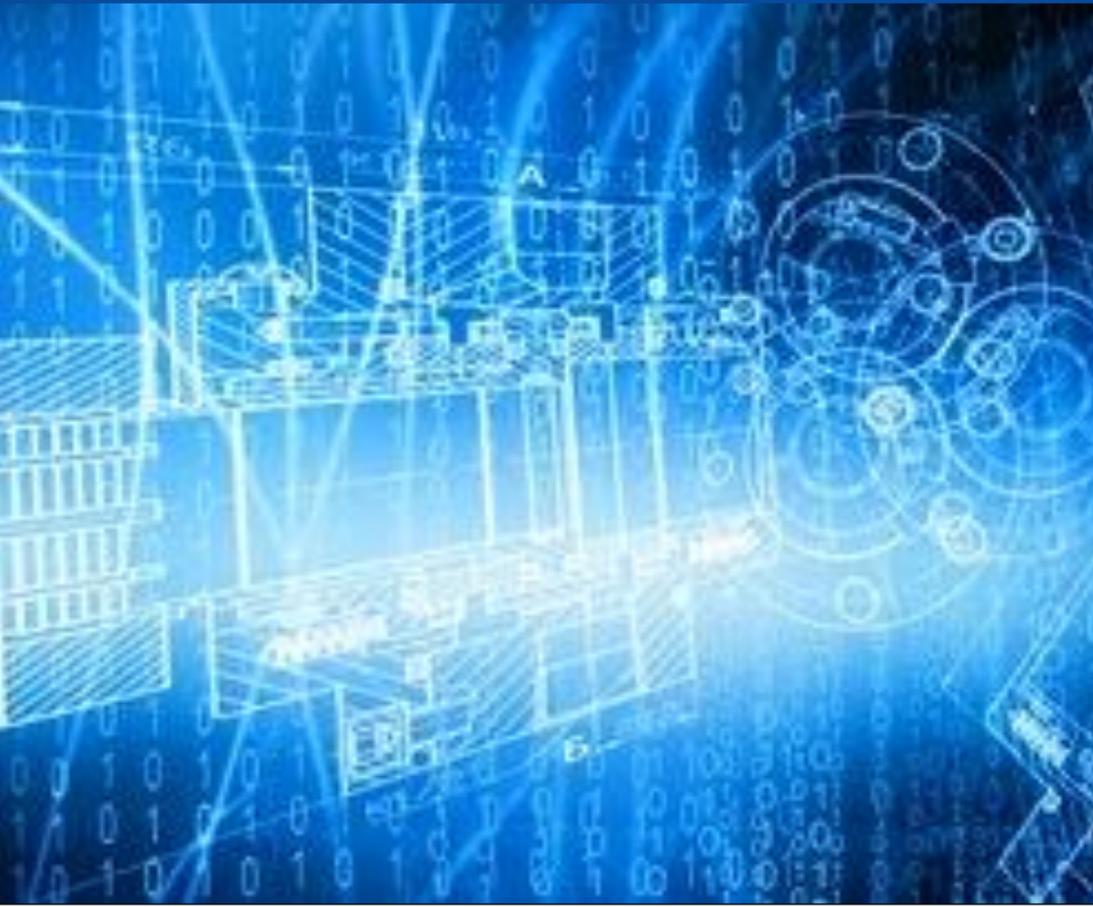




Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training



*LTCH CARE Data
Submission and Reporting*

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November 19, 2015*

Objectives

- Identify the Tips for Successful LTCH CARE Data Submission.
- Explain the LTCH Provider Final Validation Report.
- Explain the Resident Match Process.
- Explain when to use Modification and Inactivation Records.
- Identify the Top 10 Submission Errors.



Tips for Successful Data Submission

Tips for Successful LTCH CARE Data Submission

- Important tips to remember before submitting your LTCH records to the ASAP System:
 - Ensure that you have a CMSNet user ID and password and the Juniper communication software is correctly installed on your PC.
 - These allow you to connect to the CMS private network to access the QIES ASAP system and CASPER Reporting application.
 - Ensure that you have registered for AND activated your QIES user ID.
 - This ID allows access into the QIES ASAP system and the CASPER Reporting application.

Tips for Successful LTCH CARE Data Submission (cont.)

- Must utilize data entry software capable of formatting LTCH CARE records in an XML format and exporting files in accordance with CMS' standard record layout specifications.
 - LTCH Data Submission Specifications available on CMS Web site:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>
- Ensure that the Facility ID you received when you registered for your QIES user ID is correctly entered into the LTCH CARE data entry software you choose to use.
- Do not attempt the LTCH file submission process if any of the above steps are not complete.

Tips for Successful LTCH CARE Data Submission (cont.)

- LTCH CARE records are submitted to the QIES ASAP system via the LTCH CARE Submissions system:
 - Link to access the LTCH CARE Submissions system is on the “Welcome to the CMS QIES Systems for Providers” Web page.
- Following upload of the file containing LTCH CARE records:
 - An online initial confirmation message displays. This message includes important information about the submission, including the Submission ID of the file.
 - The Submission ID is the unique identifier assigned to the file when it is received by the ASAP system.
 - Print initial confirmation message to help identify and locate the LTCH Provider Final Validation report in the CASPER Reporting application.

Tips for Successful LTCH CARE Data Submission (cont.)

- Refer to the LTCH Submission User's Guide for detailed information about submission of LTCH CARE data to the ASAP system.
 - User's guide is available for download in the following locations:
 - Welcome to the CMS QIES Systems for Providers Web page.
 - LTCH User Guides and Training page on the QTSO Web site (<https://www.qtso.com/ltchtrain.html>).

CMS QIES Systems for Providers Web Site



Welcome to the CMS QIES Systems for Providers

Reminder: When an existing LTCH receives a new Medicare provider number, the LTCH must discontinue submitting data under the old provider number.

[LTCH User Registration](#)



[LTCH CARE Submissions](#)

LTCH CARE Submission User's Guide

[CASPER Reporting](#) - Select this link to access the **Final Validation and Provider reports.**

CASPER Reporting User's Manual:

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[LTCH Forms](#)

QTSO LTCH User Guides & Training



LTCH User Guides & Training

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Guides and Manuals

[LTCH Submission User's Guide](#) (updated 12/2014)

Choose the Section

[CASPER Reporting User's Manual](#) (updated 10/2015)

Choose the Section

Announcement: Recorded Training Sessions Available for LTCH Providers

(posted 09/04/2012)

Two new recorded training sessions are available to LTCH Providers. The recorded training sessions are as follows:

1. [LTCH CARE Assessment Submission Process](#) - this training recording provides the necessary instructions for submitting LTCH CARE assessment data to the ASAP LTCH CARE Submission System beginning October 1, 2012.
2. [CASPER Reports for LTCH Providers](#) - this training recording provides information about accessing and interpreting the ASAP system-generated LTCH Provider Final Validation Report, identifies other reports available to LTCH Providers and gives an overview of the basic functionality of the CASPER Reporting application.



ASAP System-Generated LTCH Provider Final Validation Report

ASAP System-Generated LTCH Provider Final Validation Report

- Access the ASAP system-generated final validation reports in the CASPER Reporting application.
 - A link to the CASPER Reporting application is available on the “Welcome to the CMS QIES Systems for Providers” Web page.
 - Log into the CASPER Reporting application using your QIES user ID and password.

Final Validation Report Specifics

- Created within 24 hours following submission of the zip file that contains LTCH CARE data records.
- Provides feedback about the processing of each XML record included in the zip file submitted to the ASAP system.
- Created for each submission file if the provider in the XML record can be identified.
- If no system-generated final validation report is created, this indicates there were severe errors with the zip file or no records could be extracted from the zip file.

Final Validation Report Specifics (cont.)

- Final validation report is automatically placed in the Validation Report (VR) folder following completion of file processing.
 - Three permanent folders are available on the CASPER Folders page.
 - My Inbox – folder where the user-requested LTCH reports are stored.
 - Shared facility folder – read-only folder into which facility-level automatically-generated reports are distributed.
 - Shared facility VR folder – read-only folder into which the ASAP system-generated final validation reports are stored.
 - One VR folder for each LTCH provider.
 - Users who have access to submit data for your LTCH provider automatically have access to the VR folder.

Final Validation Report Specifics (cont.)

- VR folder is named **[State Code] LTCH [Facility ID] VR**

Where:

State Code = Your LTCH provider's two-character State code.

LTCH = LTCH is the provider type.

Facility ID = CMS-assigned facility ID used for submitting LTCH CARE records.

VR = Validation Report.

Example: IA LTCH 123456 VR.

Final Validation Report Specifics (cont.)

- Select the VR folder name and a list of ASAP system-generated final validation reports display in the right frame.
- Refer to the initial confirmation message you received after uploading the zip file to the ASAP system. This message contains the Submission ID of the final validation report in the VR folder.

Final Validation Report Specifics (cont.)

The final validation report names are formatted as:
[Submission Date & Time].[Submission ID]

Sample final validation report name:
20151001153029.789541

Final Validation Report Specifics (cont.)

- Two ASAP system-generated LTCH Provider Final Validation Reports will be available in the VR folder in spring 2016.
 - Text formatted report:
 - This report can be identified by the notebook icon that displays adjacent to the final validation report name link. This is the report that you are currently accessing.
 - Continue to access this user-friendly version of the final validation report.
 - XML formatted report:
 - This report format is intended for use by software vendors.
 - Can be identified by the XML icon displaying adjacent to the final validation report link.

