



Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 4.0

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Overview

This document provides quality measure updates reflected in the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 4.0 taking effect October 1, 2022 with the implementation of the LTCH CARE Data Set (LCDS) V5.0. Updates to specifications of the existing measures in this document use the Measure Calculations and Reporting User's Manual Addendum V3.1.2 (effective October 1, 2020) as the foundation for current changes.

The transition from LCDS V4.00 to V5.0 results in item number and coding changes (detailed in Table 1 below) affecting specifications and CMS ID numbers for the following measures:

- Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)
- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay
- Ventilator Liberation Rate

This document also includes information with regard to three newly included measures for the LTCH QRP:

- National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage Among Healthcare Personnel (L024.01)
- Transfer of Health Information to Provider – Post Acute Care (PAC) (L015.01)
- Transfer of Health Information to Patient – Post Acute Care (PAC) (L026.02)

Updates are organized by manual chapter, section, page number, step/table indicator. Updated language is indicated by strikeouts of prior language, and the description of the change. The step/table column adds specificity in locating the edits by indicating if the edits are located within a specific step or table on a given page. When edits are not found in a specific step/table, the column displays "N/A". Similarly, when edits are applied in multiple locations within the manual (e.g., updates to CMS measure IDs or dates associated with quarterly report periods), the column displays "Multiple".

Overview of Substantive Changes between LCDS 4.00 and LCDS 5.0

Assessment Section	Measure Number	V4.00 Item Number	V5.0 Item Number	Nature of Change
Discharge Against Medical Advice	L011.05 L010.03 L009.03	A2110 = [12]	A1990	Change in item number affects identification of exclusions and Incomplete Stay definition.
Discharge Location	L011.05	A2110	A2105	Change in item number and coding values affects identification of exclusions.
	L009.03			Change in item number and coding values affects Incomplete Stay definition.
	L010.03			Change in item number and coding values affects Incomplete Stay definition.
Signs and Symptoms of Delirium	L009.03	C1610	C1310	Change in item number and coding values affects admission/discharge assessment items required for complete assessment.
Functional Abilities and Goals	L010.03	GG0130	GG0130	Removed from Goals: GG0130D2. Wash upper body
		GG0170	GG0170	Added to Goals: <ul style="list-style-type: none"> • GG0170G2. Car transfer • GG0170L2. Walking 10 feet on uneven surfaces • GG0170M2. 1 step (curb) • GG0170N2. 4 steps • GG0170O2. 12 steps • GG0170P2. Picking up object
Vasoactive Medications	L023.02	O0100H2a	O0110H2	Change in Vasoactive Medications item number affects covariates.
Dialysis	L011.05 L023.02	O0100J	O0110J1 O0110J2 O0110J3	Change in Dialysis item number and coding values affects covariates.
Ventilator/Weaning Status	L011.05	O0150A	O0150A	Change in Ventilator items affects identification of target population.
	L022.02 L023.02		O0150A2	Change in Ventilator items affects identification of exclusions and denominator.

