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

Frequently Asked Questions (FAQs)

Current as of
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Contents

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 V7.0, which can be found in the Downloads section on the LTCH QRP Measures Information website.

3. What are the FY 2026 updates to the LTCH QRP?

The FY2026 LTCH Prospective System (PPS) Final Rule updated the requirements for the LTCH QRP, including removing four SDOH data elements beginning with the FY 2028 LTCH QRP: one item for Living Situation, two items for Food, and one item for Utilities. These data elements will not be added to the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS), as previously finalized in the FY 2025 LTCH PPS Final Rule. . Additionally, CMS finalized a modification to the reporting requirements for the Patient/Resident COVID-19 Vaccine measure in the LTCH QRP to exclude patients who have expired in the LTCH beginning with the FY 2028 LTCH QRP. Beginning with patients admitted on or after October 1, 2026, LTCHs are no longer required to submit the Patient/Resident COVID-19 Vaccine item (O0350) on the LCDS with respect to patients who have expired in the LTCH. CMS also finalized a policy that amends the reconsiderations request policy and process.

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 for the LTCH QRP 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
- Centers for Disease Control and Prevention (CDC) website:
    - Healthcare Personnel (HCP) Flu Vaccination webpage
    - Weekly HCP COVID-19 Vaccination webpage
    - National Healthcare Safety Network (NHSN) webpage
- Mailing list notices and announcements about the LTCH QRP:
    - To receive notices and announcements, sign up at the CMS Subscriber Preferences 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, cue cards, pocket guides 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."

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

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

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

- The LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS)
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare fee-for-service (FFS) claims

The 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.

The NHSN is a secure, internet-based surveillance system maintained by the CDC that can be utilized by all types of health care facilities in the United States, including LTCHs, and is provided free.

Data used to calculate claims-based measures are calculated using Medicare FFS claims. Claims are reported to Medicare for payment purposes, and there is no additional information required from LTCHs.

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

LTCHs must meet or exceed two separate data completeness thresholds:

- One threshold, set at 85 percent, for completion of quality measures data collected using the LCDS and submitted through the Internet Quality Improvement and Evaluation System (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., Annual Payment Update [APU]).

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

The LTCH QRP Table for Reporting Assessment-Based Measures and Standardized Patient Assessment Data Elements for the FY 2028 LTCH QRP APU indicates the LCDS data elements that are used in determining the APU minimum submission threshold for the FY 2028 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 Quality Measure 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 V7.0 and LTCH Claims Based Measures Specifications Manual, which can be found in the Downloads section of the LTCH Quality Reporting Measures Information webpage.

10. What information is used for compliance determination of the NHSN measure?

To meet the minimum data submission requirements for measure data collected and submitted using the CDC NHSN, LTCHs must submit 100 percent of the data to the NHSN in order to calculate five measures:

1. National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure [CMS Measure Inventory Tool (CMIT) Measure ID #00459 (consensus-based entity [CBE]-endorsed)]
2. National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure [CMIT Measure ID #00460 (CBE-endorsed)]
3. Influenza Vaccination Coverage Among Healthcare Personnel [CMIT Measure ID #00390 (CBE-endorsed)]
4. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure [CMIT Measure ID #00462 (CBE-endorsed)]
5. COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure [CMIT Measure ID #00180 (not endorsed)]

Each LTCH must submit data for the NHSN CAUTI Outcome Measure, the NHSN CLABSI Outcome Measure, and the NHSN Facility-Wide Inpatient Hospital-Onset CDI Outcome Measure on all patients from all inpatient locations, regardless of payer.

To meet the data submission requirements for the HCP Influenza Vaccine measure, LTCHs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. LTCHs may submit data more frequently, such as on a monthly basis. Facilities must activate the Healthcare Personnel Safety Component in NHSN to report HCP influenza vaccination summary data.

To meet the data submission requirements for the HCP COVID-19 Vaccine measure, LTCHs are required to submit COVID-19 vaccination data for eligible HCP one week out of every month, but LTCHs have the option of which week to report. LTCHs submit the data to the Healthcare Personnel Safety Component in NHSN.