Final Validation Report Specifics (cont.)

Skip navigation links Skip to Content

CASPER Folders

Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

*** IA LTCH 1185034 VR**

IA LTCH 1185034

* IA LTCH 1185034 VR

Info	Click Link to View Report	Date Requested	Select
	11062016135246.207035	10/19/2015 13:54:00	<input type="checkbox"/>
	11062016135246.207035	10/19/2015 13:54:00	<input type="checkbox"/>
	11062016133404.207034	10/19/2015 13:39:04	<input type="checkbox"/>
	11062016133404.207034	10/19/2015 13:39:04	<input type="checkbox"/>

Pages [1] [2] [3] [4] [5] [6] [7] [8]

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs

Final Validation Report Sample

CMS Submission Report		Page 1 of 1
LTCH Provider Final Validation Report		
Submission Date/Time:	12/12/2012 09:51:29	
Submission ID:	1573	
Submitter User ID:		
Submission File Name:	submission1.zip	
Submission File Status:	Completed	
Processing Completion Date/Time:	12/12/2012 09:55:27	
Facility ID (FAC_ID):	1185034	
Provider Name:		
Provider CCN:		
State Code:	IA	
# Records Processed:	1	
# Records Accepted:	0	
# Records Rejected:	1	
# Duplicate Records:	0	
# Records Submitted Without Provider Authority:	0	
Total # of Messages:	1	
<hr/>		
Record: 1	Rejected	
Name (A0500C, A):	DOE, JOHN	
SSN (A0600A):	^	
Res_Int_ID:	0	
Target Date:	10/20/2012	Type of Record (A0050): NEW RECORD
Asmt_ID:	19493	RFA (A0250): 01
XML File Name:		asmt_orig_id_1_new.xml
LTCH Item(s):	A1300D	
Data Submitted:		
Message Number/Severity:	-903 FATAL	
Message:	Required Item Missing or Invalid: Based on the LTCH CARE Data Specifications in effect on the target date of this record, this item is required.	
<hr/>		
This report may contain privacy protected data and should not be released to the public.		

Final Validation Report

Header Information

Submission Information

Submission Date/Time	Submission ID
Submitter User ID	Submission File Name
Submission File Status	Processing Completion Date/Time

Provider Information

Facility ID (FAC_ID)	Provider Name
Provider CCN	State Code

Processing Information

- # Records Processed
- # Records Accepted
- # Records Rejected
- # Duplicate Records
- # Records Submitted Without Provider Authority
- Total # of Messages

Final Validation Report

Record Information

Record Information

Record processing number

Record status

Patient Information

Name (A0500C, A)

SSN (A0600A)

Res_Int_ID

Record Details

Target Date

Type of Record (A0050)

Asmt_ID

RFA (A0250)

XML File Name

Final Validation Report

Error Message Details

- LTCH Item(s)
 - List of items to which the error message pertains.
- Data Submitted
 - Displays the submitted values of the items listed in the LTCH Item(s) list.
- Message Number/Severity
 - Displays the unique message number & type of message (Fatal/Warning).
- Message
 - Displays the text of the message.

Status of Final Validation Reports

- Carefully review the report to determine the processing status of each record included in the submission file.
 - Records with the Accepted Status:
 - Pass the ASAP system and LTCH Data Submission Specification edits.
 - Are saved into the national ASAP database.
 - Records with the Rejected Status:
 - Failed one or more ASAP system or LTCH Data Submission Specification edits causing the record to be rejected by the ASAP system.
 - Fatal errors in the record must be corrected in the data entry software and the record must be resubmitted to the ASAP system.
 - Rejected records are not counted when evaluating whether the provider met the LTCH QRP requirements.

Saving Final Validation Reports

- System-generated final validation reports are automatically deleted from the VR folder after 60 days.
- Print or save the final validation report prior to the system deletion.
 - If the system-generated report is deleted before it is saved or printed, you can request the LTCH Provider Final Validation Report in the CASPER Reporting application.

Severe Errors with Final Validation Reports

- If a system-generated final validation report is not created for a submission, this indicates that there was a severe error with the zip file or the files contained within the zip file.
- Severe errors are only identified on the LTCH Submitter Final Validation report.
 - User-requested report is available in the CASPER Reporting application.
 - Can only be requested by the user that submitted the file of LTCH CARE records.

Final Validation Report Questions

- If you have questions about accessing or interpreting the ASAP system-generated LTCH Provider Final Validation Report, refer to the following technical user's guides:
 - LTCH Submission User's Guide.
 - CASPER Reporting User's Guide.
- OR
- Contact the QTSO Help Desk:
 - Phone at (877) 201-4721
 - Email at help@qtso.com



Questions?



Resident Match Process

Resident Match Records

- 38,899,674 new assessment/HIS records were saved in the QIES national database in 2014 (excludes Modified and Inactivated records).
- Post-acute care (PAC) providers submitting data:
 - Long-term care, skilled nursing, and swing bed facilities submit MDS 3.0 data.
 - Home health agencies submit OASIS data.
 - Inpatient Rehabilitation Facilities submit IRF-PAI data.
 - Long-Term Care Hospitals submit LTCH CARE data.
 - Hospices submit HIS data.

Resident Match Records (cont.)

of New Assessments/Records Added to the QIES National Database in Calendar year 2014* by Assessment Type

Period	MDS 3.0	OASIS	IRF-PAI	LTCH CARE	HIS	Total
01/01 – 12/31:	19,839,215	17,047,213	461,030	402,593	1,149,623*	38,899,674
Avg/Month:	1,653,268	1,420,602	38,419	33,549	95,802*	3,241,640

Excludes Modified and Inactivated records.

*HIS record submission began 07/01/2014; therefore, totals are based on the number of records with target dates between 07/01/2014 and 12/31/2014.

Resident Match Records (cont.)

- One patient could have one or more records from any of the five assessment collection systems (MDS, OASIS, IRF-PAI, LTCH, and Hospice).
- Resident identifiers submitted in the assessments/records are the same for all five providers.

Resident Match Record Example

Resident ID	SSN	Birth Date	Facility Internal ID	First Name	Last Name	Gender	ST	Submission Date	Target Date	System
205	33	11/27/1953	4	First	Last	2	ST	9/23/2011	7/21/2011	MDS 3.0
205	33	11/27/1953	4	First	Last	2	ST	9/23/2011	9/14/2011	MDS 3.0
205	11	11/27/1953	15	First	Last	2	ST	11/30/2011	11/12/2011	HHA
205	11	11/27/1953	15	First	Last	1	ST	5/15/2012	4/25/2012	HHA
205	11	11/27/1953	3	First	Last	2	ST	3/1/2013	2/20/2013	MDS 3.0
205	11	11/27/1953	3	First	Last	2	ST	4/26/2013	4/9/2013	MDS 3.0
205	11	11/27/1953	27	First	Last	2	ST	5/3/2013	4/18/2013	LTCH
205	11	11/27/1953	27	First	Last	2	ST	5/31/2013	5/23/2013	LTCH
205	11	11/27/1953	57	First	Last	2	ST	6/3/2013	5/24/2013	MDS 3.0
205	11	11/27/1953	57	First	Last	2	ST	6/21/2013	6/11/2013	3.0
205	11	11/27/1953	46	First	Last	2	ST	10/28/2013	9/21/2013	HHA

National Resident Table

- One national resident table:
 - Contains 47,891,620 resident records (as of 10/18/2015).
 - Unique ID called the Resident Internal ID is associated to each resident or patient record in the national resident table.

National Resident Table (cont.)

- Stores information for residents (MDS) & patients (OASIS, IRF-PAI, LTCH, and Hospice).
- Stores resident information by State.
- Snowbirds may have two resident IDs:
 - Patient resides in Minnesota in the warm weather.
 - Patient resides in Arizona in the winter.

Resident Match

- ASAP system uses the Resident Match procedure to match patient information on the submitted assessment/record with a patient already in the QIES national database.
 - Allows tracking of the patient across the five PAC provider types.
 - Tries to link assessments/records from any of the five PAC provider types to a single patient (resident internal ID).

Resident Match (cont.)

- Same resident match procedure is used by the MDS 3.0, OASIS, IRF-PAI, Swing Bed, LTCH, and Hospice systems.
- Each system matches to the same set of patients in the national resident table.
 - Patient information in the assessment is only compared to patients from the same State in the national resident table.

Resident Match (cont.)

- How Do Residents Match?
 - State
 - Facility Internal ID (Internal system ID based on the Facility ID used for data submission)
 - Social Security Number
 - Last Name
 - First Name
 - Date of Birth
 - Gender
- While it is important to submit all patient identifying data in the LTCH CARE record, no other items, such as middle initial, suffix or patient's Medicare number are used in resident matching.

Resident Matching Criteria

Comp. Order	Criteria Set ID	State Code	Facility Int. ID	SSN	Last Name	First Name	Birth Date	Gender
1	1	Y	Y	Y	Y	Y	Y	Y
2	9	Y	n	Y	Y	Y	Y	Y
3	11	Y	Y	Y	Y	n	n	Y
4	3	Y	n	n	Y	Y	Y	Y
5	4	Y	n	Y	n	n	Y	Y
6	5	Y	n	Y	Y	Y	n	Y
7	6	Y	Y	n	Y	Y	C	Y
8	10	Y	n	Y	Y	Y	Y	n

Resident Match Criteria

- Eight resident match criteria. Each criteria uses a different combination of facility and patient identifiers in attempt to match the patient information in the assessment to a patient in the national resident table.
- ASAP system compares one criteria at a time.
- Comparison Order determines the order that the criteria are performed by the ASAP system.
- Only uses criteria where all criteria items are not blank [^] on the submitted assessment.

