

December 20, 2017

NEW TRAINING EVENT — Section GG Web-based Training Module Now Available

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training module to address questions submitted by providers during trainings between November 2015 and August 2016 related to Section GG across the Skilled Nursing Facility (SNF), Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), and Home Health (HH) care settings. Visit the [LTCH Quality Reporting Training](#) webpage for more information.

December 14, 2017

The Technical Specifications for Reporting Assessment-Based Measures for the LTCH CARE Data Set Version 4.00, effective July 1, 2018, is available for download on the [LTCH Quality Reporting Measures Information](#) webpage. The purpose of the tables is to list items necessary to calculate the LTCH QRP assessment-based measures, which will be used for compliance determination, and items used only for risk adjustment, which will not be used for compliance determination.

December 12, 2017

LTCH Compare Quarterly Refresh

The December 2017 quarterly Long-Term Care Hospital (LTCH) Compare refresh, including new quality measure results based on data submitted to CMS is now available. Visit [LTCH Compare](#) to view the data.

The following new measures were added to LTCH Compare:

1. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccination (NQF #0680)
 - Measure suppressed by CMS due to measure calculation error
2. Influenza Vaccination among Healthcare Personnel (NQF #0431)
3. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)
4. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)

December 08, 2017

MSPB Measure Calculation Error in LTCH Quality Measure Reports

CMS has discovered an error in the Medicare Spending per Beneficiary (MSPB) measure calculation currently displayed on the facility-level quality measure reports for some LTCH providers. The error affected the risk adjustment of the measure. CMS has corrected this issue and the data have been loaded into the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. These facility level quality measures reports are on-demand, user-requested reports in your Certification and Survey provider Enhanced Reports (CASPER) Reporting System folder in QIES. Providers should request an updated version of the report to review the corrected MSPB measure calculation.

For more information, visit the [LTCH Quality Reporting Measures Information](#) webpage.

December 5, 2017

LTCH QRP Provider Preview Reports Now Available

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 2 -2016 to Quarter 1 - 2017 data, prior to the March 2018 [LTCH Compare](#) refresh.

Providers have until January 3, 2018 to review their performance data.

For more information, visit the [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#).

November 30, 2017

Training Materials Available for December 2017 LTCH QRP Provider Training

The training materials (without answers to polling questions and scenarios) for the upcoming Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training in Dallas, TX, on Wednesday, December 6, and Thursday, December 7, 2017, are now available under the Downloads section of the [LTCH Quality Reporting Training](#) webpage. The training will start at 9:00 a.m. CT and end at 5:00 p.m. CT on December 6 and start at 8:30 a.m. CT and end at 3:30 p.m. CT on December 7. [Click here to register for this event.](#)

November 22, 2017

A change table outlining the revisions to the LTCH QRP Manual Version 4.0 has been added to the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage. This change table summarizes the updates to the LTCH QRP Manual Version 4.0 that will be effective July 1, 2018.

November 20, 2017

Revised LTCH QRP Manual Version 4.0

A revised version of the LTCH QRP Manual Version 4.0 for the LTCH CARE Data Set Version 4.00, which will go into effect July 1, 2018 has been added to the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage.

November 14, 2017

IRF/LTCH Quality Measure Reports- Measures Added

The Confidential Feedback Reports, also referred to as the Facility-Level and Patient-Level Quality Measure (QM) reports, for Inpatient Rehabilitation Facilities (IRFs) and Long-Term Care Hospitals (LTCHs) have been updated to include additional quality measures. These on-demand, user-requested reports, are available via the Certification and Survey provider Enhanced Reports (CASPER) Reporting System. These reports can be used to provide feedback to help providers identify data errors and improve quality of care. For more information, view the [IRF LTCH QM Report-Measures Added- November 2017 PDF](#) on the [LTCH Quality Reporting Measures Information](#) webpage.

November 02, 2017

Northern California Wildfires - Disaster Exceptions/Exemptions for Medicare Certified Providers

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, renal dialysis facilities, and ambulatory surgical centers located in areas affected by the devastating impacts of the Northern California wildfires since October 8, 2017, in and around counties in Northern California.. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the California counties which has been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the [memo](#) posted on 10-30-17, however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Further details and materials are available on the [CMS 2017 California Wildfires](#) webpage and the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

November 01, 2017

REGISTRATION OPEN – LTCH QRP Provider In-Person Training Event, December 6-7, 2017

The Centers for Medicare & Medicaid Services (CMS) will be hosting a 2-day Long Term Care Hospital (LTCH) Quality Reporting Program (QRP) 'Train the Trainer' in-person provider training event on December 6 and 7, 2017, in Dallas, TX. See the [LTCH Quality Reporting Training](#) webpage for details.