LTCH QRP Measure Calculations and Reporting User's Manual V4.0 Updates

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
1.	Document	Multiple	Multiple	N/A	LTCH CARE Data Set (LCDS) V4.00 V5.0	LCDS version numbers updated throughout document.
2.	Document	Multiple	Multiple	N/A	LTCH QRP Measure Calculations and Reporting User's Manual, V3.1.2 V4.0	References to prior manual (V3.1.2) updated to V4.0 where appropriate.
3.	Document	Multiple	Multiple	N/A	October 1, 2019 October 1, 2022	Updated effective date for LCDS V5.0 throughout document.
4.	Document	Multiple	Multiple	N/A	A copy of the LTCH CARE Data Set Version 3.00 5.0 is available for download on the CMS LCDS and LTCH QRP Manual website	Updated hyperlink to current version of LCDS throughout document.
5.	Document	Multiple	Multiple	N/A	Record-Stay Selection	Language updated for clarity throughout document.
6.	Document	Multiple	Multiple	N/A	Patient-LTCH stay	Language updated for clarity throughout document.
7.	Document	Multiple	Multiple	N/A	FY 2014 IPPS/LTCH PPS final rule FY 2015 IPPS/LTCH PPS final rule FY 2016 IPPS/LTCH PPS final rule FY 2017 IPPS/LTCH PPS final rule FY 2018 IPPS/LTCH PPS final rule FY 2020 IPPS/LTCH PPS final rule FY 2022 IPPS/LTCH PPS final rule	Inserted hyperlinks to LTCH PPS final rule documentation where appropriate.
8.	Document	Multiple	Multiple	N/A	Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.04 CMS ID: L011.05) Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID; L009.02 L009.03) Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID; L010.02 L010.03) Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.01 L022.02) Ventilator Liberation Rate (CMS ID: L023.01 L023.02)	Incremented CMS measure identifiers throughout document.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
9.	Document	Multiple	Multiple	N/A	<i>Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01)</i> <i>Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02)</i>	Added TOH measures to measure lists throughout document.
10.	Document	Multiple	Multiple	N/A	<i>⁶This measure is NQF endorsed for use in the LTCH setting (https://www.qualityforum.org/QPS/2631) and is finalized for reporting by LTCHs under the FY 2016 IPPS/LTCH PPS final rule (80 FR 49739 through 49747).</i> <i>The Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) is no longer NQF endorsed as of 11/16/2021</i> <i>The Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L010.03) is an application of measure L009.03 and is not NQF endorsed.</i>	Updated NQF endorsement status of the Functional Assessment (CMS ID: L009.03) and Application of Functional Assessment (CMS ID: L010.03) measures.
11.	Table of Contents	N/A	iii	N/A	<i>Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)</i>	New section to provide background information for TOH measures.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
12.	1	1.2	3	LTCH Stay definitions	<p>Patient stay record: A patient stay record is an LTCH CARE Data Set record, which includes both an admission and discharge date and reflects an LTCH stay.</p> <p>Stay: The period of time between a patient's admission date into a LTCH and discharge date. A stay is also defined as a set of contiguous days in an LTCH. Interrupted stay(s) of 3 calendar days or less are included as part of the patient stay.</p> <p>The start of a stay is: Any admission assessment (A0250 = [01]).</p> <p>The end of a stay is the discharge assessment record for the patient with the same admission date as the admission assessment record and the highest discharge Reason For Assessment (RFA) value:</p> <p> <ul style="list-style-type: none"> Any discharge assessment (A0250 = [10,11]), or Any expired assessment (A0250 = [12]). </p> <p>LTCH Admission (Start of LTCH Stay): Defined as an Admission assessment (Item A0250 = [01]). The LTCH Admission assessment is required at the start of an LTCH stay when the patient is admitted to the LTCH.</p> <p>LTCH Discharge (End of LTCH Stay): Defined as a Planned or Unplanned Discharge assessment (Item A0250 = [10, 11] or Expired Record (Item A0250 = [12])). The LTCH Discharge assessment is required at the end of an LTCH stay when the patient is discharged from the LTCH. The LTCH Expired Record is required when a patient expires in an LTCH.</p> <p>LTCH Stay: An LTCH stay includes consecutive time in the LTCH starting with a patient's admission (Admission assessment (Item A0250 = [01])) through the patient's discharge (Discharge assessment or Expired Record (Item A0250 = [10, 11, 12])). To construct the LTCH stay for the quality measure sample, a matched pair of Admission and Discharge assessments (or Admission assessment and Expired Record) as shown below is required. Assessment selection is described in more detail in Section 4.1.</p>	Updated language for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
13.	1	1.2	3	LTCH Stay definitions	<p>Target date: The target date for an assessment is defined as follows:</p> <ul style="list-style-type: none"> • For an admission assessment (A0250 Reason for Assessment (RFA) = [01]), the target date is equal to the admission date (A0220). This is the admission target date. • For a discharge assessment (A0250 Reason for Assessment = [10, 11]) or expired record (A0250 Reason for Assessment = [12]), the target date is equal to the discharge date (A0270). This is the discharge target date on the discharge assessment. <ul style="list-style-type: none"> — For expired assessments, the date of death (A0270) is the discharge date. — When there are multiple discharge assessments associated with a single target date, use the discharge assessment with the highest RFA. The date on the highest RFA discharge assessment will be the discharge target date. <p>Example: If a patient had multiple assessment records that share the same target date and RFA = 11 unplanned discharge and an RFA = 10 planned discharge, the assessment records for the stay are the admission assessment record and the unplanned discharge assessment record.</p> <ul style="list-style-type: none"> — The span of time that defines the measure reporting period (e.g., a calendar year for the quality measure Percent of Residents or Patients with New or Worsened Pressure Ulcers [NQF #0678]³). <p>Target Date: The target dates differ based on assessment type and are defined as follows:</p> <ul style="list-style-type: none"> • Admission assessments (Item A0250 Reason for Assessment = [01]): the target date is equal to the Admission Date (Item A0220). 	Updated language for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
13. (cont.)	1	1.2	3	LTCH Stay definitions	<ul style="list-style-type: none"> <i>Planned/Unplanned Discharge assessments (Item A0250 Reason for Assessment = [10, 11]): the target date is equal to the Discharge Date (Item A0270).</i> <i>Expired Records (Item A0250 Reason for Assessment = [12]): the target and discharge dates are equal to the date of death.</i> <p>Target Period: <i>The span of time that defines the quality measure reporting period for a given measure (e.g., a 12-month period (4 quarters)). The target period and methodology for selecting the LTCH stay-level sample for the LTCH QRP LCDS quality measures is described in Section 4.1.</i></p>	Updated language for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
14.	1	1.2	3-4	LTCH Stay Definitions	<p>Patient Stay for quality measure sample: A patient stay is defined by a pair of patient assessment records that meet all the following criteria:</p> <ul style="list-style-type: none"> • Assessments consist of: <ul style="list-style-type: none"> — Admission assessment (A0250 = [01]). This record is the start of patient stay record. — Discharge assessment or expired assessment (A0250 = [10, 11, 12]). This record is the end of patient stay record. • The target date for the end of patient stay record must be the same as or later than the target date for the start of patient stay record. • Both the start and end of patient stay records must meet the following conditions: <ul style="list-style-type: none"> — Identical admission date (A0220) — Same provider — Identical Resident Internal ID • The assessment records included in a patient stay for quality measure sample could span across quarter(s). • For quality measure calculation purposes, both the admission and discharge (or expired) assessment included in the patient stay are assigned to the target period of the discharge date (A0270). <ul style="list-style-type: none"> — Any admission assessment that is not matched to a discharge assessment or any discharge assessments or an expired assessment not matched to an admission assessment is not part of a patient stay and is excluded from the quality measure sample. • There are no intervening assessment records between the start and end of patient stay records in the patient's sorted assessment records when the end of patient stay record is selected, as instructed above, and the unmatched discharge assessment records for the stay are discarded. 	Stay selection and sort logic moved to section 4.1.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
14. (cont.)	1	1.2	3-4	LTCH Stay Definitions	<p>• In the case of multiple discharge assessments (where there is more than one discharge record (planned, unplanned discharge, expired) for the same patient on the same discharge date and with the same admission date in the same facility), use the discharge record as defined as the end-of-stay record above.</p> <p>Sort order: The patient's assessment records included in the target period must be sorted by the following:</p> <ul style="list-style-type: none"> • Provider Internal ID • Patient Internal ID • Target date (descending). This will result in assessment records appearing in reverse chronological order so that the most recent assessment record appears first. This will also ensure that the discharge or expired assessment record appears prior to the admission assessment record. • Item A0250 Reason for Assessment (RFA) (descending). If more than one assessment record shares a target date, this will cause the expired discharge assessment record to appear first, followed by the unplanned discharge assessment record, followed by the planned discharge assessment record, followed by the admission assessment records. For example, if a patient has more than one type of discharge assessment record (unplanned, planned, expired) that share the same target date, then the patient with one admission and all three types of discharge assessment records would have their records sorted as follows: RFA = 12, expired; then RFA = 11, unplanned discharge; then RFA = 10, planned discharge; then RFA = 01, admission. 	Stay selection and sort logic moved to section 4.1.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
15.	1	1.3	4	Measure-Specific Definitions	<p><i>The methodology for selecting the stay samples for the following function measures includes identifying complete versus incomplete LTCH stays, described in detail below:</i></p> <ul style="list-style-type: none"> <i>Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)⁴ (CMS ID: L009.03)</i> <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)⁵ (CMS ID: L010.03)</i> <i>Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.05)</i> <p>Incomplete LTCH stay: Incomplete stays are defined for the function measures.</p> <p>Complete LTCH stay: Complete stays are identified as patient stays that are not incomplete for the function measures. All patients not meeting the criteria for incomplete stays will be considered complete stays.</p> <p><i>Incomplete LTCH Stay:</i> <i>Incomplete LTCH stays occur when a patient is discharged to another acute care setting (e.g., Short-Term General Hospital, Inpatient Psychiatric Facility, or a different Long-Term Care Hospital (Item A2105)), has an unplanned discharge (Item A0250), is discharged against medical advice (Item A1990), has a stay less than three days (Items A0220, A0270), or dies while in the facility (Item A0250).</i></p> <p><i>Complete LTCH Stay:</i> <i>All LTCH stays not meeting the above criteria for incomplete stays will be considered complete LTCH stays.</i></p>	Language updated for clarity; no effect on calculations.
16.	2	N/A	7-8	N/A	<ul style="list-style-type: none"> CDC NHSN: CAUTI CDC NHSN: CLASBI CDC NHSN: HCP Influenza Vaccine 	Updated hyperlinks to CDC website.