Resident Match Criteria (cont.)

- Resident-matching criteria codes:
 - Y indicates the identifier is used for matching.
 - N indicates the identifier is not used for matching.
 - C indicates a 'close match' for the birth date. Close match is Month and Year.
- When there is a match of identifiers between the assessment and resident table in one of the criteria rows then:
 - Resident internal ID of that patient is assigned to the assessment/record.
- If all items in the assessment do **not** match **any** criteria row:
 - New resident internal ID is assigned.

Resident Match Updates

- Patient information in the national resident table can be updated by LTCH CARE assessment data, but also from data in other post acute care assessments/records submitted for the patient.
- Inaccurate or incomplete submission of patient identifiers can cause the resident match process to not find a matching patient record in the national resident table and a new resident internal ID is created:
 - One patient with more than one resident internal ID. When this happens, records from the various PAC providers do not match to one single resident internal ID.
 - Cannot track the patient across settings.

Successful Resident Matching

- Ensure patient identifiers are entered completely, accurately and consistently into the LTCH CARE records prior to submitting the record to the ASAP system:
 - **First Name (Legal Name)**
 - Enter the patient's first name as it appears on the Medicare card or other government-issued document.
 - No nickname or 'preferred' name should be entered.
 - **Last Name (Legal Name)**
 - Enter the patient's last name as it appears on the Medicare card or other government-issued document.
 - **Social Security Number (SSN)**
 - Always enter the SSN, if available.

Successful Resident Matching (cont.)

– Birth Date

- Verify correct entry of the birth date into the software. Obtain the birth date from a government-issued document, if possible.

– Gender

- Enter the patient's gender as it appears on the Medicare card or other government-issued document.

Resident Match Accuracy

- Check for accuracy – Read the final validation report:
 - Identify records that received error -915: Patient Information Updated: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. The database has been updated.
 - Final validation report displays the old and new values for the patient identifier that was updated.
 - Verify the updated patient information is accurate.

Resident Match Errors

- Error -915 occurs if the resident identifiers in the LTCH CARE record were different than the resident identifying information in the national resident table.
 - Includes: Last name, first name, middle initial, birth date, death date, Social Security Number, Medicare Number, Medicaid Number, gender, and race/ethnicity.
 - Error also returns when the facility internal ID for the patient changes.
 - This occurs when the patient transfers from one provider to another and assessments/records are submitted from the new provider.

Resident Match Accuracy Importance

- Inaccurate patient information affects the following:
 - QIES national database – National Resident table:
 - Multiple resident IDs that are for one actual patient.
 - One patient who is actually two different people.
 - CASPER reports:
 - LTCH Roster Report.
 - Quality Measure reports:
 - When available.

Resident Match Issues Found?

- Address it immediately:
 - Immediate action prevents the possibility of an assessment/record for the same patient from a different provider type to be submitted to the ASAP system before the correction is made.
- Follow the correction policy outlined in Chapter 4 of the Long-Term Care Hospital Quality Reporting Program Manual:
 - Manual can be accessed on the CMS Web site using this link: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>.
- Contact the QTSO Help Desk, if needed.



Resident Match Group Activity

Group Activity Objective

Imitate the resident match process used by the ASAP system to determine whether the patient information in a fictitious LTCH CARE record exists in the national resident table.

Group Activity Instructions

Slides 142–149 at the end of this presentation will be used for this activity.

Below are the steps to followed:

1. Locate the following slides:
 - **# 142** “Q1 – What Criteria ID?”. This slide contains fictitious facility and patient information submitted in an LTCH CARE assessment.
 - **# 143** – Resident Matching Criteria. This slide contains the eight resident match criteria used by the ASAP system.
 - **# 144–149** represent fictitious patient records in the national resident table. Each patient record is associated to a State and facility ID.
2. Using the resident match criteria in slide 143, locate the resident match criteria in the first row, comparison order 1. All seven facility and patient identifiers are used in this match criteria. Matching of the facility and patient identifiers is done from left to right beginning with the State code criteria.

Group Activity Instructions (cont.)

Starting in the comparison order 1 row:

3. Locate the State and facility slide that matches the State and facility ID value in the fictitious assessment. This satisfies the State and facility ID criteria in comparison order row #1. Continue to use the identifying information in rows on this State/facility slide for subsequent matching steps.
4. Compare the SSN value in the assessment to the SSN values in the facility records (State ID = Iowa, Facility ID = 107). Were you able to make a match? If yes, this satisfies the SSN criteria in comparison order row #1.
5. Compare the last name value in the assessment to the last name value for patient record with SSN = 123. Were you able to make a match? If yes, this satisfies the last name criteria in comparison order row #1.
6. Compare the first name value in the assessment to the first name value for the patient record with the SSN = 123 and last name = Lion. Were you able to make a match? If yes, this satisfies the first name criteria in comparison order row #1.

Group Activity Instructions (cont.)

7. Compare the birth date value in the assessment to the birth date value for the patient record with the SSN = 123, last name = Lion and first name = Mable. Were you able to make a match? If yes, this satisfies the birth date criteria in comparison order row #1.
8. Compare the gender value in the assessment to the gender value for the patient record with the SSN = 123, last name = Lion, first name = Mable and birth date = 10/10/1910. Were you able to make a match? If yes, this satisfies the gender criteria in comparison order row #1.
9. Note that all facility and patient identifiers in the assessment matched a patient record in the national resident table:
 - Which criteria set ID was used to make the match? Hint: the criteria set ID value displays next to the comparison order number.
 - What is this patient's unique resident ID in the national resident table?

Resident Match Process: Appendix B

- Appendix B – Resident Match Process contains detailed information about the resident match criteria and resident match process:
 - Appendix B is one of the sections available in the LTCH Submission User’s Guide.
- Read Appendix B to obtain an understanding of the resident match process used in the ASAP system for each of the five PAC providers.



Questions?



Modification & Inactivation Records

Modification & Inactivation Records

- Refer to the Long-Term Care Hospital Quality Reporting Program Manual, Chapter 4 – Submission and Correction of the LTCH CARE Data Set Assessment Records – which contains information about:
 - Submitting data to the ASAP system.
 - Timeliness for completion and submission of the LTCH CARE records.
 - Validation of records and files.
 - Correcting errors in the LTCH CARE records that *have not* been submitted to the ASAP system.
 - Correcting errors in the LTCH CARE records that *have* been submitted to the ASAP system.
 - Special Manual Record Deletion Request.

Errors in Data Records

- Errors in LTCH CARE data records can occur for variety of reasons:
 - Item coding error
 - Transcription error
 - Data entry error
 - Software product error
 - Other errors

Errors in Data Records (cont.)

- If an LTCH CARE record contains a data error and the record *has not been* submitted to the ASAP system, correct the data error in the software and submit the record to the ASAP system.

Errors in Data Records (cont.)

- Managing LTCH CARE records with data errors already accepted into the ASAP system:
 - Modification (A0050 Type of Record = 2)
 - Archives the inaccurate LTCH CARE record and replaces the record with a new, corrected record.
 - Inactivation (A0050 Type of Record = 3)
 - Archives the inaccurate LTCH record, but *does not* replace the record with a new record.

Key Field Items

- Key field items cannot be corrected with a modification record and the erroneous record must be inactivated.
- These key field items include:
 - Record identifiers
 - A0210 Assessment Reference Date
 - A0220 Admission Date for admission record (A0250 = 01)
 - A0250 Reason for Assessment
 - A0270 Discharge Date for discharge record (A0250 = 10, 11 or 12)

Key Field Items (cont.)

- Patient identifiers:
 - A0500A Patient First Name
 - A0500C Patient Last Name
 - A0600A Social Security Number
 - A0800 Gender
 - A0900 Birth Date

Modification Records

- Modification records are used when:
 - LTCH CARE record has been accepted into the ASAP system.
 - The record contains one or more errors in clinical or non-key items.
 - When an error occurs in non-key items, a modification record (A0050 Type of Record = 2) must be submitted to the ASAP system.
 - Modification records should contain correct values for all items active for the type of assessment being corrected, not just those items identified to be in error.
 - This means the entire set of active items based on the type of assessment must be submitted to the ASAP system.

Modification Record Submission

- Once the modification record is submitted:
 - ASAP system compares the record and patient identifiers in the modification record to existing records in the database using State code, facility ID, record, and patient identifiers.
 - If an existing record is found, the items in the submitted modification record are edited. If any fatal errors occur, the modification record is rejected and errors will be reported on the final validation report.
 - If the modification record passes all the ASAP system and data submission specification edits, the modification record will replace the erroneous record and the erroneous record will be archived in the QIES database.

Modification Record Error -3745

- If an existing record with matching State code, facility ID, record, or patient identifiers is not found, the modification record is rejected with error -3745 No Match Found:
 - Correct any record or patient identifiers in the modification record that do not match the existing record in the database. Resubmit the modification record to the ASAP system.
- Error -3745 also returns if a modification record has been submitted, but the original record does not exist in the database:
 - Submit the original record to the ASAP system.

Modification Record Tip!

- Any key item that was submitted as part of the original record must also be submitted as part of the modification request, and values for each item must match in the erroneous record and the modification record.
 - For example, if A0600A, Social Security Number, was left blank on the original record, it should be left blank on the modification record.