October 31, 2017

A Quick Reference Guide for the LTCH QRP is now available on the [LTCH Quality Reporting Program Data Submission Deadlines](#) webpage. The guide includes frequently asked questions, information on QRP help desks, and helpful links to additional resources for the LTCH QRP.

October 24, 2017

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) is approaching. LTCH CARE Data Set assessment data and data submitted via the Center for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for April-June (Q2) of calendar year (CY) 2017 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on November 15, 2017.**

It is recommended that the applicable CMS CASPER validation reports and NHSN analysis reports are run prior to each quarterly reporting deadline to ensure that all required data were submitted. We encourage you to verify all facility information prior to submission, including CCN and facility name. Successful submissions for the Annual Payment Update requirement count on you.

View the list of measures required for this deadline on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

For providers affected by hurricanes Harvey and Irma: Information on the exceptions can be found on the [LTCH QRP Reconsideration and Exception & Extension](#) webpage.

For additional information, visit:

- [Quick Reference to LTCH Care File Submissions, Submission Status and Validation Reports](#)
- [CMS Resources for NHSN Users](#)

October 13, 2017

Hurricane Harvey – The FEMA designated areas affected by the hurricane have been updated. Refer to the Downloads section of the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage for updated information.

October 11, 2017

LTCH QRP APU FY 2018: Successful Facilities

As stated in the [FY 2016 IPPS/LTCH PPS Final Rule](#), CMS has published a list of LTCHs who successfully met the reporting requirements after all reconsideration requests have been processed. This report will be updated on an annual basis. View the list on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

September 26, 2017

Hurricane Irma – The FEMA designated areas affected by the hurricane have been updated. Refer to the Downloads section of the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage for updated information.

September 19, 2017

August 22 LTCH QRP Refresher Webinar Video Recording & Post-Training Materials Are Now Available

A video recording of the August 22, 2017, Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Refresher Webinar is now available along with post-training materials (with answers to knowledge checks

revealed) and the question and answer (Q&A) document. See the [LTCH Quality Reporting Training](#) webpage for details.

September 14, 2017

Hurricane Irma - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, renal dialysis facilities, long-term care hospitals, and ambulatory surgical centers located in areas affected by Hurricane Irma due to the devastating impact of the storm. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the Florida counties, Puerto Rico municipios, or U.S. Virgin Islands county- equivalents, all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county, municipio, or county-equivalent.

The scope and duration of the exception under each Medicare quality reporting program is described in the memo posted on [9-14-17](#), however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the [Hurricane page](#) and the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

September 08, 2017

Hurricane Irma

CMS is tracking Hurricane Irma closely with respect to the quality reporting programs' data submission requirements, we will provide guidance and further information as it becomes available.

Additional details and materials are available on the [Hurricane](#) page. Please check back frequently for updates.

Please note, that the FEMA designated areas affected have been updated in the Hurricane Harvey memo from August 31, 2017.

September 1, 2017

The LTCH QRP Manual Version 3.0 has been updated to include a revised Appendix D. The “Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set Version 3.00” replaces the current “Detailed Matrix Identifying Required Items on the LTCH CARE Data Set Version 3.00” in Appendix D. This is the only change made to the LTCH QRP Manual Version 3.0. The “Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set Version 3.00” is included in the LTCH QRP Manual Version 3.0 which is available for Download on the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage. The change table has also been revised to reflect this update.

September 1, 2017

Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set Version 3.00

This table presents information to understand the reporting requirements for the assessment-based quality measures that are included in the LTCH QRP for the LTCH CARE Data Set Version 3.00. This table provides details for each LTCH CARE Data Set item and assessment type as well as allowable item values when coding for the assessment-based quality measures. The table is available for download on the [LTCH Quality Reporting Measures Information](#) webpage.

September 1, 2017

LTCH Compare Quarterly Refresh

The September 2017 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q4 2015 – Q3 2016, is now available. Visit [LTCH Compare](#) to view the data.

September 1, 2017

LTCH QRP Provider Preview Reports Now Available

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 1 -2016 to Quarter 4 - 2016 data, prior to the December 2017 LTCH Compare refresh.

Providers have 30 days to review their performance data (September 1, 2017 through September 30, 2017).

