



## LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM (LTCH QRP)



# COVID-19 Public Health Emergency (PHE) Tip Sheet

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

Quality data for the LTCH QRP are collected and submitted using three methods:

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

## LTCH QRP Exception and Extension Policy for Extraordinary Circumstances

The Centers for Medicare & Medicaid Services (CMS) recognizes that there are instances where an extraordinary or extenuating circumstance beyond the LTCH's control (e.g., natural disasters) may delay or prevent submission of required data. CMS has developed an Exception and Extension for Extraordinary Circumstances policy, which has two parts:

- Provider-initiated requests for exception or extension for extraordinary circumstances.
- CMS-initiated requests for exception or extension for extraordinary circumstances that are based on Federal Emergency Management Agency (FEMA)-designated natural disasters.



### Temporary LTCH QRP Exceptions Due to COVID-19 PHE

In the March 27, 2020, Medicare Learning Network (MLN) memo, CMS announced temporary relief for LTCHs and other providers in QRPs in response to COVID-19. These temporary exceptions due to this PHE lifted the requirements to report data to assist LTCH providers while they directed their resources toward caring for patients and ensuring the health and safety of patients and staff.

Specific quarters for which LTCHs are excepted from reporting of data on measures and standardized patient assessment data required under the QRP program for calendar years (CYs) 2019 and 2020 are listed below and **end on June 30, 2020**:

- October 1, 2019–December 31, 2019 (Q4 2019)
- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

## What Happens When the LTCH QRP Exceptions Expire?

The temporary exception for LTCH quality reporting requirements **end on June 30, 2020**. **Starting on July 1, 2020**, LTCHs are expected to resume timely quality data collection and submission of measure and patient assessment data for the LTCH CARE Data Set and CDC NHSN. There are no submission requirements for Medicare claims data.

### Data Submission After July 1, 2020

**For the LTCH CARE Data Set (LCDS), what does that mean for data collection?**

LTCHs will resume collecting and submitting data for all LTCH admissions and subsequent discharges beginning on, and after, July 1, 2020. Quarterly data submission and acceptance requirements to meet the 80-percent threshold of LTCH CARE Data Set data are unchanged.



**For CDC NHSN, what does that mean for data collection?**

LTCHs will resume collecting data on July 1, 2020, for NHSN measures. Providers are required to report data to CDC for each calendar month, with 3 months of data due by each submission deadline. Q3 data encompasses July to September and is due February 15, 2021. Providers must report any instances of healthcare-acquired infections for the required measures (including reporting a zero if no infections occurred), summary data, and reporting plan(s). Providers are expected to meet the 100-percent data compliance threshold for all required months for the NHSN measures. For CY 2020, the required months are July to December.

**What CY 2020 LTCH QRP data will be used to determine the LTCH QRP reporting threshold compliance for APU calculations?**

The CY 2020 data used for meeting the LTCH QRP requirements include July 1 through December 31, 2020, as Q1 and Q2 of 2020 (January 1 to June 30, 2020) were excepted due to the COVID-19

PHE. Data for Q1 and Q2 2020 will not be used in the compliance threshold calculations. The calculation algorithm will be adjusted to accommodate the missing quarters of data.

## Flexibilities (Waivers) Due to the PHE

In addition to the LTCH QRP exceptions, CMS also issued flexibilities/waivers for the duration of the PHE. On March 30, 2020, the Interim Final Rule with Comment Period Medicare & Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-1) announced flexibilities for LTCHs and other post-acute care providers serving Medicare beneficiaries to respond effectively to the serious public health threats to ensure that Medicare patients can continue receiving services without jeopardizing patients' health or the health of those providing services during the PHE. Below are three examples of the waivers in effect for LTCHs:

- **Telemedicine:** CMS is waiving the provisions related to telemedicine at 42 CFR §482.12(a) (8)–(9) for hospitals and §485.616(c) for critical access hospitals (CAHs), making it easier for telemedicine services to be furnished to the hospital's patients through an agreement with an offsite hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.
- **Supporting Care for Patients in LTCHs:** CMS has determined it is appropriate to issue a blanket waiver to LTCHs where an LTCH admits or discharges patients to meet the demands of the emergency from the 25-day average length of stay requirement at §412.23(e)(2), which allows these hospitals to participate in the LTCH Prospective Payment System (PPS). In addition, during the applicable waiver time period, CMS has determined it is appropriate to issue a blanket waiver to hospitals not yet classified as LTCHs, but seeking classification as an LTCH, to exclude patient stays where the hospital admits or discharges patients to meet the demands of the emergency from the 25-day average length of stay requirement, which must be met in order for these hospitals to be eligible to participate in the LTCH PPS. Hospitals should add the "DR" condition code to applicable claims.
- **Verbal Orders:** CMS is waiving the requirements of 42 CFR §482.23, §482.24 and §485.635(d)(3) to provide additional flexibility related to verbal orders where read-back verification is required, but authentication may occur later than 48 hours. This will allow more efficient treatment of patients in surge situations.

*Note: Flexibility waivers will remain in place for the duration of the COVID-19 PHE.*

# Delay in Updated Assessment Instrument and Guidance Manual

With the release of IFC-2 on April 30<sup>th</sup>, CMS delayed the release of updated versions of the item sets needed to support the Transfer of Health Information quality measures and new or revised Standardized Patient Assessment Data Elements to provide maximum flexibilities for providers in LTCHs to respond to the COVID-19 PHE.

The release of updated versions of the LTCH CARE Data Set will be delayed until October 1 of the year that is at least 1 full fiscal year after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on September 20, 2020, LTCHs will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on October 1, 2021.

## Resources

**The Interim Final Rule with Comment Period (IFC):** <https://www.cms.gov/files/document/covid-final-ifc.pdf>.

**The Interim Final Rule with Comment Period released April 30, 2020, (IFC-2):**  
<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>.

**For the March 27, 2020 Medicare Learning Network memo regarding CMS guidance related to relaxed quality reporting requirements:** <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

**For program guidance and information about the CMS response to COVID-19:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

**COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers:**  
<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>.

**LTCH: CMS Flexibilities to Fight COVID-19:** <https://www.cms.gov/files/document/covid-long-term-care-hospitals.pdf>.

**For LTCH program guidance, updates and announcements visit the LTCH QRP Spotlight & Announcements web page:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements>.

**For additional information about the LTCH CARE data set and accompanying guidance manual:**  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual>.

**LTCH QRP: Requirements for the FY2021 Reporting Year:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2021-LTCH-QRP-APU.pdf>.

**E-mail questions to the LTCH Help Desk at:** [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