Inactivation Records

- Inactivation records should be submitted when:
 - An LTCH CARE record has been accepted into the ASAP database, but the event did not occur.
 - Example: an LTCH CARE discharge record was submitted for a patient, but the discharge did not occur.

Inactivation Records (cont.)

- One or more record or patient identifiers are incorrect. This includes the items listed below:
 - Record identifiers
 - A0210 Assessment Reference Date
 - A0220 Admission Date for admission record (A0250 = 01)
 - A0250 Reason for Assessment
 - A0270 Discharge Date for discharge record (A0250 = 10, 11 or 12)
 - Patient identifiers
 - A0500A Patient First Name
 - A0500C Patient Last Name
 - A0600A Social Security Number
 - A0800 Gender
 - A0900 Birth Date

Inactivation Records Error -3745

- If an existing record with matching State code, facility ID, record, or patient identifiers is not found, the inactivation record is rejected with error -3745 No Match Found:
 - Correct any record or patient identifiers in the inactivation record that do not match the existing record in the database. Resubmit the inactivation record to the ASAP system.
- Error -3745 also returns if a inactivation record has been submitted, but the original record does not exist in the database:
 - Submit a new original record containing the correct information to the ASAP system, if applicable.

Inactivation Records

- Once the erroneous record has been inactivated in the QIES ASAP system, you must complete and submit a new LTCH CARE Data assessment with the correct event and patient identifiers, and ensure that the clinical information is accurate.

Inactivation Records Tip!

- Any key item that was submitted as part of the original record must also be submitted as part of the inactivation request, and values for each item must match in the erroneous record and the inactivation record.
 - For example, if A0600A, Social Security Number, was left blank on the original record, it should be left blank on the inactivation record.

Special Manual Record Deletion Request

- Only necessary when an error exists in an accepted record in the ASAP system and the error cannot be corrected with a modification or inactivation request.
- Only two scenarios to which this applies:
 1. Record contains the incorrect State code value in the STATE_CD control item.
 2. Record contains the incorrect Facility ID value in the FAC_ID control item:
 - Control items are items created by the data entry software.
 - Errors likely occurred at the time of software development or when initializing the software, and not during the entry of the facility's administrative or patient's demographic data.

Special Manual Record Deletion Request (cont.)

- If an LTCH CARE record in QIES ASAP system has the wrong State code or facility ID (control items STATE_CD and FAC_ID), then the record must be deleted without leaving any trace in the QIES ASAP system.
- You must contact the QTSO Help Desk to obtain the LTCH CARE Manual Assessment Deletion Request form.

Special Manual Record Deletion Request Forms

- You are responsible for completing the form. The completed form must be submitted to the QTSO Help Desk at the address on the form via Certified Mail through the United States Postal Service (USPS).
 - Form contains patient-level privacy data and cannot be faxed or emailed to the help desk.

Special Manual Record Deletion Request Forms (cont.)

- Upon receipt of the deletion request form, the QTSO help desk staff will contact CMS for approval to delete the records identified on the form.
- Upon receipt of CMS approval of the manual deletion request, the QTSO help desk will implement the request.
- A new record must be submitted with the correct STATE_CD and/or FAC_ID value, when indicated. All data items must be complete and correct on the newly submitted record.

Chapter 4: LTCH QRP Manual

- Refer to Chapter 4 of the Long-Term Care Hospital Quality Reporting Program Manual:
 - Manual can be accessed on the CMS Web site using this link: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>
- Contact the QTSO Help Desk after reviewing Chapter 4 should questions remain about modification or inactivation records or the manual assessment deletion request.



Questions?



Top 10 Submission Errors for LTCH CARE Records

Common Types of Fatal Errors

- Workflow Errors:
 - Submission procedural issues – duplicate submissions.
 - Submission authority issues.
- User Errors:
 - Invalid or incorrect data entered.
 - Ignored software edits.
- Software Errors:
 - Data entry software used to create the LTCH CARE records does not conform to the requirements in the LTCH Data Submission Specifications.

Common Types of Warning Messages

- Timing errors – LTCH CARE records were not completed and submitted timely.
- Sequencing errors – LTCH CARE records were submitted out of order.
 - Example: LTCH CARE Unplanned Discharge record was submitted prior to the LTCH CARE Admission record.

Top 10 Errors Returned for LTCH CARE Records

#1 – Error -915: Patient Information Updated: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. The database has been updated:

- Warning Message.
- Informational error.
- 199,408 LTCH CARE records encountered this error.
- Occurs when submitted facility or patient information is different than the same information for the patient in the national resident table.
- Verify updated information is correct.

Top 10 Errors Returned for LTCH CARE Records (cont.)

- #2 – Error -3810: Record Submitted Late:** The submission date is more than 7 days after Z0500B for this new (A0050 equals 1) record:
- Warning Message.
 - Provider workflow error.
 - 20,177 LTCH CARE records encountered this error.
 - A tracking mechanism is not in place to ensure timely submission of LTCH CARE records.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#3 – Error -3749: Assessment Completed Late: The Completion Date (Z0500B) is more than 5 days after the Assessment Reference Date (A0210):

- Warning Message.
- Provider workflow error.
- 17,228 LTCH CARE records encountered this error.
- A tracking mechanism is not in place to ensure timely completion of LTCH CARE records.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#4 – Error -903: Required Item Missing or Invalid:

Based on the LTCH CARE Data Specifications in effect on the target date of this record, this item is required:

- Fatal Error.
- Software Error.
- 16,454 LTCH CARE records encountered this error.
- LTCH CARE record did not contain all items required for the item subset (type of assessment) submitted.
- Software used to create the LTCH CARE records for submission did not conform to data specifications.
- Report this error to the vendor that created your data entry software.

Top 10 Errors Returned for LTCH CARE Records (cont.)

- #5 – Error -907: Duplicate Assessment:** The submitted record is a duplicate of a previously submitted record:
- Fatal Error.
 - Provider workflow error.
 - 8,766 LTCH CARE records encountered this error.
 - LTCH CARE record already exists in the QIES ASAP database and should not be resubmitted.
 - A tracking mechanism is not in place to differentiate the LTCH CARE records that have and have not been submitted to the ASAP system.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#6 – Error -3900: Payment Reduction Warning: A dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination:

- Warning Message.
- Informational error.
- 5,279 LTCH CARE records encountered this error.
- Identified one or more quality items that contained a dash in the submitted LTCH CARE data record.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#7 – Error -909: Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one:

- Warning Message.
- Provider workflow error.
- 3,171 LTCH CARE records encountered this error.
- Submitted LTCH CARE record was not the next expected record for the patient.
- A tracking mechanism is not in place to ensure LTCH CARE records are completed and submitted in a sequential manner.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#8 – Error -3745: No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items submitted for this record did not match the corresponding items of an existing record in the database:

- Fatal Error.
- Workflow/user error.
- 2,922 LTCH CARE records encountered this error.
- LTCH CARE modification or inactivation record did not match a record in the ASAP database.
 - Record and patient identifiers in the modification or inactivation record did not match an existing record in the ASAP system.
 - A modification record was submitted prior to the original record.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#9 – Error -1031: Invalid Version Code: The value submitted for this item is not an acceptable value:

- Warning Message.
- Software error.
- 2,370 LTCH CARE records encountered this error.
- Value submitted in control items Item Set Version Code (ITM_SET_VRSN_CD) or specification version code (SPEC_VRSN_CD) is missing or invalid.
- Report this error to the vendor that created your data entry software.

Top 10 Errors Returned for LTCH CARE Records (cont.)

#10 – Error -1025: Inconsistent A0055: The Correction Number submitted in A0055 is not incremented by one (1) from the previously submitted Correction Number for this record:

- Fatal Error.
- Software/User error.
- 663 LTCH CARE records encountered this error.
- LTCH CARE record contained an incorrect value in A0055 Correction Number based on the correction number value of the previous LTCH CARE record. Correction number in the modification or inactivation record must be one greater than the correction number of the record to be corrected or inactivated:
 - If your software assigns the correction number value for you, contact the vendor that created your data entry software.
 - If you manually assign the correction number value in your software, ensure that the correction number is incremented by one from the previously accepted record to be corrected.



Questions?



CASPER Reports

Objectives

- Describe the LTCH Provider Final Validation Report.
- Describe the LTCH Submitter Final Validation Report.
- Describe other LTCH Provider Reports.
- Identify upcoming LTCH Reports.

LTCH Provider Reports in CASPER

- Available in the LTCH Provider report category.
- User-requested reports, which means you are allowed to select the desired report criteria.
- Locate the completed user-requested reports in the My Inbox folder on the CASPER Folders page.

LTCH Provider Reports in CASPER

Skip navigation links [Skip to Content](#)

CASPER Reports [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report Categories

LTCH Provider

LTCH Provider

-  [LTCH Assessment Print](#)
 - Assessment Print
-  [LTCH Provider Final Validation](#)
 - Provider Final Validation
-  [LTCH Provider Participation Report](#)
 - Provider Participation Report
-  [LTCH Submitter Final Validation](#)
 - Submitter Final Validation

Pages [1]

Enter Criteria To Search For A Report: [Search](#)
(Hint: Leave blank to list all reports)

LTCH Provider Final Validation Report

- Requested by Submission ID or by Submission Date range.
- Provides detailed information about the status of select submission files.
 - Indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.
 - Only provides information for records whose Facility ID could be identified.

LTCH Provider Final Validation Report (cont.)