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17.	2	N/A	7	N/A	<p>National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure (NQF #1717) (CMS ID: L014.01)</p> <ul style="list-style-type: none"> • CDC NHSN: CDI 	Language added for clarity; no effect on calculations and updated link to NHSN website.
18.	2	N/A	8	N/A	<ul style="list-style-type: none"> • National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage Among Healthcare Personnel (CMS ID: L024.01) <ul style="list-style-type: none"> – <i>This measure identifies the percentage of HCP eligible to work in the LTCH setting for at least one day during the reporting period who receive a complete COVID-19 vaccination course, regardless of clinical responsibility or patient contact.</i> <ul style="list-style-type: none"> ○ CDC NHSN: HCP COVID-19 Vaccine 	New measure: NHSN COVID-19 Vaccination Coverage Among Healthcare Personnel measure.
19.	3	N/A	9	N/A	<ul style="list-style-type: none"> • Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (CMS ID: L017.01) <ul style="list-style-type: none"> – This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for patients (Medicare FFS beneficiaries) who receive services in one of the following post-acute care settings: skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), and long-term care hospitals (LTCH). 	Language updated for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
20.	3	N/A	9	N/A	<ul style="list-style-type: none"> • Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (NQF #3480) (CMS ID: L018.02) <ul style="list-style-type: none"> – This measure reports an LTCH's risk-standardized rate of Medicare FFS patients who are discharged to the community following an LTCH stay, do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or self-care, with or without home health services. An new <i>additional</i> measure denominator exclusion was finalized in the FY 2020 IPPS/LTCH PPS final rule to exclude LTCH stays for baseline <i>nursing facility</i> (NF) residents. Baseline NF residents are defined as patients who had a long-term NF stay in the 180 days preceding their hospitalization and LTCH stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion. <ul style="list-style-type: none"> ○ Medicare Claims-Based: Discharge to Community-Post Acute Care 	Updated language characterizing the denominator exclusion for removing baseline nursing facility residents and updated hyperlink to point to current specifications.
21.	3	N/A	10	N/A	<ul style="list-style-type: none"> • Medicare Spending Per Beneficiary Post-Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01) <ul style="list-style-type: none"> – This measure evaluates LTCH providers' efficiency <i>resource use</i> relative to the efficiency <i>resource use</i> of the national median LTCH provider. Specifically, the measure assesses the cost to Medicare for services performed by the LTCH provider during an MSPB-PAC LTCH episode. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each LTCH divided by the episode-weighted median MSPB-PAC amount across all LTCH providers. 	Language updated for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
22.	4	4.1	11	N/A	<p>Section 4.1 Quality Measures Based on the Calendar Year</p> <p>This section presents the record selection criteria for the assessment-based (LTCH CARE Data Set LCDS) quality measures calculations that require patient stay record data to be included in the measure calculation and whose target period is either 12 months (four quarters) or 24 months (eight quarters). <i>Table 4-1 lists the measures and their respective target periods. Apply the respective quality measure calculations from Chapter 6 to the eligible target period LTCH stays. Additionally, Chapter 7 provides the instructions in table format, and the references to the table numbers are included below:</i></p>	Language updated for clarity and refined stay sort logic is added to this section.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
23.	4	4.1	11	N/A	<p>Quality measures included in this section with a 12-month target period:</p> <ul style="list-style-type: none"> Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01) Table 7-1 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: L012.01) Table 7-2 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.04) Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: L009.02 L009.03) Table 7-4 Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: L010.02 L010.03) Table 7-5 Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC LTCH QRP (CMS ID: L020.01) Table 7-6 Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.01 L022.02) Table 7-7 Ventilator Liberation Rate (CMS ID: L023.01 L023.02) Table 7-8 <i>Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01) Table 7-9</i> <i>Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02) Table 7-10</i> <p>Quality measures with a 24-month target period:</p> <ul style="list-style-type: none"> <i>Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.05) Table 7-3</i> 	Language updated for clarity; no effect on calculations; incremented CMS IDs; added TOH measures to list.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
24.	4	4.1	12	1	<p>The eligible patient stay records LTCH stays for these quality measures are selected as follows:</p> <p>1. Select all LTCH CARE Data Set stays with a target date (discharge date (A0270)) within the data target period.</p> <p>1. Eligible LTCH stays require a matched pair of Admission and Discharge assessments (or Admission assessment and Expired Record) that are selected as follows:</p> <ul style="list-style-type: none"> • Sort the assessments according to the following: <ul style="list-style-type: none"> ○ Provider internal ID ○ Patient internal ID ○ Item A0220 Admission Date (descending) ○ Target date (descending). This will result in assessments appearing in reverse chronological order so that the most recent assessment appears first. This will also ensure that the Expired Record or Discharge assessment appears prior to the Admission assessment. ○ Item A0250 Reason for Assessment (RFA) (descending). If more than one Discharge assessment or Expired Record shares a target date, this will cause the Expired Record to appear first, followed by the Unplanned Discharge assessment, followed by the Planned Discharge assessment. ○ Assessment ID (descending) • For each unique combination of Provider Internal ID, Patient Internal ID, and Admission Date: <ul style="list-style-type: none"> ○ select the first Discharge assessment/Expired Record ○ select the first Admission assessment • Match the Admission assessments and Discharge assessments/Expired Records. according to the following: <ul style="list-style-type: none"> ○ Provider Internal ID ○ Patient Internal ID ○ Admission Date 	<p>Stay selection language updated for clarity and accuracy; stay sort logic refined to account for the possibility of overlapping stays.</p>

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
24. (cont.)	4	4.1	11-12	1	<ul style="list-style-type: none"> • <i>Any Admission assessments that are not matched to a Discharge assessment or any Discharge assessments or Expired Records not matched to an Admission assessment are excluded from the quality measure sample.</i> • <i>If the target date for the Discharge assessment/Expired Record is not the same as or later than the target date for the matched Admission assessment, the LTCH stay is excluded.</i> • <i>If any LTCH stays for the same Provider Internal ID and Patient Internal ID are overlapping by more than one day (i.e., the admission date of a subsequent assessment is earlier than the discharge date of the prior assessment), remove both LTCH stays.</i> • <i>The assessments included in an LTCH stay sample could span across quarter(s).</i> • <i>For quality measure calculation purposes, both the Admission and Discharge assessments (or Expired Record) included in the LTCH stay sample are assigned to the target period of the Discharge Date (Item A0270).</i> 	Stay selection language updated for clarity and accuracy; stay sort logic refined to account for the possibility of overlapping stays.
25.	4	4.1	13	2	<p>2. For each LTCH CARE Data Set record (i.e., LTCH stay), do the following:</p> <p>a. Sort the records according to the sort order defined in Chapter 1, Section 1.2.</p> <p>b. Select all patient stays that meet the “patient stay for quality measure sample” definition in Chapter 1, Section 1.2 whose discharge target date is within the target period. These are target period patient stay records.</p> <ul style="list-style-type: none"> • If a patient has multiple patient stay records with a discharge date within the data target period, then include each eligible patient stay in the measure. <p>2. Select all LTCH stays with a Discharge Date (Item A0270) within the data target period.</p> <ul style="list-style-type: none"> • If a patient has multiple LTCH stays with a discharge date within the data target period, then include each eligible LTCH stay in the measure. 	

