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

The LTCH QRP creates LTCH quality reporting requirements, as mandated by Section 3004 (a) of the Patient Protection and Affordable Care Act (ACA) of 2010. Each year, by October 1, the Centers for Medicare & Medicaid Services (CMS) publishes a list of quality measures a LTCH must report.

LTCHs utilize an instrument to collect patient assessment data for quality measures, called the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set. The current versions of the LTCH CARE Data Set (LCDS) are:

1) The LCDS Version 5.1 (effective October 1, 2024) is used for the data collection reporting period beginning October 1, 2024.

The LCDS can be downloaded from the LTCH CARE Data Set & LTCH QRP Manual webpage. The LTCH CARE Data Set must be transmitted to CMS through the internet Quality Improvement Evaluation System (iQIES).

In addition to the LTCH CARE Data Set, National Healthcare Safety Network (NHSN) measures must be submitted to the NHSN Portal through the Centers for Disease Control and Prevention (CDC).

If the required quality data is not reported by each submission deadline, the LTCH will be subject to a two (2)-percentage point reduction in their annual payment update (APU).

Frequently Asked Questions

Q: How do I verify my NHSN data submission?

The best way to verify your current NHSN data submission is by running the CMS reports found in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports and all other NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found on the CDC NHSN home page. If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: at NHSN@cdc.gov.

Q: How is NHSN compliance determined?

For NHSN data, providers are required to report data for each calendar month, with three months of data due by each submission deadline (for example, Q1 data encompasses January-March and

is due August 15 of each year). Providers must report any instances of healthcare-acquired infections (HAIs) for the required measures (including reporting a zero (0) if no infections occurred), summary data, and reporting plan(s). Providers that submit complete data for all twelve months will be deemed compliant with the NHSN measures. The list of required NHSN measures is available on the LTCH Quality Reporting Measures Information webpage.

LTCHs are also required to submit COVID-19 vaccination data for eligible healthcare personnel (HCP) one week out of every month. To meet this requirement, a second threshold is set at 100 percent for quality measures data collected and submitted using the CDC NHSN.

Additionally, LTCHs are required to submit Influenza vaccination data annually for eligible healthcare personnel (HCP) during the period of October 1 – March 31 prior to the May 15 submission deadline.

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 LTCHs. The CDC publishes reference guides for LTCHs that explain how to run and interpret reports. These can be found on the NHSN website. For questions about data submitted to CMS via the CDC NHSN, NHSN registration, and accessing reports available in the NHSN, contact the CDC NHSN help desk at: nhsn@cdc.gov.

Q: How do I verify my LCDS assessment data submission?

The best method to verify your current LCDS data submission is by running Final Validation and Assessments with Error Number XXXX reports in the iQIES portal.

As you review your error messages, be sure to correct any instances where the value submitted for the quality measure item is a dash (-). Entering a dash as a response to a quality item may result in your facility not meeting the required threshold for that quality item. Instructions for running these reports can be found on the iQIES portal or the iQIES References & Manuals webpage.

Q: How are LTCH QRP thresholds calculated?

The LTCH QRP threshold is calculated by taking the total number of assessments with 100% of the required LCDS data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. Generally, LCDS records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. Each Fiscal Year (FY), providers must submit a specified percentage of assessments with 100% of the required LCDS data elements in compliance with LTCH QRP requirements.
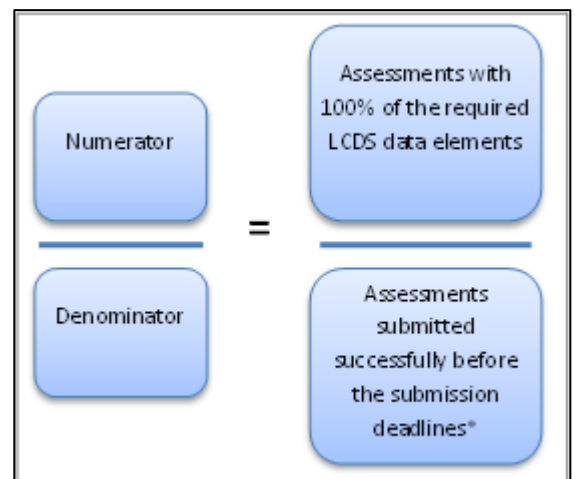
LTCHs are required to report 100 percent of the required quality measure data and standardized patient assessment data collected using LCDS on at least 85 percent of all assessments submitted, beginning with the FY 2026 payment determination and subsequent years. Thus, the facility would be deemed compliant with LTCH QRP data reporting requirements for APU compliance purposes.