- Report uses:
 - Request this report if the ASAP system-generated final validation report has been deleted from your VR folder.
 - Contains identical information as the ASAP system-generated final validation report, but the records may display in a different order.

LTCH Provider Final Validation Sample Report

		CMS Submission Report LTCH Provider Final Validation Report		Run Date: 11/21/2015 Page 1 of 1
Submission Date/Time:	11/06/2015 13:52:46	Submission ID:	207035	
Submitter User ID:		Submission File Name:	20151106.zip	
Submission File Status:	Completed	Processing Completion Date/Time:	11/06/2015 13:53:59	
Facility ID (FAC_ID):	1185034	Provider Name:		
Provider CCN:		State Code:	IA	
# Records Processed:	1	# Records Accepted:	0	
# Records Rejected:	1	# Duplicate Records:	1	
# Records Submitted Without Provider Authority:	0	Total # of Messages:	1	
Record: 1		Rejected		
Name (A0500C, A):		SSN (A0600A):		
Medicare Number (A0600B):		Res_Int_ID: 17849322		
Target Date: 04/05/2015		Type of Record (A0050):	NEW RECORD	
Asmt_ID: 1050494		RFA (A0250):	12	
XML File Name: SL_TC63467_LE.xml				
LTCH Item(s):	A0050, Existing record LTCH_ASMT_ID, LTCH_SUBMSN_ID			
Data Submitted:	1, 1050491, 207034			
Message Number/Severity:	-907 FATAL			
Message:	Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.			
This report may contain privacy protected data and should not be released to the public.				

LTCH Submitter Validation Report

- Requested by Submission ID.
- Can only be requested by the user that submitted the file.
- Provides detailed information about the status of select submission files.
 - Includes status of each record in the submission file:
 - If there is a severe error with the zip file, only one message displays on the report.
 - Indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.

LTCH Submitter Validation Report (cont.)

- Severe errors in the zip file or the XML records within the zip file prevent the ASAP system-generated final validation report from being created. Examples of severe errors include:
 - Poorly formed XML file (software vendor issue).
 - No records in the zip file (software vendor issue).
 - Missing or invalid State code or Facility ID (software vendor or user error).
- Severe errors prevent the ASAP system from identifying to which provider the file belongs.

LTCH Submitter Validation Report (cont.)

- Request this report if:
 - ASAP system-generated final validation report is not created for your submission.
 - Total number of records submitted in the zip file does not match the # of Records Processed value on the ASAP system-generated final validation report.
 - This indicates one or more records in the zip file could not be read and the provider in those records could not be identified.

LTCH Submitter Validation Report (cont.)

- Verify whether ASAP system-generated final validation report is created on the “List of My Submissions” page in the LTCH Submissions system:
 - If Total Record Count is zero and the Status column displays Completed (indicating record processing is complete), this indicates that no records in the submission file could be processed due to severe errors.

LTCH Submitter Validation Report (cont.)



LTCH CARE File Submission

[Skip Navigation Links](#)

[File Upload](#) [Submission Status](#) [Help](#) [Logout](#) [Welcome Page](#)

List of My Submissions

Query Criteria

To Date (mm/dd/yyyy): Prior Days:

List of My Submissions

Submission ID	Submission Date	Submission File Name	Total Record Count	Completion Date	Status
207055	11/06/2015 13:52:46	20151106.zip	0	10/19/2015 13:53:59	Completed
207054	11/06/2015 13:34:04	20151019.zip	4	10/19/2015 13:39:03	Completed

LTCH Submitter Final Validation Sample Report

	CMS Submission Report LTCH Submitter Final Validation Report	Run Date: 11/06/2015 Page 1 of 3
Submission Date/Time:	11/06/2015 13:34:04	
Submission ID:	207034	
Submitter User ID:	[REDACTED]	
Submission File Name:	20151019.zip	
Submission File Status:	Completed	
Processing Completion Date/Time:	11/06/2015 13:39:03	
# Records Processed:	4	
# Records Accepted:	4	
# Records Rejected:	0	
# Duplicate Records:	0	
# Records Submitted Without Provider Authority:	0	
# Invalid Records:	0	
Total # of Messages:	9	

Record: 1	Accepted	
Provider CCN: [REDACTED]	Facility ID (FAC_ID): 1185034	
Provider Name: [REDACTED]	State Code: IA	
Name (A0500C, A): [REDACTED]		
SSN (A0600A): [REDACTED]		
Medicare Number (A0600B): [REDACTED]		
Res_Int_ID: 17849322		
Target Date: 04/05/2015	Type of Record (A0050): NEW RECORD	
Asmt_ID: 1050490	RFA (A0250): 01	
XML File Name: SL_TC63467_LA.xml		
LTCH Item(s):	A0050, Z0500B, Submission Date	
Data Submitted:	1, 04/05/2015, 11/06/2015	
Message Number/Severity:	-3810 WARNING	
Message:	Record Submitted Late: The submission date is more than 7 days after Z0500B for this new (A0050 equals 1) record.	
This report may contain privacy protected data and should not be released to the public.		

Other LTCH Provider Reports

- Two other LTCH-specific reports are available in the LTCH Provider report category:
 1. LTCH Assessment Print.
 2. LTCH Provider Participation Report.

LTCH Assessment Print Report

- LTCH Assessment Print Report:
 - Requested by Assessment ID.
 - Details the assessment items and responses submitted for a select LTCH Assessment ID.
 - Report can only be requested for LTCH CARE records that were accepted into the ASAP database.
 - Report cannot be requested for rejected records (those with fatal errors on the final validation report).

LTCH Assessment Print Report (cont.)

- Report can be useful to verify the data submitted for each item on the LTCH CARE data set, including the items utilized for the quality reporting program.

LTCH Assessment Print

Sample Report

		CASPER Report LTCH Assessment Print	<small>Run Date: 10/21/2015 Page 1 of 6</small>
State: IA Facility ID (FAC_ID): 1185034 Provider Name: [REDACTED] Patient Name: [REDACTED] Assessment ID: 1050490 ISC: LA - LTCH: admission			
SECTION A: Administrative Information			
A0055	Correction number		0
A0050	Type of record		1 - Add new record
A0100A	Facility National Provider Identifier (NPI)		^
A0100B	Facility CMS Certification Number (CCN)		[REDACTED]
A0100C	State Medicaid provider number		^
A0200	Type of provider		3 - Long-Term Care Hospital
A0210	Assessment reference date		04/05/2016
A0220	Admission date		04/05/2016
A0250	Reason for Assessment		01 - Admission
A0500A	Patient first name		[REDACTED]
A0500B	Patient middle initial		[REDACTED]
A0500C	Patient last name		[REDACTED]
A0500D	Patient name suffix		^
A0600A	Social Security Number		[REDACTED]
A0600B	Medicare/railroad insurance number		[REDACTED]
A0700	Medicaid number		+
A0800	Gender		1 - Male
A0900	Birth Date		[REDACTED]
A1000A	Ethnicity: American Indian or Alaska Native		No - (Not Checked)
A1000B	Ethnicity: Asian		No - (Not Checked)
A1000C	Ethnicity: Black or African American		No - (Not Checked)
A1000D	Ethnicity: Hispanic or Latino		No - (Not Checked)
A1000E	Ethnicity: Native Hawaiian/Pacific Islander		No - (Not Checked)
A1000F	Ethnicity: White		Yes - (Checked)
A1100A	Does the patient need or want an interpreter		-- Not assessed/no information
A1100B	Preferred language		-
A1200	Marital status		2 - Married
A1400A	Payer: Medicare (FFS)		Yes - (Checked)
A1400B	Payer: Medicare (managed care/Part C/Mer Advant.)		No - (Not Checked)
A1400C	Payer: Medicaid (FFS)		No - (Not Checked)

This report may contain privacy protected data and should not be released to the public.

LTCH Provider Participation Report

- LTCH Provider Participation Report
 - New report available October 18, 2015.
 - Requested by Fiscal Year.
 - Details your provider's status of submission of data used to calculate the measures required for the APU.

LTCH Provider Participation Report

Measures

- Provides data submission status for the following measures:
 - Percent of Residents or Patients With Pressure Ulcers that are New or Worsened – NQF #0678.
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) – NQF #0680.
 - Catheter-Associated Urinary Tract Infection (CAUTI) – NQF #0138.

LTCH Provider Participation Report

Measures (cont.)

- Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure – NQF #0139.
- Facility-wide Inpatient Hospital-onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure – NQF #1716.
- Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) Outcome Measure – NQF #1717.
- Influenza Vaccination Coverage among Healthcare Personnel – NQF #0431.

LTCH Provider Participation Report Measures (cont.)

- Report can be useful to monitor whether your provider is meeting the APU data submission requirements.

LTCH Provider Participation Sample Report



CASPER Report
FY2017 LTCH Provider Participation Report

Run Date: 08/20/2015
Page 1 of 3

CCN:
Provider Name:
Provider City:
State:

Assessment Measures:
Target Percentage for Assessments Meeting Data Completion Threshold: 80%

Definitions:
Assessments Meeting Data Completion Threshold: Number of successfully submitted assessments with 100 percent of the mandatory quality indicator data items, for this measure for the time period.
Percentage of Assessments Meeting Data Completion Threshold: Total number of Assessments Meeting Data Completion Threshold divided by the Number of Successfully Submitted Assessments, multiplied by 100 and rounded to the next highest whole number for the time period.
Successfully Submitted: An assessment, or assessments that meet the data criteria for uploaded files and are found "valid" and accepted by the QIES data warehouse.
*: A symbol used to denote an intentionally empty field. For example, there will never be a date under the "Data Submission Deadline" column for the Year row as no "Yearly" deadline exists for the measure.