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26.	4	4.1	13	3	<p>3.— Apply the respective quality measure calculations from Chapter 6 to the eligible target period patient stay records. Additionally, Chapter 7 provides the instructions in table format, which are listed below:</p> <p>a.— Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: L001.02), Table 7-1</p> <p>b.— Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01), Table 7-2</p> <p>c.— Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: L012.01), Table 7-3</p> <p>d.— Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.03), Table 7-4</p> <p>e.— Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addressed Function (NQF #2631) (CMS ID: L009.02), Table 7-5</p> <p>f.— Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addressed Function (NQF #2631) (CMS ID: L010.02), Table 7-6</p> <p>g.— Drug Regimen Review Conducted with Follow-Up for Identified Issues — PAC LTCH QRP (CMS ID: L020.01), Table 7-7</p> <p>h.— Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.01), Table 7-8</p> <p>i.— Ventilator Liberation Rate (CMS ID: L023.01), Table 7-9</p>	Removed duplicative information within this section.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
27.	5	N/A	15	N/A	<ul style="list-style-type: none"> – These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) <i>or 24 months (eight full quarters) for the Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632) measure, and are restricted to only the assessment-based measures.</i> – The assessment-based (LTCH CARE Data Set LCDS) measures are updated monthly, at the facility- and patient-level, as data become available. The performance data contain the current quarter (may be partial) and the past three <i>quarters or the past seven quarters for the Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632).</i> – The claims-based measures are updated annually <i>and data are provided</i> at the facility-level only. <p><i>Section 5.4 describes the Transfer of Health Information (TOH) measures which will be available to LTCH providers in their IQIES reports starting in 2023.</i></p>	Language updated for clarity and to include Section 5.4 for TOH measures; no effect on calculations.
28.	5	5.1	17	1.b.i.	<p>For all measures, excluding the Change in Mobility measure: the cumulative rate is derived <i>by dividing the numerator of all eligible LTCH stays in the target period by the denominator of all eligible LTCH stays in the target period. including all patient stays in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all patient stays included in the denominator for the target period.</i></p>	Updated language for clarity; no effect on calculations.
29.	5	5.1	17	1.b.ii.	<p>For the Change in Mobility measure: the target population <i>cumulative rate</i> is derived by including all patient eligible <i>LTCH</i> stays for the target period, which do not meet the exclusion criteria, and calculating the change scores for each patient <i>LTCH</i> stay, <i>and then calculating the mean of the change scores.</i> For instructions on calculating the change scores, please see Chapter 6, Section 6.43 for the Change in Mobility measure.</p>	Updated language for clarity and accuracy; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
30.	5	5.1	17	1.c.i	For example, the data submission deadline for Quarter 1 (January 1 through March 31) data collection would normally be 11:59 p.m. ET, August 15, which is the 15 th day of the month, 5 months after the end of the data collection period. However, in FY 2021, August 15 th falls fell on a Sunday; therefore, the deadline for this data submission is was extended until to the next business day which would be was August 16, 2021, at 11:59 p.m. ET on August 16, 2021.	Language updated for consistency. No effect on data submission deadlines.
31.	5	5.1	19	Table 5-2	Table 5-2 Measure Types by User-Requested Year for all Assessment-Based Quality Measures (LTCH CARE Data Set) (See Appendix for full-page excerpt.)	Updated the user-requested years (i.e., 2018 through 2023), updated CMS measure IDs, and added two measures (TOH measures).
32.	5	5.1	19-20	N/A	Example of quarterly rates included in the iQIES Review and Correct Reports for an existing measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2019 (April through June), Q3 2019 (July – September), Q4 2019 (October – December), and Q1 2020 (January – March). Example of quarterly rates included in the iQIES Review and Correct Reports for a new measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the only quarter of data that will be provided in this request will include the following: Q1 2020 (January – March). Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures: <ul style="list-style-type: none"> For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the four quarters of data provided in this request include Q2 2022 (April – June), Q3 2022 (July – September), Q4 2022 (October – December), and Q1 2023 (January – March). For a new measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the only quarter of data provided in this request is Q1 2023 (January – March). 	Updated explanatory language for Table 5-3; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
33.	5	5.1	22	Table 5-5	Table 5-5 iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date ^a (See Appendix for full-page excerpt.)	Updated table 5-5 with date windows for which data are included in cumulative rate for Change in Mobility from Q1 2021 through Q4 2023.
34.	5	5.2	25	Table 5-7	Table 5-7 iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Report End Date (See Appendix for full-page excerpt.)	Updated Table 5-7 with dates, iQIES calculation months and date windows for which data is included in QM Report calculation for requested end dates of Q1 2023 through Q4 2023.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
35.	5	5.4	27	N/A	<p><i>Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)</i></p> <p><i>The Transfer of Health Information (TOH) to the Provider (CMS ID #L025.01) and Transfer of Health Information to the Patient (CMS ID #L026.02) measures assess for and report on the timely transfer of health information, specifically transfer of a reconciled medication list, when a patient is discharged from their current post-acute care setting to an applicable subsequent provider or a private home/apartment, board/care, assisted living, group home, transitional living, or home under care of an organized home health service organization or hospice. The measures, developed under the IMPACT act and finalized for adoption by LTCHs under the <u>FY 2020 IPPS/LTCH PPS Final Rule (84 FR 42044)</u>, have been developed for the LTCH, Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Home Health Agency (HHA) settings, and will be available to LTCH providers in their iQIES reports starting in 2023. An update to the denominator for the TOH to the Patient measure was finalized in the <u>FY 2022 IPPS/LTCH PPS Final Rule (86 FR 45446 – 45447)</u> to exclude patients discharged home under the care of an organized home health agency or hospice (Item A2105 = 09, 12). Complete information regarding the background and development of the measures can be found on the <u>LTCH QRP Measures Information website</u>.</i></p> <p><i>The TOH to Provider measure is calculated using a standardized assessment element (Item A2121) that asks whether, at the time of discharge, the patient's current reconciled medication list was provided to the subsequent provider and a second standardized assessment element (Item A2122) that addresses the route of transmission to ensure internal measure consistency. Similarly, the TOH to Patient measure uses a standardized assessment element (Item A2123) that addresses whether the medication list was provided to the patient, family, and/or caregiver at discharge, with a second standardized assessment element (Item A2124) that addresses the route of transmission. Record selection is described in detail in Chapter 4 and measure calculations are specified in Chapter 6. Tables 7-9 and 7-10 provide the measure specifications in table format.</i></p>	Section added to provide background information on new TOH measures.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
36.	6	6.3	36-37	3	<p>Identify excluded patient-LTCH stays. <i>LTCH</i> stays from Step 1 are excluded if any of the following are true (Step 3.1 through 3.7).</p> <p>3.1 Incomplete <i>LTCH</i> Stays:</p> <p>3.1.1 Patient was discharged (A2110) to hospital emergency department (A2110 = [04]), short stay acute hospital (A2110 = [05]), or psychiatric hospital or unit (A2110 = [08]).</p> <p>3.1.1 Patient was discharged (A2105) to a Short-Term General Hospital (A2105 = [04]), Inpatient Psychiatric Facility (A2105 = [07]), or Critical Access Hospital (CAH) (A2105 = [11]).</p> <p>3.1.2 Patient transferred to another LTCH facility (A2110 = [06]) (A2105 = [05]).</p> <p>3.1.3 Patient left the LTCH against medical advice (A2110 = [12]).</p> <p>3.1.3 Patient discharged against medical advice (A1990 = [1]).</p> <p>3.1.4 Patient had an unplanned discharge or expired (A0250 = [11, 12]) –Note: discharges against medical advice are considered an unplanned discharge.</p> <p>3.1.5 Length of stay is less than 3 days: Discharge Date (A0270) – Admission Date (A0220) < 3 days.</p> <p>...</p> <p>3.3 Patient is discharged to hospice (A2110 = [10]) A2105 = [09, 10]).</p>	Updated item numbers and coding options to align with LCDS V5.0.
37.	6	6.3	38	4	<p>For patient <i>LTCH</i> stays records with admission date on or after from 07/01/2018 through 9/30/2022:</p> <ul style="list-style-type: none"> Invasive Mechanical Ventilation Support: weaning (O0150A = [1]) or Invasive Mechanical Ventilation Support: non-weaning (O0150A = [2]) <p>For patient <i>LTCH</i> stays records with admission date <u>on or after</u> 10/01/2022:</p> <ul style="list-style-type: none"> Invasive Mechanical Ventilation Support: (O0150A = [1]) 	Updated item numbers and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
38.	6	6.3	38	6	Calculate the facility-level average observed change in mobility score. Calculate an average observed change in mobility score for each LTCH as the mean of the observed change in mobility scores <i>for all LTCH stays in the facility that are not excluded.</i>	Language updated for clarity and accuracy; no effect on calculations.
