

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



COVID-19 Public Reporting Tip Sheet

The second edition of the Long-Term Care Hospital (LTCH) Public Reporting Tip Sheet is to help providers understand the Centers for Medicare & Medicaid Services' (CMS) public reporting approach to the LTCH Quality Reporting Program (QRP) to account for CMS quality data submissions that were either optional or excepted from public reporting due to the COVID-19 public health emergency (PHE). The impact on CMS' Care Compare website refreshes are also outlined. This tip sheet serves as a companion document to the first edition [LTCH COVID-19 Public Reporting Tip Sheet](#) published in October 2020.



Background The LTCH QRP

The LTCH QRP was established under Section 3004(b) of the Patient Protection and Affordable Care Act of 2010 and expanded with the Improving Medicare Post-Acute Care Transformation Act of 2014. Both require the reporting of quality measures (QMs) that relate to the care provided by LTCHs across the country. Currently, Care Compare for LTCHs reports on several quality-of-care measures for the LTCH QRP that are derived from the following sources:

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

Current Quality Measures for the LTCH QRP

LCDS Assessment-Based QMs

1. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (National Quality Forum [NQF] #0674).
2. Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
3. Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).

4. Functional Outcome Measure: Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632).
5. Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post-Acute Care (PAC) LTCH QRP.
6. Changes in Skin Integrity PAC: Pressure Ulcer/Injury.
7. Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay.
8. Ventilator Liberation Rate.
9. Transfer of Health Information to the Provider PAC.*
10. Transfer of Health Information to the Patient PAC.*

** Note: While finalized, these measures have not yet been implemented.*

CDC NHSN QMs

1. NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0318).
2. NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139).
3. NHSN Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717).
4. NHSN Influenza Vaccination among Healthcare Personnel (NQF #0431).

Medicare Fee-For-Service Claims-Based QMs

1. Discharge to Community – PAC LTCH QRP (NQF #3480).
2. Medicare Spending per Beneficiary – PAC LTCH QRP.
3. Potentially Preventable 30-Day Post-Discharge Readmission Measure for LTCH QRP.

Note: Public reporting of claims-based measures is being delayed by 6 months. CMS is targeting resumption of reporting for these measures in June 2022.

New QM Finalized in the LTCH PPS Fiscal Year (FY) 2022 Rule

- COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (CDC/NHSN).

Note: Review the [LTCH PPS FY 2022 Final Rule](#) for more detail about this new measure.



Temporary LTCH QRP Exceptions Due to the COVID-19 PHE

The CMS [March 27, 2020, Medicare Learning Network \(MLN\) memo](#) outlined temporary changes to the LTCH QRP data submission requirements, due to the COVID-19 PHE, to assist LTCHs while they directed resources toward caring for patients, and ensuring the health and safety of patients and staff. CMS made optional and temporarily excepted providers from the submission of NHSN and the LCDS assessment data for the quarters detailed in Table 1.

Table 1. Quarters for Which Data Are Optional or Excepted

Quarter	NHSN and LCDS Data Submission
October 1, 2019–December 31, 2019 (Q4 2019)	Optional
January 1, 2020–March 31, 2020 (Q1 2020)	Excepted
April 1, 2020–June 30, 2020 (Q2 2020)	Excepted

These changes to LTCH QRP data submission requirements ended **on June 30, 2020**.

Current Data Submission for the LTCH QRP

The requirement for timely quality data collection and submission resumed on **July 1, 2020**, with new LCDS admission and discharge records and NHSN data submission occurring on or after that date.

Timely submission and acceptance requirements of the LCDS data to meet the 80-percent compliance threshold to avoid the two-percentage point (2%) reduction in the annual payment update are unchanged. The compliance threshold calculation is based on the number of LCDS assessments submitted for use in the calculation of the LTCH QRP QMs. To be compliant, at least 80 percent of these assessments must contain complete data (i.e., have all data elements used to calculate the LTCH QRP QMs).

There are no submission requirements for Medicare claims data outside of the submission of the Medicare bill.

How are LCDS submissions after July 1, 2020, impacted by data that was excepted due to the COVID-19 PHE?

- Some of the discharges submitted on or after July 1, 2020, may not have a matching LCDS admission record, providing the admission occurred in Q1 or Q2 2020, as CMS excepted quality data submissions during this timeframe. This may cause a warning error to be reported on the Final Validation Report during the submission process.
- CMS is aware and has adjusted on their end to accommodate any records with missing admissions.
- These mismatched sets of records will not be counted or included in LTCH QRP QM data calculations for the assessment-based QMs on Care Compare.

- **Warning errors will not cause records to be rejected by the system.** You can ignore these warnings as data will still be accepted into the system as long as there were no other data issues that caused fatal warnings.