Percent of Residents or Patients with Pressure Ulcers that are New or Worsened - NQF #0678

Totals by Year and Quarter:

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Percentage of Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Assessments	Number of Assessments Meeting Data Completion Threshold
Quarter 1	01/01/2015	03/31/2015	05/15/2015	100%	29	29
Quarter 2	04/01/2015	06/30/2015	08/15/2015	0%	0	0
Quarter 3	07/01/2015	09/30/2015	11/15/2015	0%	0	0
Quarter 4	10/01/2015	12/31/2015	05/15/2016	0%	0	0
Year	01/01/2015	12/31/2015	*	100%	29	29

Totals by Month:

Month	Percentage of Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Assessments	Number of Assessments Meeting Data Completion Threshold
January	100%	23	23
February	100%	6	6
March	0%	0	0
April	0%	0	0
May	0%	0	0
June	0%	0	0
July	0%	0	0
August	0%	0	0
September	0%	0	0
October	0%	0	0
November	0%	0	0
December	0%	0	0

This report may contain privacy protected data and should not be released to the public.

New LTCH Provider Reports: Coming Soon

- Two new LTCH provider reports will be available to you in the LTCH Provider report category later this year:
 1. LTCH Errors by Field by Provider.
 2. LTCH Assessments with Error Number XXXX.

New LTCH Provider Reports: Coming Soon (cont.)

- LTCH Errors by Field by Provider
 - Lists the errors encountered in the fields of successful submissions during a specified period.
 - Only includes LTCH CARE records with fatal errors or warning messages.
 - Use to determine training needs for your LTCH.
 - Use to identify potential software issues.

New LTCH Provider Reports: Coming Soon (cont.)

- LTCH Assessments with Error Number XXXX
 - Lists the LTCH CARE records submitted with a specified error for a specified period. Use this report to:
 - Identify records with certain fatal errors that need to be corrected and resubmitted.
 - Determine which records were not completed or submitted under CMS timing rules (Errors -3749, -3810).
 - Determine which records were not submitted under CMS record sequencing rules (Error -909).
 - Identify software-related errors.

New LTCH Provider Sample Report: Coming Soon



CASPER Report
(NV) LTCH Assessments with Error Number
-915
 from 01/01/2015 thru 10/19/2015

Run Date: 10/19/2015
 Page 6 of 6

CCN: [REDACTED]
 Provider Name: [REDACTED]
 Provider City: LAS VEGAS

Error Number: -915
Error Message: Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.

Submission Date	Last Name	First Name	Assessment ID	LTCH Item(s)	Data Submitted
02/06/2015	[REDACTED]	[REDACTED]	1042728	Facility ID (FAC_ID), A1000F	Old: 1063635, 1 New: 294496, 0
02/06/2015	[REDACTED]	[REDACTED]	1042733	Facility ID (FAC_ID), A0500B, A1000F	Old: 265, , 0 New: 294496, G, 1
02/06/2015	[REDACTED]	[REDACTED]	1042734	Facility ID (FAC_ID)	Old: 113 New: 294496
02/06/2015	[REDACTED]	[REDACTED]	1042736	Facility ID (FAC_ID), A1000F	Old: 1321, 1 New: 294496, 0
02/10/2015	[REDACTED]	[REDACTED]	1045182	Facility ID (FAC_ID), A1000A, A1000B, A1000C, A1000D, A1000E, A1000F	Old: 34359, , , , , , New: 294496, 0, 0, 1, 0, 0, 0

This report may contain privacy protected data and should not be released to the public.



Questions?



Frequently Asked Questions

Frequently Asked Questions

Question: What is the difference between a CMSNet user ID and a QIES user ID? Do I need to have both?

Answer: You need to have both IDs if you are responsible for submitting LTCH CARE records to the ASAP system and accessing LTCH specific reports in the CASPER Reporting application. The CMSNet user ID allows you to access CMS' private network, where the ASAP system and CASPER Reporting applications reside.

The QIES user ID allows you to log into the ASAP system to submit LTCH CARE records or into the CASPER Reporting application to access and view LTCH-specific reports.

Frequently Asked Questions (cont.)

Question: The password associated to my QIES user ID has expired. What should I do?

Answer: The QIES User Maintenance Application (QUMA) can be used to update, reactivate or reset the password associated to your QIES user ID. A link to this application is available on the “Welcome to the CMS QIES Systems for Providers” Web page. This is the same Web page where you access links to the LTCH CARE Submissions and CASPER Reporting applications.

Refer to the QIES User Maintenance Application User’s Guide for detailed instructions about managing your password. This user’s guide is available on the “Welcome to the CMS QIES Systems for Providers” page.

Frequently Asked Questions (cont.)

Question: I submitted a file of LTCH CARE records, but there is no final validation report in my VR folder. What should I do?

Answer: The ASAP system-generated report is produced within 24 hours of the submission. If the 24 hours has passed, this could indicate that there was a severe error with the file or records within the file. The user that submitted the file to the ASAP system should request the LTCH Submitter Final Validation Report. This report is available in the CASPER Reporting application and provides feedback on all records included in the file, even those for which the ASAP system could not identify the provider associated to the record.

Frequently Asked Questions (cont.)

Question: I found an error in an LTCH CARE assessment that was submitted to the ASAP system. What should I do?

Answer: Follow the record correction policy outlined in Chapter 4 of the Long-Term Care Hospital Quality Reporting Program Manual

This manual is available on the CMS Web site using this link:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>.



LTCH Technical User's Guides and Technical Help Desk Support

Objectives

- Identify Technical Support Information available on QTSO Web site.
- Identify Technical Support Information available on the Welcome to the CMS QIES Systems for Providers Web page.
- Identify Technical help desk contact information.

QTSO Web Site



QIES Technical Support Office

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Attention! jIRVEN Notice: (posted 10/08/2015)

Updates made to Section 2 of the IRF-PAI Training Manual will not be available in v1.2.0 of jIRVEN. To review the Item-by-Item IRF PAI Coding Instructions as well as all other updated sections of the IRF-PAI Training Manual effective 10-1-2015 please visit: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html>

jHAVEN 1.1.0 Print Assessment Report (posted 10/05/2015)

When utilizing the jHAVEN 1.1.0 Print Assessment Report for assessments 10-1-2015 - ongoing, please be advised that the report will provide a description of ICD-10 codes used, however the ICD-10 code will not be displayed. To obtain a report which includes the ICD-10 codes submitted to the ASAP system please utilize the OASIS Assessment Print report found within the HHA Provider category of the CASPER reporting application. ICD-10 codes as well as their descriptions may still be viewed within jHAVEN assessment records created 10-1-2015 - ongoing. This report will be enhanced in the upcoming January release of jHAVEN to include both the ICD-10 code and description.

Minimum System Requirements for Home Health Agencies, Hospice Providers, Long Term Care Facilities, Inpatient Rehabilitation Facilities and Long Term Care Hospitals.

NEW: [FY2016 System Requirements \[PDF 22KB\]](#) Effective 10/01/2015 - 09/30/2016

[FY2015 System Requirements \[PDF 23KB\]](#) Effective 10/01/2014 - 09/30/2015

Notice: Home Health Compare Data (posted 09/29/2015)

Some providers may see small differences between the measure value displayed on Home Health Compare in October and that shown on their preview reports sent out in July, for select measures. This is because measure values were recalculated after the dissemination of the preview reports to include any late or corrected submission received after measure values were initially calculated, for each month during the 12-month reporting period. This recalculation did not affect the Quality of Patient Care star rating, or any of the measures included in its calculation. Going forward, the data tables used to calculate measures for Home Health Compare will be updated prior to the dissemination of the preview reports to capture any late or corrected OASIS submissions, and then frozen until display on Home Health Compare. Home Health Compare will continue to be updated on a quarterly basis.

CMSNet Information

[CMSNet Information](#)
(Select to access CMSNet Submission Access)

Access Request Information / Forms

All providers must request a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

[PBJ](#) (Nursing Home Facilities)

[ePOC](#) (Nursing Home Facilities)

