquestions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- LTCH-specific questions about the Care Compare website
- LTCH data available in the Provider Data Catalog

LTCH QRP Reconsiderations
Email: LTCHQRPReconsiderations@cms.hhs.gov

Examples of issues this help desk can assist you with:

- How to file a Request for Reconsideration if a provider receives a letter of non-compliance from CMS
- Deadline for filing 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

LTCH QRP Compliance Notifications
Email: QRPHelp@swingtech.com

Examples of issues this help desk can assist you with:

- Receiving compliance notifications
- Questions regarding information provided in the non-compliance letters
- Questions related to provider outreach

Personal Computer (PC) Pricer Issues
Email: PCPricers@cms.hhs.gov

Examples of issues this resource can assist you with:

- LTCH PC pricer questions

Listserv Available for Provider Support for LTCHs

Subscribe to the Post-Acute Care (PAC) QRP listserv for the latest LTCH quality reporting and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 program information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.