The CDC makes reports accessible to LTCHs that allow for real-time review of data submission. These reports reflect the data that will be sent by the CDC to CMS on behalf of each LTCH. The CDC publishes reference guides for LTCHs that explain how to run and interpret reports. These can be found on the NHSN website.

11. 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.

12. 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.

13. 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.

Providers can also review the iQIES Reports User Manual to find general information about reports and the processes necessary to request, view, download, and save reports in iQIES. This manual can be found on the CMS iQIES Reference & Manuals website.

14. Which reports are available to monitor my facility's compliance and how often are these reports updated?

Provider Threshold Reports (PTRs): The LCDS assessment data for the LCDS QRP PTR are updated in real time once the submissions are processed and the accepted assessments are saved into the iQIES database. The CDC/NHSN measures are updated on the PTR quarterly, with the exception of the HCP Influenza Vaccine measure, which is updated on the PTR twice a year. Report updates occur soon after the data correction deadlines.

iQIES Review and Correct Reports: These are updated on a quarterly basis with assessment data refreshed weekly as data become available. The Review and Correct Reports add a new quarter and remove the earliest quarter on the first day of the calendar month after the end of the quarter. After the data correction deadline for a quarter, the assessment data for that quarter are no longer updated on the Review and Correct Report but continue to be updated on the Quality Measure Facility-Level and Patient-Level Reports. The data for the CDC/NHSN measures are not added to the Review and Correct Reports since the measures are stewarded by the CDC. In lieu of this, the CDC makes accessible to LTCHs reports that are similar to the Review and Correct Reports that allow for real-time review of data submissions for all CDC NSHN measures. These are referred to as "CMS Reports" within the "Analysis Reports" page in the NHSN Application.

Quality Measure (QM) Facility-Level Reports: The assessment-based (LCDS) measures on the LCDS QRP QM Reports are updated monthly. Calculations for QM reports are run on the first day of each month. The new quarter end date is available for selection on the first day of the second month in a calendar quarter. The claims-based measures are updated annually, typically in October. The CDC/NHSN measures are updated quarterly on the QM Facility-Level Report, except the HCP Influenza Vaccine measure, which is updated annually.

QM Patient-Level Reports: Updates to the assessment-based measures occur simultaneous with the updates to the QM Facility-Level Reports. CDC/NHSN and claims-based measures are not included on the QM Patient-Level Reports.

LCDS Error Detail Report: Providers can run this report to identify a list of assessments that encountered an error, including APU errors, during a period of their choosing. The report displays the patient's name, the item(s) that encountered the error, and the data value that was submitted for the affected item(s). This report can help LTCHs identify their impacted assessment(s).

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

15. What is the current version of the LCDS?

Version 5.1 of the LCDS is to be completed for any patient discharged on or after October 1, 2024.

The LCDS V5.1 is available in the Downloads section of the LTCH CARE Data Set & LCDS Manual webpage. For more information, please see the links below to LCDS Version 5.1, and a change table listing differences between Version 5.0 and Version 5.1:

- LCDS Version 5.1
- Change table summarizing revisions to the LCDS Version 5.1

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

Instructions for coding items in the LCDS can be found in the CMS LCDS Manual Version 5.1, available in the Downloads section of the LTCH CARE Data Set & LCDS Manual webpage.

17. 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

18. 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.

19. 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 and they are, in fact, fully compliant, the LTCH may file for a reconsideration. We would consider full compliance with the SNF QRP requirements to include CMS granting an exception or extension to IRF QRP reporting requirements under our ECE policy at § 412.560(c) during the reporting period. An 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. If an LTCH experiences an extraordinary circumstance during the reconsideration period, an LTCH may submit, and CMS may grant, an extension to file a reconsideration request via email no later than 30 calendar days from the date of the written notification of noncompliance.

Additionally, CMS distributes non-compliant letters containing details for the reason for non-compliance, and the deadline for filing a reconsideration request. The CMS-distributed non-compliant letters will be delivered via the facilities' My Reports folders in iQIES; a message will be posted on the LTCH QRP Spotlights and Announcements page to notify LTCHs that the non-compliant letters have been distributed.