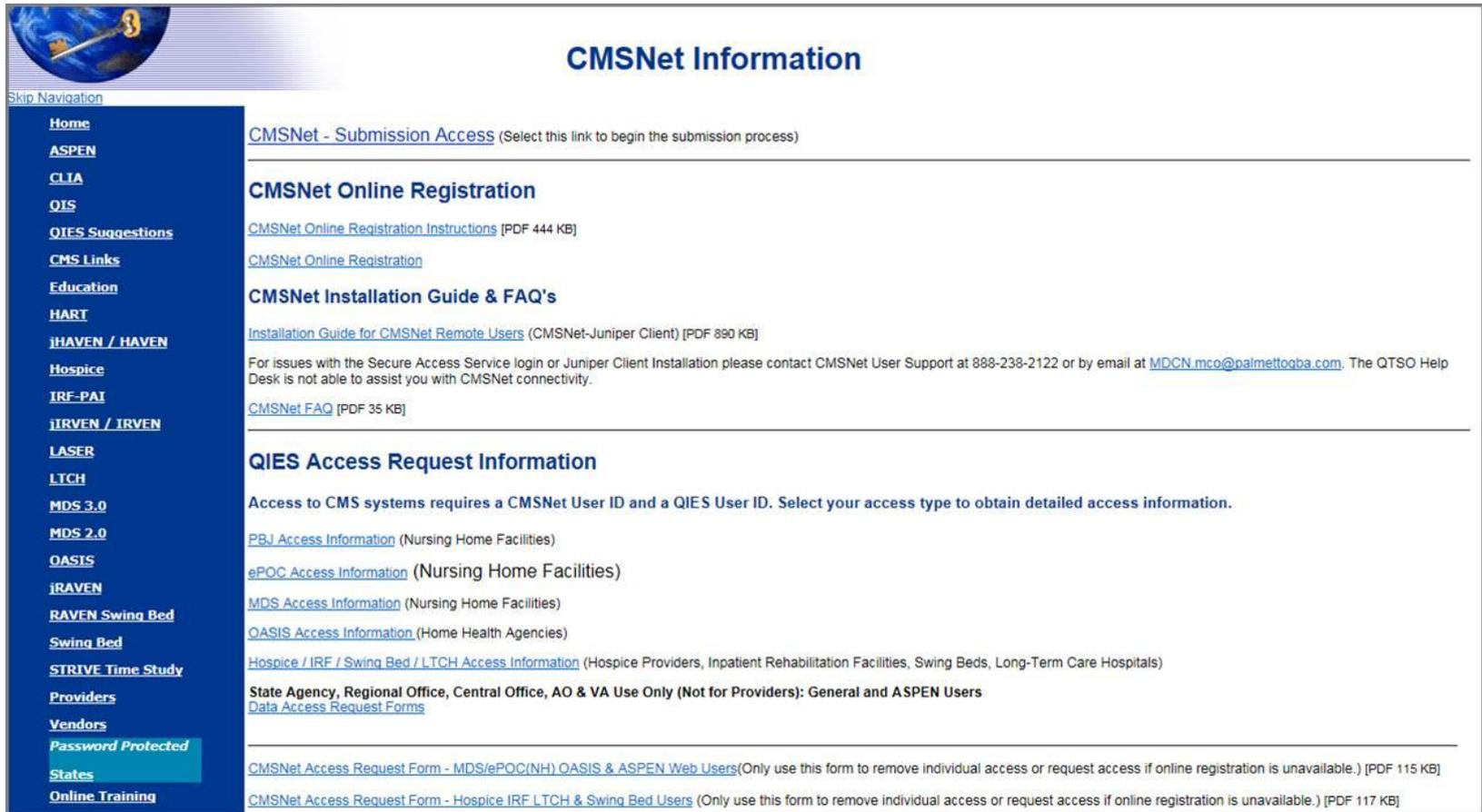
[MDS](#) (Nursing Home Facilities)

[OASIS](#) (Home Health Agencies)

[Hospice / IRF / LTCH / Swing Bed](#) (Hospice Providers, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Swing Beds)

State and Federal Personnel ONLY (State Agency, CMS RO/CO, ASPEN, AO & VA Users)
[National Data Access Requests](#) NOT for Providers

CMSNet Information Page



The screenshot shows the CMSNet Information page. At the top left is a globe icon with a key and the number 3. The main title is "CMSNet Information". A left sidebar contains a navigation menu with links: Home, ASPEN, CLIA, QIS, QIES Suggestions, CMS Links, Education, HART, jHAVEN / HAVEN, Hospice, IRF-PAI, iIRVEN / IRVEN, LASER, LTCH, MDS 3.0, MDS 2.0, OASIS, jRAVEN, RAVEN Swing Bed, Swing Bed, STRIVE Time Study, Providers, Vendors, Password Protected, States, and Online Training. The main content area includes: "CMSNet - Submission Access" (Select this link to begin the submission process); "CMSNet Online Registration" with a link to "CMSNet Online Registration Instructions" (PDF 444 KB) and "CMSNet Online Registration"; "CMSNet Installation Guide & FAQ's" with a link to "Installation Guide for CMSNet Remote Users" (CMSNet-Juniper Client) (PDF 890 KB) and text about contacting support; "QIES Access Request Information" with instructions to select access type and links for PBJ, ePOC, MDS, OASIS, and Hospice/IRF/Swing Bed/LTCH access information; and "State Agency, Regional Office, Central Office, AO & VA Use Only (Not for Providers): General and ASPEN Users Data Access Request Forms" with links to "CMSNet Access Request Form - MDS/ePOC/NH/OASIS & ASPEN Web Users" (PDF 115 KB) and "CMSNet Access Request Form - Hospice IRF LTCH & Swing Bed Users" (PDF 117 KB).

CMSNet Information

[Skip Navigation](#)

Home

ASPEN

CLIA

QIS

QIES Suggestions

CMS Links

Education

HART

jHAVEN / HAVEN

Hospice

IRF-PAI

iIRVEN / IRVEN

LASER

LTCH

MDS 3.0

MDS 2.0

OASIS

jRAVEN

RAVEN Swing Bed

Swing Bed

STRIVE Time Study

Providers

Vendors

Password Protected

States

Online Training

CMSNet - Submission Access (Select this link to begin the submission process)

CMSNet Online Registration

[CMSNet Online Registration Instructions](#) [PDF 444 KB]

[CMSNet Online Registration](#)

CMSNet Installation Guide & FAQ's

[Installation Guide for CMSNet Remote Users](#) (CMSNet-Juniper Client) [PDF 890 KB]

For issues with the Secure Access Service login or Juniper Client Installation please contact CMSNet User Support at 888-238-2122 or by email at MDCN.mco@palmettooba.com. The QTSO Help Desk is not able to assist you with CMSNet connectivity.

[CMSNet FAQ](#) [PDF 35 KB]

QIES Access Request Information

Access to CMS systems requires a CMSNet User ID and a QIES User ID. Select your access type to obtain detailed access information.

[PBJ Access Information](#) (Nursing Home Facilities)

[ePOC Access Information](#) (Nursing Home Facilities)

[MDS Access Information](#) (Nursing Home Facilities)

[OASIS Access Information](#) (Home Health Agencies)

[Hospice / IRF / Swing Bed / LTCH Access Information](#) (Hospice Providers, Inpatient Rehabilitation Facilities, Swing Beds, Long-Term Care Hospitals)

State Agency, Regional Office, Central Office, AO & VA Use Only (Not for Providers): General and ASPEN Users

[Data Access Request Forms](#)

[CMSNet Access Request Form - MDS/ePOC/NH/OASIS & ASPEN Web Users](#) (Only use this form to remove individual access or request access if online registration is unavailable.) [PDF 115 KB]

[CMSNet Access Request Form - Hospice IRF LTCH & Swing Bed Users](#) (Only use this form to remove individual access or request access if online registration is unavailable.) [PDF 117 KB]

CMSNet Information Page (cont.)

CMSNet Information page contains important information for accessing the CMS private network

- CMSNet – Submission Access link allows you to access CMS' private network.
- CMSNet Online Registration Instructions link allows you to access step-by-step instructions to register for a CMSNet user ID. These instructions should be used when registering for a CMSNet user ID in the CMSNet online registration application.
- CMSNet Online Registration link allows you access to the CMSNet Remote Access Request Portal application where you will register for a new CMSNet user ID.
- Installation Guide for CMSNet Remote Users link allows you to access step-by-step instructions for installing the Juniper communication software. These instructions should be closely followed while installing the software.
- CMSNet Frequently Asked Questions (FAQs) link allows you to view a FAQs document that provides a list of frequently asked questions and answers applicable to the CMS private network.

LTCH Information Page



LTCH Information

Skip Navigation

- Home
- ASPEN
- CLIA
- OIS
- OIES Suggestions
- CMS Links
- Education
- HART
- iHAVEN / HAVEN
- Hospice
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- iIRVEN / IRVEN
- LASER
- LTCH**
- MDS 3.0
- MDS 2.0
- OASIS
- iRAVEN
- RAVEN Swing Bed
- Swing Bed
- STRIVE Time Study
- Providers
- Vendors
- Password Protected

[LTCH Information](#) [LTCH User Guides & Training](#)

[CMS.gov - LTCH Quality Reporting](#)

[CMS.gov - LTCH Technical Information](#)

[CMS.gov - LTCH Quality Reporting Measure Information](#)

LTCH CARE Software Developer/Vendor Call - December 12, 2013 (posted 11/13/2013)

Information regarding the December 12, 2013 LTCH CARE Software Developer/Vendor Call is now available on the [LTCH Vendor Information](#) page.

Announcement: Recorded Training Sessions Available for LTCH Providers (posted 09/04/2012)

The training recordings for the LTCH CARE Assessment Submission Process and CASPER Reports for LTCH Providers are available for viewing on the [LTCH Training](#) page.

Announcement: LTCH User ID Registration Process (posted 08/17/2012)

Effective August 20, 2012, LTCH providers required to submit LTCH CARE assessments for the LTCH Quality Reporting Program, may begin registering for their CMSNet and QIES User IDs. The CMSNet User ID allows users to access the CMS private Wide Area Network or WAN, where the LTCH CARE Submissions and CASPER Reporting systems reside. The QIES User ID allows users to submit LTCH CARE assessments to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The QIES User ID also allows users to access the assessment and submission reports in the CASPER Reporting application for LTCH CARE assessments that were submitted. The CMSNet and QIES User IDs are not used for submission of Healthcare-Associated Infection (HAI) data to the Centers for Disease Control (CDC).

Each provider will be allowed two CMSNet User IDs and two QIES User IDs. LTCH providers will be required to request the CMSNet user IDs first, followed by an online registration process for the QIES User ID. The online registration confirmation will contain the QIES User ID, and the Facility ID. **NOTE:** If you need Corporate or Third Party Access do not register for multiple individual User IDs. Separate forms for Corporate and Third Party User Registration will be posted on QTSO when they are available.

