

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, CMS publishes the quality measures an 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 version of the LTCH CARE Data Set (LCDS) is version 4.00. The LCDS can be downloaded from the [LTCH CARE Data Set & LTCH QRP Manual webpage](#). The CARE Data Set must be transmitted to CMS through the [internet Quality Improvement Evaluation System \(iQIES\)](#).

In addition to the LTCH CARE Data Set, there are National Healthcare Safety Network (NHSN) measures that 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 designated 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 method 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 at the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Q: How is NHSN compliancy 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 found compliant for the NHSN measures. The list of required NHSN measures is available on the [LTCH Quality Reporting Measures Information](#) webpage.

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

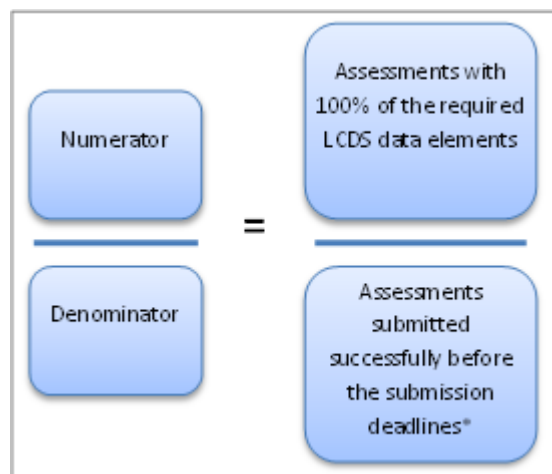
The best method to verify your current LCDS data submission is by running final validation and Assessments with Error Number XXXX reports in the [iQIES portal](#).

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 on the [iQIES References & Manuals webpage](#).

Q: How are LCDS QRP thresholds calculated?

The LCDS 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. In general, 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.



For example, for FY 2022 compliance determination is 80%, if during the reporting period (01/01/2020-12/31/2020) a facility has submitted 1000 assessments and 800 of the assessments submitted have 100% of the required LCDS data elements, the threshold percentage would equal 80%. 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 items are required for the purposes of APU. The table for each FY can be found in the Downloads box on the [LTCH Quality Reporting Measures Information](#) webpage.

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

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

The following chart outlines the data submission mechanism for each measure.

| NQF Number | Measure Name | Data Submission Mechanism |
|------------|--|---------------------------|
| N/A | Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury | LCDS |
| #0138 | National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure | CDC/NHSN |
| #0139 | NHSN Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure | CDC/NHSN |
| #0431 | Influenza Vaccination Coverage among Healthcare Personnel | CDC/NHSN |
| #1717 | NHSN Facility-Wide Inpatient Hospital- Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure | CDC/NHSN |
| #0674 | Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) | LCDS |
| #2631 | Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function | LCDS |
| #2631 | Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function | LCDS |

| NQF Number | Measure Name | Data Submission Mechanism |
|------------|--|---------------------------|
| #2632 | Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support | LCDS |
| N/A | Drug Regimen Review Conducted With Follow-Up for Identified Issues | LCDS |
| N/A | Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay | LCDS |
| N/A | Ventilator Liberation Rate | LCDS |
| N/A | Transfer of Health Information to the Provider-Post-Acute Care (PAC)* | LCDS |
| N/A | Transfer of Health Information to the Patient-Post-Acute Care (PAC)* | LCDS |

* Data collection for these measures was originally scheduled to begin with October 1, 2020 discharges. However, due to the COVID-19 Public Health Emergency (PHE), implementation of these new measures has been delayed and will be implemented one year after the end of the PHE.

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 noncompliance 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, selecting the facility type 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.

[LTCH Quality Reporting FAQs](#) — CMS-developed list of Frequently Asked Questions (FAQ) addressing general questions about the LTCH QRP.

[LTCH Quality Reporting Data Submission Deadlines](#) — In addition to providing a list of the 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 Set 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 failed to submit required measures data by each submission deadline, it receives notification of its non-compliance, alerting it 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.