Error Number	Error Type	Error Description
909	Out of Sequence	Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.

Despite this warning, data will still be accepted into the system. (no action is needed)

Public Reporting and Care Compare

Impact of Data Exceptions on Public Reporting

Since the LTCH QRP is a pay-for-reporting program, CMS is statutorily required to publicly report the data. In the March 27, 2020, announcement, CMS indicated that data submission for Q4 2019 was optional, and that any data submitted would be used for reporting purposes. Since data submission for Q4 2019 was strong, these data were included in measure calculations for public reporting.

The excepted data for Q1 2020 and Q2 2020 impacts what is displayed on Care Compare; therefore, CMS developed an approach to accommodate these excepted quarters of data.

CMS Approach to Excepted Data

For Q1 2020 and Q2 2020, providers were excepted from data submissions. Because the exceptions created missing data, CMS made a decision to hold the data constant (i.e., froze the data) following the December 2020 refresh for LTCHs, as these subsequent refreshes were originally scheduled to include the missing data (Q1 and Q2 2020). The affected Care Compare site refreshes that were scheduled to contain calendar year (CY) 2020 COVID-19 data (Q1 and Q2 2020) included December 2020 through December 2022 refreshes for assessment-based measures and September 2021 through September 2022 for claims-based refreshes.

The December 2020 assessment-based data will continue to display until LTCH QRP public reporting resumes for these and NHSN measures with the December 2021 refresh. For claims-based measures, CMS has made the decision to delay public reporting of these measures by 6 months. This delay will allow CMS more time to analyze the calculation of these measures, given the exclusion of claims-based data from Q1 and Q2 2020, and the effect of this exclusion on certain aspects of measure calculation such as look-back periods and risk adjustment. CMS is targeting the public reporting of claims-based measures for the June 2022 refresh.

In the quarter in which public reporting resumes, CMS will use less than the standard number of quarters of data for assessment- and claims-based measures. Figure 1 shows the quarters used for reporting the LCDS-based measures and Figure 2 shows the quarters used for reporting claims-based measures.



Figure 1. Quarters Used in Reporting of LCDS-Based Measures

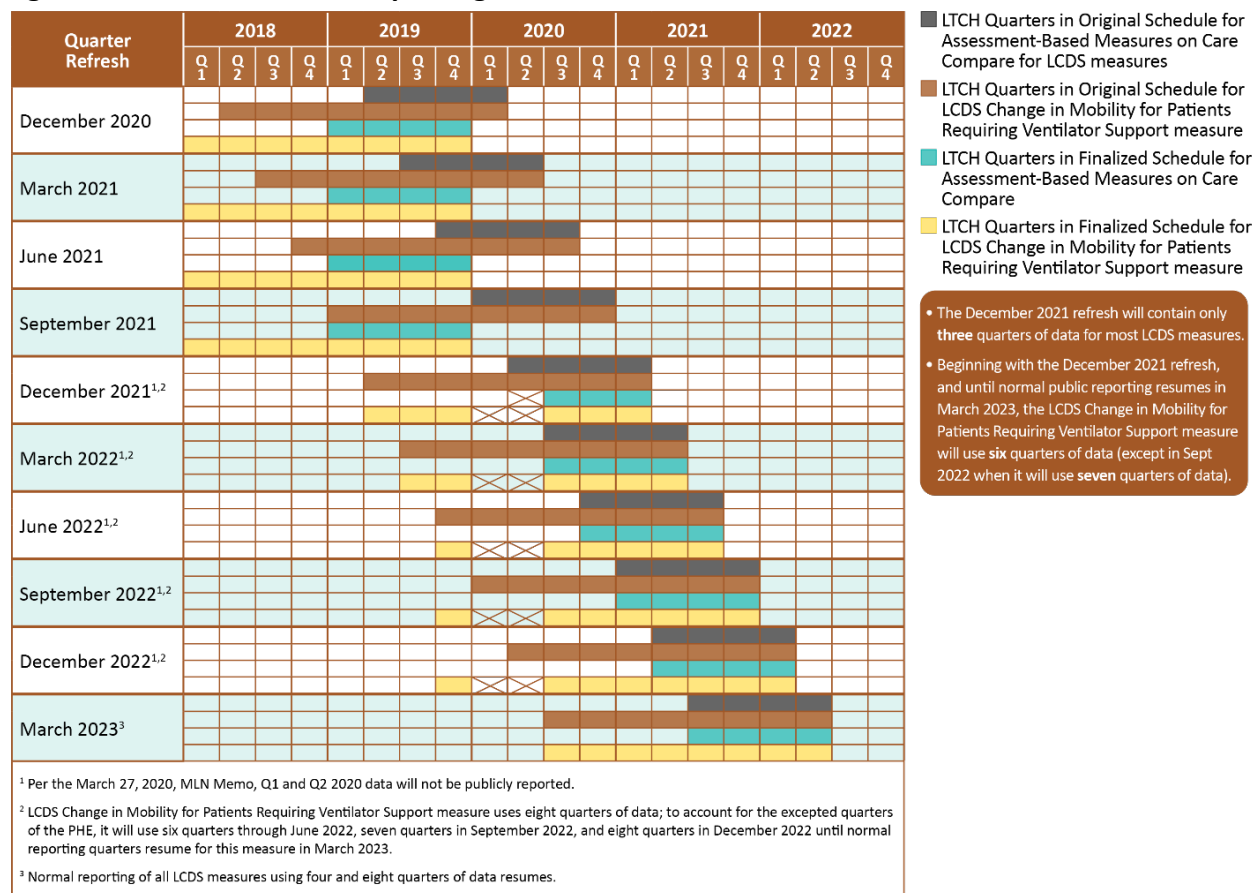
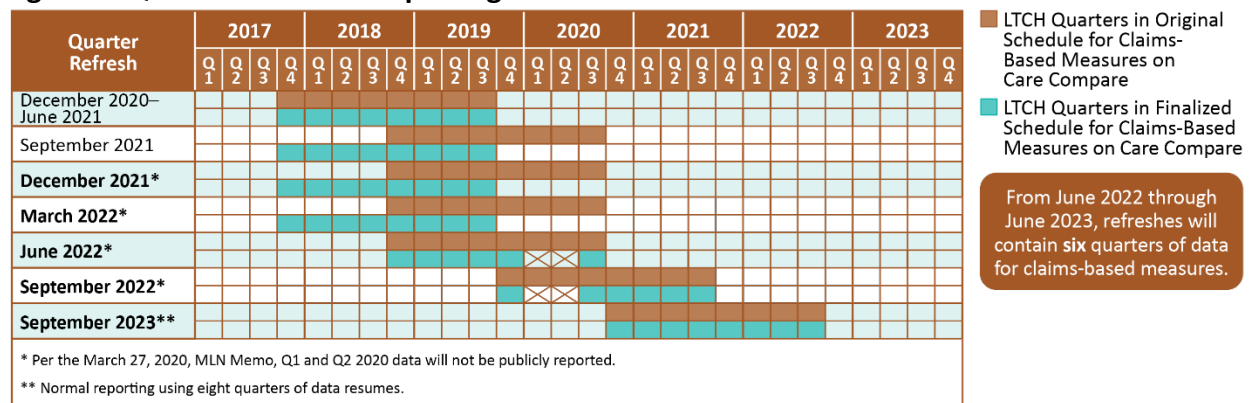