39.	6	6.4	41	1	<p>1. Identify patient LTCH stays records as being complete or incomplete LTCH stays records (Steps 1.1 and 1.2).</p> <p>1.1 Patients with Incomplete LTCH stays records are identified based on:</p> <p>1.1.1 Reason for Assessment (A0250) 11 = Unplanned discharge (<i>Note: discharges against medical advice are considered an unplanned discharge.</i>) 12 = Expired</p> <p>OR</p> <p>1.1.2 Discharged Against Medical Advice (A1990) 1 = Yes Discharge Location (A2110) 04 = Hospital emergency department 05 = Short-stay acute care hospital (IPPS) 06 = Long-term care hospital (LTCH) 08 = Psychiatric hospital or unit 12 = Discharged Against Medical Advice</p> <p>OR</p> <p>1.1.3 Discharge Location (A2110)(A2105) 04 = Hospital emergency department Short-Term General Hospital (acute hospital, IPPS) 05 = Short-stay acute care hospital (IPPS) Long-Term Care Hospital (LTCH) 06 = Long-term care hospital (LTCH) 07 = Inpatient Psychiatric Facility (psychiatric hospital or unit) 08 = Psychiatric hospital or unit 11 = Critical Access Hospital 12 = Discharged Against Medical Advice</p> <p>OR</p> <p>1.1.4 Length of stay is less than 3 days: Discharge Date (A0270) – Admission Date (A0220) < 3 days {A0270 - Discharge Date} minus {A0220 - Admission Date} < 3 days.</p>	Item numbers and coding options updated to align with LCDS V5.0; language for length of stay calculation updated for consistency within document and does not affect calculation.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
40.	6	6.4	43-44, 46-47	2.4, 2.7	<p>For patients who are comatose as indicated by B0100 = 1, BB0700, BB0800, and C1610 C1310 are skipped.</p> <p>The Signs and Symptoms of Delirium (Section C) items are:</p> <ul style="list-style-type: none"> • C1610A. AND C1610B. Acute Onset and Fluctuating Course • C1610C. Inattention • C1610D. Disorganized Thinking • C1610E1. AND C160E2. Altered Level of Consciousness • C1310A. Acute Onset Mental Status Change • C1310B. Inattention • C1310C. Disorganized Thinking • C1310D. Altered Level of Consciousness <p>Valid codes for Signs and Symptoms of Delirium (C1610) items item C1310A are:</p> <ul style="list-style-type: none"> • 0 – No • 1 – Yes • ^ – Skip pattern <p>Valid codes for Signs and Symptoms of Delirium items C1310B-D are:</p> <ul style="list-style-type: none"> • 0 – Behavior not present • 1 – Behavior continuously present, does not fluctuate • 2 – Behavior present, fluctuates (comes and goes, changes in severity) • ^ – Skip pattern 	Item numbers and coding options updated to align with LCDS V5.0.
41.	6	6.4	48	4	<p>Determine the numerator count. The numerator for this quality measure is the number of LTCH stays with complete functional assessment data and at least one self-care or mobility goal <i>from all complete (Step 2.1) and incomplete (Step 2.2) LTCH stays.</i> The counts from step 2.1 (complete patient stays) and from step 2.2 (incomplete patient stays) are summed. This sum is the numerator count.</p>	Language updated for clarity. Does not affect calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
42.	6	6.5	49	1	<p>Identify patient <i>LTCH</i> stays records as being complete or incomplete <i>LTCH</i> stays records (Steps 1.1 and 1.2).</p> <p>1.1 Patients with Incomplete LTCH stays records are identified based on:</p> <p>1.1.1 Reason for Assessment (A0250) 11 = Unplanned discharge (Note: discharges against medical advice are considered an unplanned discharge). 12 = Expired</p> <p><i>1.1.2 Discharged Against Medical Advice (A1990)</i> 1 = Yes Discharge Location (A2110) 04 = Hospital emergency department 05 = Short-stay acute care hospital (IPPS) 06 = Long-term care hospital (LTCH) 08 = Psychiatric hospital or unit 12 = Discharged Against Medical Advice</p> <p>OR</p> <p>1.1.2 1.1.3 Discharge Location (A2110)(A2105) 04 = Hospital emergency department-Short-Term General Hospital (acute hospital, IPPS) 05 = Short-stay acute care hospital (IPPS) Long-Term Care Hospital (LTCH) 06 = Long-term care hospital (LTCH) 07 = Inpatient Psychiatric Facility (psychiatric hospital or unit) 08 = Psychiatric hospital or unit 11 = Critical Access Hospital 12 = Discharged Against Medical Advice</p> <p>OR</p> <p>1.1.4 Length of stay is less than 3 days: Discharge Date (A0270) – Admission Date (A0220) < 3 days {A0270-Discharge Date} minus {A0220-Admission Date} < 3 days.</p>	Item numbers and coding options updated to align with LCDS V5.0; language for length of stay calculation updated for consistency within document and does not affect calculations.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
43.	6	6.5	51-52	2.4	<p>Discharge Goal items reported on the admission assessment included in this measure (a minimum of one goal must be reported) are:</p> <p>The self-care (GG0130) items are:</p> <ul style="list-style-type: none"> • GG0130A2. Eating • GG0130B2. Oral hygiene • GG0130C2. Toileting hygiene • GG0130D2. Wash upper body <p>The mobility (GG0170) items are:</p> <ul style="list-style-type: none"> • GG0170A2. Roll left to <i>and</i> right • GG0170B2. Sit to lying • GG0170C2. Lying to sitting on side of bed • GG0170D2. Sit to stand • GG0170E2. Chair/bed-to-chair transfer • GG0170F2. Toilet transfer • <i>GG0170G2. Car transfer</i> • GG0170I2. Walk 10 feet • GG0170J2. Walk 50 feet with two turns • GG0170K2. Walk 150 feet • <i>GG0170L2. Walking 10 feet on uneven surfaces</i> • <i>GG0170M2. 1 step (curb)</i> • <i>GG0170N2. 4 steps</i> • <i>GG0170O2. 12 steps</i> • <i>GG0170P2. Picking up object</i> • GG0170R2. Wheel 50 feet with two turns • GG0170S2. Wheel 150 feet 	Updates include removal of one self-care item and addition of 6 mobility items to align this cross-setting measure with other settings.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
44.	6	6.7	57	1.1 – 1.3	<p>Identify excluded patient LTCH stays (Steps 1.1 through 1.3). <i>For LTCH stays with admission date from 07/01/2018 through 09/30/2022:</i></p> <ul style="list-style-type: none"> <i>1.1 Patient LTCH stay is excluded if it is missing data to calculate the measure (O0150A = [-]).</i> <i>1.2 Patient LTCH stay is excluded if the patient is not on invasive mechanical ventilation support upon admission to the LTCH (O0150A = [0]).</i> <i>1.3 Patient LTCH stay is excluded if of-the patients is admitted to the LTCH during the reporting period, who-were is on invasive mechanical ventilation support upon admission to the LTCH, and weaning attempts are not expected or anticipated at admission (O0150A = [2]).</i> <p><i>For LTCH stays with admission date on or after 10/01/2022:</i></p> <ul style="list-style-type: none"> <i>1.1 LTCH stay is excluded if it is missing data to calculate the measure (O0150A = [-] or O0150A2 = [-]).</i> <i>1.2 LTCH stay is excluded if the patient is not on invasive mechanical ventilation support upon admission to the LTCH (O0150A = [0]).</i> <i>1.3 1.3 LTCH stay is excluded if the patient is admitted to the LTCH during the reporting period, is on invasive mechanical ventilation support upon admission to the LTCH, and weaning attempts are not expected or anticipated at admission (O0150A=[1] AND O0150A2 = [0]).</i> 	Updated item numbers and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
45.	6	6.7	58	2	<p>Determine the denominator count for Component 1</p> <p><i>For LTCH stays with admission date <u>from 07/01/2018 through 09/30/2022:</u></i></p> <p>Of patients who were on invasive mechanical ventilation support upon admission to the LTCH, determine the total number of <i>LTCH</i> stays of patients for whom <i>which</i> weaning attempts were expected or anticipated at admission (O0150A = [1]).</p> <p><i>For LTCH stays with admission date <u>on or after 10/01/2022:</u></i></p> <p>Of patients who were on invasive mechanical ventilation support upon admission to the LTCH, determine the total number of LTCH stays for which weaning attempts were expected or anticipated at admission (O0150A = [1] AND O0150A2 = [1]).</p>	Updated item numbers and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
46.	6	6.8	60	1	<p>Identify excluded patient LTCH stays (Steps 1.1 through 1.3).</p> <p><i>For LTCH stays with admission date <u>from 07/01/2018 through 09/30/2022</u>:</i></p> <ol style="list-style-type: none"> 1.1 Patient LTCH stay is excluded if it is missing data to calculate the measure (O0150A = [-]). 1.2 Patient LTCH stay is excluded if the patient was is not on invasive mechanical ventilation support upon admission to the LTCH (O0150A = [0]). 1.3 Patient LTCH stay is excluded if of the patients is admitted to the LTCH during the reporting period, who were is on invasive mechanical ventilation support upon admission to the LTCH, and weaning attempts are not expected or anticipated at admission (O0150A = [2]). <p><i>For LTCH stays with admission date <u>on or after 10/01/2022</u>:</i></p> <ol style="list-style-type: none"> 1.1 LTCH stay is excluded if it is missing data to calculate the measure (O0150A = [-] or O0150A2 = [-]). 1.2 LTCH stay is excluded if the patient is not on invasive mechanical ventilation support upon admission to the LTCH (O0150A = [0]). 1.3 LTCH stay is excluded if the patient is admitted to the LTCH during the reporting period, is on invasive mechanical ventilation support upon admission to the LTCH, and weaning attempts are not expected or anticipated at admission (O0150A=[1] AND O0150A2 = [0]). 	Updated item numbers and effective dates to align with LCDS V5.0.
47.	6	6.8	60	2	<p>Determine the facility-level denominator count</p> <p><i>For LTCH stays with admission date <u>from 07/01/2018 through 09/30/2022</u>:</i></p> <p>Determine the total number of LTCH stays for which the LTCH admission assessment indicates that weaning attempts are expected or anticipated (O0150A = [1])</p> <p><i>For LTCH stay records with admission date <u>on or after 10/01/2022</u>:</i></p> <p>Determine the total number of LTCH stays for which the LTCH admission assessment indicates that weaning attempts are expected or anticipated (O0150A = [1] AND O0150A2 = [1]).</p>	Updated item numbers and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
48.	6	6.9	64	N/A	<p>Section 6.9: Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01) iQIES Review and Correct Report Measure Calculations for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01)</p> <p><i>Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-9, the following steps are used to calculate the measure.</i></p> <ol style="list-style-type: none"> 1. Determine the denominator count. Select all LTCH stays regardless of payer within the reporting period with a planned/unplanned discharge to a subsequent provider as determined by discharge location. (Item A2105= [02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12]). 2. Determine the numerator count. <i>Include the total number of LTCH stays in the numerator count if a reconciled medication list was transferred (A2121 = [1]).</i> 3. Calculate the facility-level observed score. Divide the facility's numerator count (step 2) by its denominator count (step 1) to obtain the facility-level observed score and then multiply by 100 to obtain a percent value. <ol style="list-style-type: none"> 1. Round the percent value to one decimal place. <ol style="list-style-type: none"> a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged. b. Drop all the digits following the first decimal place. <p>iQIES QM Report Measure Calculations for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01) <i>As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculation for the Transfer of Health Information to Provider (CMS ID: L025.01).</i></p>	Section 6.9 added to provide information for new measure (Transfer of Health Information to Provider).