The LTCH Provider User Registration WebEx training session, which is available on the QTSO website, provides the necessary information for the User ID registration processes. The training session must be reviewed prior to attempting the registration process.

It is important that the User ID registration processes be completed before the end of September 2012 to ensure that the necessary User IDs are available and activated prior to the October 1, 2012 LTCH CARE assessment submission requirement.

Below is essential information about the LTCH Provider User Registration WebEx training session.

LTCH Information Page (cont.)

- LTCH Information page provides access to:
 - Link to LTCH quality reporting information on the CMS Web site.
 - Link to LTCH technical information on the CMS Web site.
 - Link to LTCH quality reporting measure information on the CMS Web site.
 - Additional informational messages.

LTCH User Guides & Training Page

LTCH User Guides & Training

Skip Navigation

LTCH Information **LTCH User Guides & Training**

Guides and Manuals

LTCH Submission User's Guide (updated 12/2014)

Choose the Section Select

CASPER Reporting User's Manual

Choose the Section Select

Announcement: Recorded Training Sessions Available for LTCH Providers (posted 09/04/2012)

Two new recorded training sessions are available to LTCH Providers. The recorded training sessions are as follows:

1. LTCH CARE Assessment Submission Process - this training recording provides the necessary instructions for submitting LTCH CARE assessment data to the ASAP LTCH CARE Submission System beginning October 1, 2012.
2. CASPER Reports for LTCH Providers - this training recording provides information about accessing and interpreting the ASAP system-generated LTCH Provider Final Validation Report, identifies other reports available to LTCH Providers and gives an overview of the basic functionality of the CASPER Reporting application.

It is recommended that both recorded training sessions be reviewed, in the order that they are listed.
To access the training WebEx, follow these steps:

- Access the QTSO e-University page at <https://www.qtso.com/webex/qiesclasses.php>
- Select the **LTCH** link located in the Recorded Training Sessions Categories box and the QTSO e-University login page will display.
- Enter your first and last name and Email address in the Name and Email fields
- Select the Go button and the Recorded Training Sessions page will display
- Select the [LTCH CARE Assessment Submission Process](#) or [CASPER Reports for LTCH Providers](#) links from the Recorded Training Sessions box to view the recording.

Important notes:

- The file format for this recording is Windows Media Video (WMV). Windows Media Player is recommended for viewing.
- This training session contains audio and visual information. Ensure that the computer's speakers are turned on to hear the audio.
- This recorded training session contains closed captioning. Select the Closed Captioning Instructions link in the Recorded Training Sessions box to access instructions for enabling the closed captioning feature, if needed.
- Please contact the QTSO Help Desk by phone at (877) 201-4721 or by email at help@qtso.com if you have questions regarding this training session.

LTCH User Guides & Training Page (cont.)

- Access to two important technical user's guides:
 1. LTCH CARE Submission User's Guide.
 2. CASPER Reporting User's Guide.
- Additional informational messages.

Other Technical Training Opportunities

- Other training opportunities:
 - Online recorded technical training webinars that detail such topics as the CMSNet and QIES user ID registration process, LTCH CARE data submission and accessing and interpreting reports are available.

LTCH Technical Training Webinars

- Three recorded webinars are available on the QTSO Web site:
 - Module 1: Provider User ID Registration Process
 - Details the process to register for a CMSNet user ID, QIES user ID and installation of the Juniper communication software.
 - Module 2: LTCH CARE Assessment Submission Process
 - Details the process to submit LTCH CARE data to the QIES ASAP system.
 - Module 3: CASPER Reports for LTCH Providers
 - Details how to access and interpret the ASAP system-generated final validation report, as well as other reports available to LTCH providers in the CASPER Reporting application.
- Information about accessing these training modules can be found on the LTCH User Guides and Training page on the QTSO Web site: <https://www.qtso.com/ltchtrain.html>.

CMS QIES Systems for Providers Page



Welcome to the CMS QIES Systems for Providers

Reminder: When an existing LTCH receives a new Medicare provider number, the LTCH must discontinue submitting data under the old provider number.

[LTCH User Registration](#)



[LTCH CARE Submissions](#)

LTCH CARE Submission User's Guide

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

CASPER Reporting User's Manual:

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[LTCH Forms](#)

LTCH CARE Submission User's Guide

LTCH CARE Submission User's Guide

- Section 1 – Introduction
- Section 2 – Overview
- Section 3 – Functionality
- Section 4 – Reports
- Section 5 – Error Messages
- Section 6 – Glossary
- Appendix A – Quick Reference to LTCH Submissions, Submission Status, and Validation Reports
- Appendix B – Resident Match

CASPER Reporting User's Guide

CASPER Reporting User's Guide

- Section 1 – Introduction
- Section 2 – Functionality
- Section 3 – LTCH Provider Reports
- Appendix A – Quick Reference to LTCH CARE File Submissions and LTCH Provider Final Validation Report

CMSNet Help Desk Contact Information

- Contact the CMSNet Help Desk should you have technical questions regarding the CMSNet user ID registration process or installation of the Juniper communication software.
- CMSNet Help Desk Contact Information:
 - Phone at (888) 238-2122
 - Email at mdcn.mco@palmettogba.com

QTSO Help Desk Contact Information

- Contact the QTSO Help Desk should you have technical questions regarding the following:
 - QIES user ID registration.
 - Managing the password associated to the QIES user ID.
 - Submission of LTCH CARE data.
 - Accessing and/or interpreting the LTCH Provider Final Validation Report.
 - Requesting or interpreting LTCH-specific reports available in the CASPER Reporting application.
 - Accessing or viewing the online recorded technical training webinars.
- QTSO Help Desk Contact Information:
 - Phone at (877) 201-4721
 - Email at help@qtso.com



Questions?

Resident Match Group Activity Information



Activity: Q1 – What Criteria ID?

- State = IA
- Facility Internal ID = 107
- SSN = 123
- Birthdate = 10/10/1910
- Last Name = Lion
- First Name = Mable
- Gender = F

Activity: Resident-Matching Criteria

Comp. Order	Criteria Set ID	State Code	Facility Int. ID	SSN	Last Name	First Name	Birth Date	Gender
1	1	Y	Y	Y	Y	Y	Y	Y
2	9	Y	n	Y	Y	Y	Y	Y
3	11	Y	Y	Y	Y	n	n	Y
4	3	Y	n	n	Y	Y	Y	Y
5	4	Y	n	Y	n	n	Y	Y
6	5	Y	n	Y	Y	Y	n	Y
7	6	Y	Y	n	Y	Y	C	Y
8	10	Y	n	Y	Y	Y	Y	n

Activity: Patients in Iowa

Facility ID 20

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
	Aardvark	Annie	3/3/1913	F	1
901	Bear	Teddy	8/8/1928	M	10
44	Gazelle	Anne	4/4/1924	F	5
890	Lynx	Charles	12/16/1923	M	8
678	Oryx	John	9/8/1919	M	15
66	Panther	Jon	2/2/1922	M	17
22	Puma	Anne	2/2/1922	F	4
55	Serval	John	5/5/1915	M	14
789	Turtle	Annette	1/1/1911	F	3

Activity: Patients in Iowa

Facility ID 26

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
901	Bear	Charlie	8/8/1928	F	29
345	Cat	Hugh	7/7/1917	M	31
456	Rhino	Chuck	7/18/2012	M	9
	Rhino	James	11/11/1911	M	32
	Tiger	Gertrude	9/9/1919	F	30

Activity: Patients in Iowa

Facility ID 75

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
482	Bear	James	8/8/1928	M	37
581	Bobcat	Henry	9/8/1919	M	35
38	Cheetah	Nick	2/2/1922	M	36
126	Lion	Mary	10/10/1912	F	38
344	Oryx	Linda	9/8/1919	F	34

Activity: Patients in Iowa

Facility ID 89

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
11	Antelope	Ann	1/1/1911	F	2
13	Antelope	Mary	1/1/1911	F	21
22	Caracal	Betty	2/2/1922	F	23
324	Elk	Elizabeth	3/3/1913	F	25
	Gazelle	Robert	8/8/1928	M	26
789	Jaguar	Ann	1/1/1911	F	22
890	Kudu	Karl	12/16/1923	M	27
	Lynx	Annie	3/3/1913	F	20
421	Ocelot	Olive	4/4/1924	F	24

Activity: Patients in Iowa

Facility ID 107

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
345	Cat	Hugh	7/7/1917	M	12
77	Cat	John	7/7/1917	M	16
234	Elk	Bessie	3/3/1913	F	6
	Gazelle	Bobby	8/8/1928	M	7
88	Leopard	James	8/8/1928	M	18
123	Lion	Mable	10/10/1910	F	19
	Rhino	James	11/11/1911	M	13
	Tiger	Gertrude	9/9/1919	F	11

Activity: Patients in Iowa

Facility ID 189

SSN	Last Name	First Name	Birth Date	Gender	Resident ID
345	Cat	Hugh	7/7/1917	M	12
77	Cat	John	7/7/1917	M	16
234	Elk	Bessie	3/3/1913	F	6
	Gazelle	Bobby	8/8/1928	M	7
88	Leopard	James	8/8/1928	M	18
123	Lion	Mable	10/10/1910	F	19
	Rhino	James	11/11/1911	M	13
	Tiger	Gertrude	9/9/1919	F	11