Figure 2. Quarters Used for Reporting Claims-Based Measures



Note: The periods of performance within the table above are subject to change, dependent upon CMS final decisions regarding the methodology used for the calculation of claims-based quality measures, and the exclusion of Q1/Q2 2020 data.

All CDC NHSN (e.g., CAUTI, CLABSI, CDI, and HCP Influenza) QMs were frozen beginning with the March 2021 refresh. CMS will continue to report CDC NHSN infection data to LTCHs via their confidential provider feedback reports during this time. Refreshes of NHSN CDI, CAUDI, and

CLABSI data will resume on Care Compare in June of 2022. The NHSN HCP Influenza measure will resume on Care Compare in December of 2022.

When will the data return to expected quarters of data displayed?

The LTCH QRP QM data on Care Compare will go back to displaying its expected quarters of data for all NHSN-based measures in December 2022, all assessment-based measures in March 2023, and all claims-based measures in September 2023. Table 2 provides a summary.

Table 2. Summary of Care Compare Data Refreshes for the LTCH QRP

Quarter Refresh	LCDS Assessment-Based Measures*	NHSN-Based Measures*	Claims-Based Measures
September 2020	Continue to display June 2020 refresh data	Continue to display June 2020 refresh data	Continue to display June 2020 refresh data
December 2020	Normal refresh	Normal refresh	Normal refresh
March 2021	Freeze	Freeze	Freeze
June 2021	Freeze	Freeze	Freeze
September 2021	Freeze	Freeze	Freeze
December 2021	Public reporting resumes using three quarters of data <i>except</i> the Change in Mobility for Patients Requiring Ventilator Support QM^ which will use six quarters of data	Public reporting resumes for CDI, CAUTI and CLABSI (using Q1 2019 to Q4 2019 data) and HCP Influenza (using Q4 2018 to Q1 2019 data)	Freeze
March 2022	Normal reporting resumes using four quarters of data <i>except</i> the Change in Mobility QM which will use six quarters of data	Refresh for CDI, CAUTI and CLABSI (using Q2 2019 to Q4 2019, Q3 2020 data). HCP Influenza**	Freeze
June 2022	Normal refresh <i>except</i> the Change in Mobility QM which will use six quarters of data	Normal reporting resumes for CDI, CAUTI and CLABSI using four contiguous quarters of data (Q3 2020 to Q2 2021). HCP Influenza**	Public reporting resumes using six quarters of data
September 2022	Normal refresh <i>except</i> the Change in Mobility QM which will use seven quarters of data	Normal refresh for CDI, CAUTI and CLABSI. HCP Influenza**	Refresh using six quarters of data
December 2022	Normal refresh <i>except</i> for Change in QM which will use eight quarters of data	Normal reporting resumes for all NHSN measures**	Refresh using six quarters of data
March 2023	Normal reporting resumes for all LCDS Measures	Normal refresh	Refresh using six quarters of data
June 2023	Normal refresh	Normal refresh	Refresh using six quarters of data
September 2023	Normal refresh	Normal refresh	Normal reporting resumes using eight quarters of data
<p>* Methodology used for measure calculation for these refreshes to account for the missing PHE-excepted data (Q1 and Q2 2020) was detailed in the FY 2022 Final Rule (see resources below).</p> <p>** HCP Influenza data holds constant using Q4 2018 to Q1 2019 data until December 2022 when normal reporting resumes using Q4 2020 to Q1 2021 data.</p> <p>^ This LCDS measure requires eight quarters of data; the remaining LCDS measures require four quarters.</p>			

Note: The periods of performance within the table above are subject to change, dependent upon CMS final decisions regarding the methodology used for the calculation of claims-based quality measures, and the exclusion of Q1/Q2 2020 data.



When will the new LTCH QRP measure be publicly reported and what quarters of data will be used to calculate it?

- **COVID-19 Vaccination Coverage among HCP** – CMS is targeting the September 2022 refresh for the inaugural display of this measure. Data collection for this measure begins with a shortened reporting period from October 1, 2021, through December 31, 2021, affecting the CY 2021 reporting period/FY 2023 payment determination. Following the data submission quarter for the FY 2023 LTCH QRP, subsequent compliance for the LTCH QRP will be based on four quarters of such data submission each CY, beginning in CY 2022 affecting FY 2024 payment determination.

Provider Reports

- **Provider Preview Report (PPR):** The purpose of the PPR is to give providers the opportunity to preview their LCDS, NHSN, and claims-based QM results prior to public display on Care Compare.
 - *How does the data freeze affect the PPR?*
 - Subsequent to the December 2020 refresh, no new PPR will be issued until public reporting resumes with the December 2021 refresh.
 - Release of the PPR in October 2021 was for the December 2021 refresh.
- **Review and Correct (R&C) Report:** The purpose of the R&C report is for providers to access QM data prior to the data correction deadline for public reporting. It includes data from the most current quarter and data from the previous three quarters. The report notes which quarters are “open” for correction and which are “closed,” no longer allowing correction.
 - *How did the data freeze affect the R&C Report?*
 - Providers had the opportunity to correct any data they submitted during Q1 and Q2 2020 even though these data were excepted from public reporting. At the time of the publication of this document, there are no data available (open) to correct, as all data correction deadlines for 2020 have now passed.
- **LTCH QM Reports:** These reports give providers confidential feedback on the facility’s performance. Providers can run a QM report for any reporting period of their choice; they can include a full year of data if requested. The QM report can include both facility-level and patient-level data.
 - *How does the data freeze affect the QM Report?*
 - Providers will be able to confidentially review any data from Q1 and Q2 2020 that they chose to submit when those quarters are selected for their reports.

Resources

- **For a fact sheet about FY 2022 LTCH PPS Final Rule (CMS-1748-F):**
[Fiscal Year \(FY\) 2022 Medicare Hospital Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospital \(LTCH\) Rates Proposed Rule \(CMS-1752-P\) | CMS.](#)
- **The final rule (CMS-1748-F) can be downloaded from the Federal Register at:**
<https://www.federalregister.gov/documents/2021/08/13/2021-16519/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>.
- **For information related to LTCH QRP data submission deadlines:**
[Long-Term Care Hospital \(LTCH\) Quality Reporting Program \(QRP\) Data Submission Deadlines | CMS.](#)
- **For the CMS Medicare Learning Network memo released March 27, 2020:**
<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>.
- **For program guidance, updates, and announcements regarding the LTCH QRP, visit the Spotlight & Announcements web page:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements>.
- **For more information about public reporting for LTCHs, visit:**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting>.
- **LTCH QRP Quick Reference Guide FY 2022:** <https://www.cms.gov/files/document/pac-ltch-fy2022-quickreferenceguide-v11.pdf>.

Email questions to the LTCH Help Desk:
LTCHQualityQuestions@cms.hhs.gov