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
48. (cont.)	6	6.9	64	N/A	<p><i>National Average Calculation for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01)</i> <i>Use the following steps to calculate the <u>LTCH stay-level</u> (i.e. prevalence) national average:</i></p> <ol style="list-style-type: none"> <i>1. Determine the total number of LTCH stays in the nation meeting the denominator criteria. This is the denominator for the national average.</i> <i>2. Identify LTCH stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.</i> <i>3. Divide the numerator (Step 2) by the denominator (Step 1) then multiply by 100 and round the percent value to one decimal place to obtain the national average.</i> <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all of the digits following the first decimal place.</i> 	Section 6.9 added to provide information for new measure (Transfer of Health Information to Provider).

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
49.	6	6.10	65	N/A	<p>Section 6.10: Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02) iQIES Review and Correct Report Measure Calculations for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02)</p> <p><i>Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-10, the following steps are used to calculate the measure.</i></p> <ol style="list-style-type: none"> 1. Determine the denominator count. Select all LTCH stays regardless of payer within the reporting period with a planned/unplanned discharge to Home/Community (private home/apartment, board and care home, assisted living, group home, transitional living, or other residential arrangements) as determined by discharge location (Item A2105= [01, 99]). 2. Determine the numerator count. Include the total number of LTCH stays in the numerator count if a reconciled medication list was provided to the patient, family, and/or caregiver. (A2123 = [1]). 3. Calculate the facility-level observed score. Divide the facility's numerator count (step 2) by its denominator count (step 1) to obtain the facility-level observed score and then multiply by 100 to obtain a percent value. 4. Round the percent value to one decimal place. <ol style="list-style-type: none"> a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged. b. Drop all the digits following the first decimal place. 	Section 6.10 added to provide information for new measure (Transfer of Health Information to Patient).

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
49. (cont.)	6	6.10	65	N/A	<p><i>iQIES QM Report Measure Calculations for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02)</i> <i>As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculation for the Transfer of Health Information to Patient (CMS ID: L026.02)</i></p> <p><i>National Average Calculation for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02)</i> <i>Use the following steps to calculate the <u>LTCH stay-level</u> (i.e. prevalence) national average:</i></p> <ol style="list-style-type: none"> <i>1. Determine the total number of LTCH stays in the nation meeting the denominator criteria. This is the denominator for the national average.</i> <i>2. Identify LTCH stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.</i> <i>3. Divide the numerator (Step 2) by the denominator (Step 1) then multiply by 100 and round the percent value to one decimal place to obtain the national average.</i> <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all of the digits following the first decimal place.</i> 	Section 6.10 added to provide information for new measure (Transfer of Health Information to Patient).