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.

20. 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

21. 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.

22. My facility's demographic data are incorrect on the Care Compare tool on Medicare.gov. How do I correct them?

The demographic data displayed on the Provider Preview Reports and on the Care Compare tool on Medicare.gov 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 the Care Compare tool on Medicare.gov.

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

23. Where are LTCH quality measure data publicly reported?

https://data.cms.gov/provider-data/topics/long-term-care-hospitals

The Centers for Medicare & Medicaid Services (CMS) Care Compare tool on Medicare.gov provides a single user-friendly interface that consumers can use to understand information about doctors, hospitals, long-term care hospitals, and other health care services instead of searching through multiple tools. The data displayed on Medicare.gov enables patients and caregivers to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Consumers can select multiple facilities and compare their performance on various quality metrics.

24. Which LTCH quality measures are reported on Medicare.gov?

The following quality measures are currently reported on Medicare.gov:

LTCH QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) [CMIT Measure ID #00520 (not-endorsed)]	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 [CMIT Measure ID #00121 (not endorsed)]	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 [CMIT Measure ID #00225 (not endorsed)]	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 [CMIT Measure ID #00275 (CBE-endorsed)]	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 [CMIT Measure ID #00143 (not endorsed)]	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 [CMIT Measure ID #00759 (not endorsed)]	Assessment-based	Percentage of patients that were successfully weaned from the ventilator during their LTCH stay
Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC) [CMIT Measure ID #00728 (not endorsed)]	Assessment-based	Percentage of patients where the LTCH provided a medication list to the next healthcare setting
Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC) [CMIT Measure ID #00727 (not endorsed)]	Assessment-based	Percentage of patients where the LTCH provided a medication list to the patient, family, and/or caregiver at final discharge
Discharge Function Score [CMIT Measure ID #01698 (not endorsed)]	Assessment-based	Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date [CMIT Measure ID #01699 (not endorsed)]**	Assessment-based	Percentage of LTCH patients who are up to date with their COVID-19 vaccines

LTCH QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure [CMIT Measure ID #00459 (CBE-endorsed)]	CDC NHSN*	Catheter-associated urinary tract infection (CAUTI)
National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure [CMIT Measure ID #00460 (CBE-endorsed)]	CDC NHSN*	Central line-associated bloodstream infection (CLABSI)
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure [CMIT Measure ID #00462 (CBE-endorsed)]	CDC NHSN*	Clostridium difficile infection (CDI)
Influenza Vaccination Coverage Among Healthcare Personnel [CMIT Measure ID #00390 (CBE-endorsed)]	CDC NHSN*	Percentage of healthcare personnel who got a flu shot for the current season
COVID-19 Vaccination Coverage Among Healthcare Personnel [CMIT Measure ID #00180 (not endorsed)]	CDC NHSN*	Percentage of LTCH healthcare personnel who are up to date with their COVID-19 vaccines
Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) [CMIT Measure ID #00434 (CBE-endorsed)]	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) [CMIT Measure ID #00210 (CBE-endorsed)]	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) [CMIT Measure ID #00575 (not endorsed)]	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)

The inaugural public display of the *COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date [CMIT Measure ID #01699 (not endorsed)]* measure is scheduled to begin with the September 2025 Care Compare refresh or as soon as technically feasible.

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.

25. Where are the current data collection periods listed on Medicare.gov?

Current data collection periods for the measures listed on Medicare.gov are described in the Current data collection periods section of the Provider Data Catalog.

26. What are the possible reasons for not being listed on Medicare.gov?

An LTCH may not be listed on Medicare.gov if the LTCH is one of a group of LTCHs or is a new LTCH provider. Medicare.gov data is reported at the level of the CMS Certification Number (CCN). If an LTCH is one of a group of LTCH s operating under a single CCN, then each LTCH's data will be combined and reported under the parent LTCH. Only LTCHs with unique CCNs appear on Medicare.gov.

Additionally, new LTCHs will not be displayed on Medicare.gov Care Compare until they have successfully reported data for the quarters included in the Medicare.gov refresh.

27. 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 and 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.