The Technical Specifications for Reporting Assessment-Based Measures table outlines which LTCH CARE data items are required for the purposes of APU compliance. The table for each FY can be found in the Downloads section on the LTCH Quality Reporting Measures Information webpage.

Note: The calculation algorithm will be adjusted in the case an LTCH is granted an extension or exemption by CMS.

Q: How do I know where to report each measure (NHSN vs. LCDS)?

The table below outlines the data submission mechanism for each measure.

Measure ID and CBE	Measure Name	Data Submission Mechanism
#000121 (not endorsed)	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	LCDS
#00180 (not endorsed)	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	CDC NHSN
#01699 (not endorsed)	COVID-19 Vaccine: Patients/Residents Who Are Up to Date	LCDS
#00459 (CBE-endorsed)	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	CDC NHSN
#00460 (CBE-endorsed)	NHSN Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure	CDC NHSN
#00390 (CBE-endorsed)	Influenza Vaccination Coverage among Healthcare Personnel	CDC NHSN
#00462 (CBE-endorsed)	NHSN Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure	CDC NHSN
#00520 (CBE-endorsed)	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	LCDS
#00275 (CBE-endorsed)	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support	LCDS
#00225 (not endorsed)	Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	LCDS
#00143 (not endorsed)	Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	LCDS
#00759 (not endorsed)	Ventilator Liberation Rate	LCDS

Measure ID and CBE	Measure Name	Data Submission Mechanism
#00728 (not endorsed)	Transfer of Health Information to the Provider-Post-Acute Care (PAC)	LCDS
#00727 (not endorsed)	Transfer of Health Information to Patient-Post-Acute Care (PAC)	LCDS
#01698 (not endorsed)	Discharge Function Score	LCDS

Claims-based measures are also included in the LTCH QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require LTCHs to submit any additional data to CMS. A list of claims-based measures is available on the CMS LTCH Quality Reporting Measures Information webpage.

Help Desk Assistance

LTCHQualityQuestions@cms.hhs.gov (Quality Reporting Program Help Desk)
For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

LTCHPRquestions@cms.hhs.gov (LTCH Public Reporting Questions)
For questions related to public reporting of quality data.

LTCHQRPReconsiderations@cms.hhs.gov (APU/Reconsiderations Help Desk)
For reconsideration requests and follow-up questions after the facility has received a CMS determination of non-compliance letter.

iqies@cms.hhs.gov or 1-877-201-4721 (iQIES Help Desk)
For questions about LCDS, record completion, and submission processes.

NHSN@cdc.gov (NHSN Help Desk)
For NHSN registration questions such as needing a hospital identifier to register, what facility type to choose from during online enrollment, and ensuring submission completeness of NHSN measures.

Helpful Links

Post-Acute Care (PAC) Listserv – Sign up for the official CMS PAC listserv to receive important QRP updates.

questions about the LTCH QRP.
LTCH Quality Reporting FAQs – CMS-developed list of Frequently Asked Questions (FAQ) addressing general.
LTCH Quality Reporting Data Submission Deadlines – In addition to providing a list of measures and their corresponding deadlines, this page includes links to NHSN resources and contact information for iQIES and CARE Data Set provider report assistance.

LTCH Quality Reporting Technical Information − This page provides technical updates and resources related to LTCH data collection, submission of quality data, and information regarding the CDC's NHSN. There is also contact information where LTCHs can ask questions about CARE Data Sets and NHSN measures.

LTCH Quality Public Reporting − The LTCH public reporting page discusses the LTCH Compare Website, including information about both the LTCH Preview Report and the LTCH Compare Website.

LTCH Quality Reporting Reconsideration and Exception & Extension− If an LTCH has failed to submit required measures data by each submission deadline, it receives notification of its non-compliance, alerting that it is at risk of having a two (2)-percentage point reduction applied to its APU. When an LTCH receives this notification, it may request a CMS reconsideration of the initial determination.

iQIES Portal − The iQIES Portal provides numerous resources related to LCDS reporting, including news on report availability, manuals, and training.