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
50.	7	N/A	72-76	Table 7-3	<p>Measure Specifications</p> <p>Target population Patients with an admission assessment (A0250=01) and a planned discharge assessment (A0250=10) that define a patient LTCH stay during the target period, who require invasive ventilator support at the time of admission (OO150A = [1, 2] on the admission assessment) from 07/01/2018 through 09/30/2022; and OO150A = [1] on admission assessment on or after 10/01/2022.</p> <p>Exclusions</p> <p>Patient had an unplanned discharge or expired:</p> <ul style="list-style-type: none"> A0250 (Reason for Assessment) = [11, 12] <i>(Note: Discharges against medical advice are considered an unplanned discharge).</i> <p>Patient discharged against Medical Advice:</p> <ul style="list-style-type: none"> A1990 (Discharged Against Medical Advice) = [1] <p>Patient was discharged to hospital emergency department, short stay acute hospital, short-term general hospital, long-term care hospital, <i>inpatient</i> psychiatric hospital or unit, hospice, or against medical advice critical access hospital:</p> <ul style="list-style-type: none"> A2110 A2105 (Discharge Location) = [04, 05, 06, 07, 08, 09, 10, 11] <p>Covariates</p> <p>...</p> <p>13. Comorbidities: Dialysis and Chronic Kidney Disease, Stage 5:</p> <ol style="list-style-type: none"> = [1] (Yes) if OO1001 OO110J1 = [1] OR OO110J2 = [1] OR OO110J3 = [1] OR I1501 = [1] Else = [0] (No) 	Updated item numbers, coding options, and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
51.	7	N/A	78	Table 7-4	<p>Measure Specifications</p> <p>Incomplete and Complete Patient stays:</p> <p>Patients with incomplete patient LTCH stays are identified based on:</p> <ol style="list-style-type: none"> 1. A0250 (Reason for Assessment) = 11, 12; or 2. A0270 (Discharge Date) minus A0220 (Admission Date) < 3 days; or 3. A2110 A2105 (Discharge Location) = 04, 05, 06, 07, 08, 11, 12; or 4. A1990 (Discharged Against Medical Advice) = [1] <p>Patients not meeting the definition of incomplete patient LTCH stays are considered complete patient LTCH stays.</p>	Updated to reflect Discharge Location item number and coding options in LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
52.	7	N/A	78-80	Table 7-4	<p>Numerator</p> <p>For admission functional assessment data to be complete, each condition listed below must be met.</p> <p>...</p> <p>3. C1610A. C1310A. Acute Onset and Fluctuating Course Mental Status Change = [0, 1] OR (B0100 = [1]); and</p> <p>4. C1610B. C1310B. Acute Onset and Fluctuating Course Inattention = [0, 1, 2] OR (B0100 = [1]); and</p> <p>5. C1610C. C1310C. Inattention Disorganized Thinking = [0, 1, 2] OR (B0100 = [1]); and</p> <p>6. C1610D. C1310D. Disorganized Thinking Altered Level of Consciousness = [0, 1, 2] OR (B0100 = [1]); and</p> <p>7. C1610E1 Altered Level of Consciousness = [0, 1] OR (B0100 = [1]); and</p> <p>8. C1610E2. Altered Level of Consciousness = [0, 1] OR (B0100 = [1]); and</p> <p>...</p> <p>For discharge functional assessment data to be complete, each condition listed below must be met.</p> <p>...</p> <p>3. C1610A. C1310A. Acute Onset and Fluctuating Course Mental Status Change = [0, 1] OR (B0100 = [1]); and</p> <p>4. C1610B. C1310B. Acute Onset and Fluctuating Course Inattention = [0, 1, 2] OR (B0100 = [1]); and</p> <p>5. C1610C. C1310C. Inattention Disorganized Thinking = [0, 1, 2] OR (B0100 = [1]); and</p> <p>6. C1610D. C1310D. Disorganized Thinking Altered Level of Consciousness = [0, 1, 2] OR (B0100 = [1]); and</p> <p>7. C1610E1 Altered Level of Consciousness = [0, 1] OR (B0100 = [1]); and</p> <p>8. C1610E2. Altered Level of Consciousness = [0, 1] OR (B0100 = [1]); and</p> <p>...</p>	Updated to reflect changes to Cognitive Patterns items and values in LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
53.	7	N/A	82	Table 7-5	<p>Measure Specifications</p> <p>Incomplete and Complete Patient stays:</p> <p>Patients with incomplete patient LTCH stays are identified based on:</p> <ol style="list-style-type: none"> 1. A0250 (Reason for Assessment) = 11, 12; or 2. A0270 (Discharge Date) minus A0220 (Admission Date) < 3 days; or 3. A2110 A2105 (Discharge Location) = 04, 05, 06, 07, 08, 11, 12; or 4. A1990 (Discharged Against Medical Advice) = [1] <p>Patients Stays not meeting the definition of incomplete patient LTCH stays are considered complete patient LTCH stays.</p>	Updated to reflect Discharge Location item number and values in LCDS V5.0.
54.	7	N/A	83-84	Table 7-5	<p>Numerator</p> <p><i>Specifications for a discharge goal (care plan);</i></p> <p>For the discharge goal (care plan) to be complete, each condition listed below must be met.</p> <ol style="list-style-type: none"> 1. GG0130A2. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 2. GG0130B2. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 3. GG0130C2. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 4. GG0130D2. Wash upper body = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 4. GG0170A2. Roll left and right = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 5. GG0170B2. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 6. GG0170C2. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 7. GG0170D2. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 8. GG0170E2. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 9. GG0170F2. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 10. GG0170G2. Car transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 	Updates include removal of one self-care item and addition of 6 mobility items to align this cross-setting measure with other settings.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
54. (cont.)	7	N/A	84	Table 7-5	<p>11. GG0170I2. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>12. GG0170J2. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>13. GG0170K2. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>14. GG0170L2. Walking 10 feet on uneven surfaces = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>15. GG0170M2. 1 step (curb) = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>16. GG0170N2. 4 steps= [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>17. GG0170O2. 12 steps= [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>18. GG0170P2. Picking up object= [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>19. GG0170R2. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>20. GG0170S2. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88].</p>	Updates include removal of one self-care item and addition of 6 mobility items to align this cross-setting measure with other settings.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
55.	7	N/A	87-88	Table 7-7	<p>Denominator Component 1: Patients who were on invasive mechanical ventilation upon admission to an LTCH, for whom weaning attempts are expected or anticipated (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [1] (yes, weaning); for LTCH stays with admission date on and after 10/01/2022: O0150A = [1] (yes, on ventilation) and O0150A2 = [1] (yes, weaning).</i>)</p> <p>Exclusions LTCH stay is excluded from both Component 1 and Component 2 if:</p> <ol style="list-style-type: none"> Patient LTCH stay is missing data to calculate the measure (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [-]; for stays with admission date on and after 10/01/2022: O0150A = [-] or O0150A2 = [-]</i>), OR Weaning attempts are not expected or anticipated at admission for the patient (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [0] (No, not on invasive mechanical ventilation support), or O0150A = [2] (Yes, non-weaning); for LTCH stays with admission date on and after 10/01/2022: O0150A = [0] (No, not on invasive mechanical ventilation support), or O0150A = [1] and O150A2 = [0] (No, determined to be non-weaning).</i>) 	Updated item numbers, coding options, and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
56.	7	N/A	89, 91	Table 7-8	<p>Denominator Patients who were on mechanical ventilation support for whom at admission weaning attempts were expected or anticipated (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [1] (yes, weaning); for LTCH stays with admission date on and after 10/01/2022: O0150A = [1] (yes, on ventilation) and O0150A2 = [1] (yes, weaning).</i>)</p> <p>Exclusions Patient LTCH stay is excluded if:</p> <ul style="list-style-type: none"> • Patient LTCH stay is missing data to calculate the measure (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [-]; for LTCH stays with admission date on and after 10/01/2022: O0150A = [-] or O0150A2 = [-]</i>), OR • Weaning attempts are not expected or anticipated at admission for the patient (<i>for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [0] (No, not invasive mechanical ventilation support), or O0150A = [2] (Yes, non-weaning); for LTCH stays with admission date on and after 10/01/2022: O0150A = [0] (No, not invasive mechanical ventilation support), OR O0150A = [1] and O150A2 = [0] (No, determined to be non-weaning).</i>). <p>Covariates</p> <p>9. Vasoactive Medication (i.e. continuous infusions of vasopressors or inotropes):</p> <ol style="list-style-type: none"> a. Covariate = [1] (yes) if: <ol style="list-style-type: none"> i. O0100H2a O0110H2 – Vasoactive Medications (e.g. continuous infusions of vasopressors or inotropes) = 1 (checked) b. Else = [0] (No) <p>10. Dialysis:</p> <ol style="list-style-type: none"> a. Covariate = [1] (yes) if O0100J O0110J1 = 1 (checked) or O0110J2 = 1 (checked) or O0110J3 = 1 (checked) b. Else = [0] (No) 	Updated item numbers, coding options, and effective dates to align with LCDS V5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
57.	7	N/A	92	Table 7-9	<p><i>Transfer of Health Information to the Provider – Post Acute Care (PAC) (CMS ID L025.01)⁹³</i></p> <p><i>Measure Description</i></p> <p><i>This measure reports the percentage of LTCH stays indicating a current reconciled medication list was transferred to the subsequent provider at the time of planned/unplanned discharge. For patients with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</i></p> <p><i>Measure Specifications⁹⁴</i></p> <p><i>The measure is calculated by reviewing a patient's LCDS planned/unplanned discharge assessment items for provision of a current reconciled medication list to the subsequent provider at the time of discharge.</i></p> <p><i>Numerator</i></p> <p><i>The numerator is the number of stays for which the LCDS discharge assessment indicated that the following is true:</i></p> <p><i>At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]).</i></p> <p><i>Denominator</i></p> <p><i>The denominator is the total number of LTCH stay-level LCDS planned/unplanned discharge records with a discharge date in the measure target period, ending in discharge to a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, a swing bed, another IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. Discharge to one of these providers is based on response to the discharge location item, A2105, of the LCDS V5.0 assessment:</i></p> <p><i>(A2105= [02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12])</i></p> <p><i>Exclusions</i></p> <p><i>There are no denominator exclusions for this measure.</i></p> <p><i>Covariates</i></p> <p><i>There are no denominator exclusions for this measure.</i></p>	Added specification table for new measure – TOH to Provider.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
57. (cont.)	7	N/A	92	Table 7-9	<p>(Footnotes)</p> <p>⁹³This measure was finalized for reporting by LTCHs under the FY 2020 IPPS/LTCH PPS final rule (84 FR 42044).</p> <p>⁹⁴-Effective on October 1, 2022, the LTCH CARE Data Set Version 5.0 is used to collect and submit assessment data for the LTCH QRP. A copy of the LTCH CARE Data Set Version 5.0 is available for download on the CMS LCDS and LTCH QRP Manual website.</p>	Added specification table for new measure – TOH to Provider.
58.	7	N/A	93	7-10	<p>Transfer of Health Information to the Patient – Post Acute Care (PAC) (CMS ID L026.02)⁹⁵</p> <p>Measure Description</p> <p>This measure reports the percentage of LTCH stays indicating a current reconciled medication list was transferred to the patient, family, and/or caregiver at the time of discharge. For patients with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</p> <p>Measure Specifications⁹⁶</p> <p>The measure is calculated by reviewing a patient's LCDS planned/unplanned discharge assessment items for provision of a current reconciled medication list to the patient, family, and/or caregiver at the time of discharge.</p> <p>Numerator</p> <p>The numerator is the number of stays for which the LCDS discharge assessment indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the patient, family, and/or caregiver (A2123 = [1]).</p> <p>Denominator</p> <p>The denominator is the total number of LTCH stay-level LCDS planned/unplanned discharge assessments with a discharge date in the measure target period, ending in discharge to a private home/apartment, board/care, assisted living, group home, transitional living, or other residential care arrangements. Discharge to one of these locations is based on response to the discharge location item, A2105, of the LCDS V5.0 assessment: (A2105= [01, 99]).</p>	Added specification table for new measure – TOH to Patient.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
58. (cont.)	7	N/A	93	7-10	<p>Exclusions <i>There are no denominator exclusions for this measure.</i></p> <p>Covariates <i>None.</i></p> <p>(Footnotes) <i>⁹⁵ This measure was finalized for reporting by LTCHs under the FY 2020 IPPS/LTCH PPS final rule (84 FR 42044). An update to the denominator for the TOH to the Patient measure was finalized in the FY 2022 IPPS/LTCH PPS final rule (86 FR 45446 – 45447)</i> <i>⁹⁶ Effective on October 1, 2022, the LTCH CARE Data Set Version 5.0 is used to collect and submit assessment data for the LTCH QRP. A copy of the LTCH CARE Data Set Version 5.0 is available for download on the CMS LCDS and LTCH QRP Manual website</i></p>	Added specification table for new measure – TOH to Patient.

Appendix

Appendix Contents

This appendix provides excerpts from the [LTCH QRP Measure Calculations and Reporting User's Manual, V3.1.2](#) to contextualize the information that has been substantially changed and included in the change table of this manual version, V4.0 (i.e., the appendix provides the updates to the tables from V3.1.2 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V4.0 and the updates to the pages have been marked in red font. Please note: these pages contain footnote numbers that correspond to the footnote numbers included in the QM User's Manual V4.0. As such, the footnote numbers in the appendix do not start at "1" and may not be represented in a consecutive order. For example, footnote 14 in the appendix is not the 14th footnote included in this addenda, but instead is the 14th footnote in the QM User's Manual V4.0.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V4.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V4.0.

Appendix Table of Contents

V4.0 Change Table #	V4.0 Chapter	V4.0 Page Number	LTCH QRP Measure Calculations and Reporting User's Manual V4.0 Reference	Updated Section/Table
31.	5	19	Section 5.1: iQIES Review and Correct Reports	Table 5-2: Measure Types by User-Requested Year for all Assessment-Based (LCDS) Quality Measures
33.	5	22	Section 5.1: iQIES Review and Correct Reports	Table 5-5: iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date
34.	5	25	Section 5.2: iQIES Quality Measure (QM) Reports	Table 5-7: iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Report End Date

Table 5-2
Measure Types by User-Requested Year for all Assessment-Based (LCDS) Quality
Measures (~~LTCH CARE Data Set~~)⁸

Quality Measure	Measure Type by User-Requested Year			
	2018	2019	2020 2020-2022**	2021 2023**
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	—	New	Existing	Existing
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF 0674) (CMS ID: L012.01)	Existing	Existing	Existing	Existing
Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632) (CMS ID: L011.05)	Existing	Existing	Existing	Existing
Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: L009.03)	Existing	Existing	Existing	Existing
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: L010.03)	Existing	Existing	Existing	Existing
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC LTCH QRP (CMS ID: L020.01)	—	New	Existing	Existing
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	—	New	Existing	Existing
Ventilator Liberation Rate (CMS ID: L023.02)	—	New	Existing	Existing
Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: L025.01)	—	—	—	New
Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: L026.02)	—	—	—	New

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

~~Example of quarterly rates included in the iQIES Review and Correct Reports for an existing measure:~~ ~~If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the four quarters of data that will be provided in this request will include the~~ ***Table 5-3*** ~~below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:~~

- ~~• For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the four quarters of data provided in this request~~

⁸ ~~Please refer to Chapter 6, Section 6.1.A on the effective date for data collection and implementation date for the iQIES reports.~~

Table 5-5

iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date ¹⁴

Requested Calendar Year Quarter End Date ¹⁵	Data Included in the Cumulative Rate
<i>Quarter 1, 2021</i>	<i>Quarter 2, 2019 through Quarter 1, 2021</i>
<i>Quarter 2, 2021</i>	<i>Quarter 3, 2019 through Quarter 2, 2021</i>
<i>Quarter 3, 2021</i>	<i>Quarter 4, 2019 through Quarter 3, 2021</i>
<i>Quarter 4, 2021</i>	<i>Quarter 1, 2020 through Quarter 4, 2021</i>
<i>Quarter 1, 2022</i>	<i>Quarter 2, 2020 through Quarter 1, 2022</i>
<i>Quarter 2, 2022</i>	<i>Quarter 3, 2020 through Quarter 2, 2022</i>
<i>Quarter 3, 2022</i>	<i>Quarter 4, 2020 through Quarter 3, 2022</i>
<i>Quarter 4, 2022</i>	<i>Quarter 1, 2021 through Quarter 4, 2022</i>
<i>Quarter 1, 2023</i>	<i>Quarter 2, 2021 through Quarter 1, 2023</i>
<i>Quarter 2, 2023</i>	<i>Quarter 3, 2021 through Quarter 2, 2023</i>
<i>Quarter 3, 2023</i>	<i>Quarter 4, 2021 through Quarter 3, 2023</i>
<i>Quarter 4, 2023</i>	<i>Quarter 1, 2022 through Quarter 4, 2023</i>

^aSee [Table 5-1](#) for discharge dates included for each quarter and [Table 5-2](#) to determine the measure type for each quality measure.

^b~~YYYY = User Requested Year~~

¹⁴ See [Table 5-1](#) for discharge dates included for each quarter and [Table 5-2](#) to determine the measure type for each quality measure.

¹⁵ YYYY = User-Requested Year

Table 5-7

**iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months)
for Each Requested Report End Date**

Requested Report End Date ¹⁸	iQIES QM Report Calculation Month	Data Included in the Requested Report End Date
<i>03/31/2023 (Quarter 1, 2023)</i>	<i>February 2023</i>	<i>April 1, 2021 through January 31, 2023</i>
	<i>March 2023</i>	<i>April 1, 2021 through February 28, 2023</i>
	<i>April 2023</i>	<i>April 1, 2021 through March 31, 2023</i>
<i>06/30/2023 (Quarter 2, 2023)</i>	<i>May 2023</i>	<i>July 1, 2021 through April 30, 2023</i>
	<i>June 2023</i>	<i>July 1, 2021 through May 31, 2023</i>
	<i>July 2023</i>	<i>July 1, 2021 through June 30, 2023</i>
<i>09/30/2023 (Quarter 3, 2023)</i>	<i>August 2023</i>	<i>October 1, 2021 through July 31, 2023</i>
	<i>September 2023</i>	<i>October 1, 2021 through August 31, 2023</i>
	<i>October 2023</i>	<i>October 1, 2021 through September 30, 2023</i>
<i>12/31/2023 (Quarter 4, 2023)</i>	<i>November 2023</i>	<i>January 1, 2022 through October 31, 2023</i>
	<i>December 2023</i>	<i>January 1, 2022 through November 30, 2023</i>
	<i>January 2024</i>	<i>January 1, 2022 through December 31, 2023</i>

**YYYY = User Requested Year*

¹⁸ YYYY = User-Requested Year