For more information, visit the [LTCH Quality Public Reporting](#) webpage and [Preview Report Access Instructions](#).

August 31, 2017

Hurricane Harvey - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, outpatient dialysis facilities, long-term care hospitals, and ambulatory surgical centers located in areas affected by Hurricane Harvey due to the devastating impact of the storm. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the Texas counties or Louisiana parishes, all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the [memo posted on 8-31-17](#), however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

If FEMA expands the current disaster declaration for Hurricane Harvey to include additional counties or parishes, CMS will update this memo to expand the list of providers eligible to receive an exception without submitting a request to include the hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, and ambulatory surgical centers located in the additional counties and parishes.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the [Hurricane page](#) and the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

August 22, 2017

LTCH Review and Correct Report & Confidential Feedback Report Issues

An issue has been identified in the coding of two measures contained in both the LTCH QRP Review and Correct Reports and the Confidential Feedback Reports (LTCH QRP Quality Measure Report). The issue affects the calculation of measures, *Application of Percent of LTCH Patients with Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF#2631)* and *Change in Mobility Among LTCH patients Requiring Ventilator Support (NQF #2632)*. As a result, the measure calculations are being corrected and retested. Once these concerns have been resolved, the data for these measures will be recalculated and the updated results will be available on the LTCH Review and Correct and Quality Measure Reports. We anticipate the corrected calculations for these measures will be reflected in the reports by Mid-late October, 2017.

Please note, this report was created specifically for LTCH Providers.

Support staff are working to resolve these issues. A follow-up email will be sent when the issue is resolved and further guidance can be given.

If you have questions concerning this information, please contact the QTSO Help Desk at help@qtso.com or 1 (800) 339-9313.

August 21, 2017

Training Materials Available for the August 22 LTCH QRP Refresher Webinar

Training materials (without answers to polling and knowledge check questions) for the upcoming **LTCH (Long-Term Care Hospital) Quality Reporting Program (QRP) Refresher Webinar on Tuesday, August 22, 2017, from 2:00 to 4:00 p.m. ET** are now available in the Downloads section of the [LTCH Quality Reporting Training](#) webpage.

For more information and to register, visit the [LTCH Quality Reporting Training](#) webpage.

August 1, 2017

Specifications for the quality measures and standardized patient assessment data elements for the LTCH QRP as finalized in the FY 2018 IPPS/LTCH PPS Final Rule are now posted. The measure specifications provide detailed information on the following finalized measures: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay, and Ventilator Liberation Rate. The specifications can be found in the Downloads section of the [LTCH Quality Reporting Measures Information webpage](#).

The LTCH CARE Data Set Version 4.00, along with a table listing changes from the previous version, for the measures and standardized patient assessment data elements for the LTCH QRP as finalized in the FY 2018 IPPS/LTCH PPS Final Rule can be found in the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual webpage](#).

July 18, 2017

LTCH Quality Reporting Program: Non-Compliance Letters

Long-Term Care Hospitals (LTCHs) have been notified if they were determined to be non-compliant with LTCH Quality Reporting Program (QRP) requirements for CY 2016, which will affect their FY 2018 APU. Notifications were sent from CMS via the Medicare Administrative Contractors (MACs) and non-compliance notifications were placed into providers' CASPER folders in QIES on July 18, 2017. Providers that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59pm PST, August 17, 2017. If you receive a notice of non-compliance and would like to request a reconsideration, see the instructions in your notification letter and on the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage.

July 14, 2017

Registration Open- August 22 Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Refresher Training

The Centers for Medicare & Medicaid Services (CMS) is hosting a webinar for Long-Term Care Hospital (LTCH) providers on Tuesday, August 22, from 2:00 to 4:00 p.m. ET. Visit the [LTCH Quality Reporting Training](#) webpage for more information and to register.

July 13, 2017

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) is approaching. LTCH CARE Data Set assessment data and data submitted via the Center for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) for January-March (Q1) of calendar year (CY) 2017 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on August 15, 2017.**

View the list of measures required for this deadline on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

As a reminder, it is recommended that providers run the applicable CMS CASPER validation reports and NHSN analysis reports prior to each quarterly reporting deadline to ensure that all required data has been submitted. Providers are also encouraged to verify all facility information prior to submission, including their CCN and facility name. Only successful submissions will count toward your Annual Payment Update requirement.

For additional information, visit:

- [Quick Reference to LTCH Care File Submissions, Submission Status and Validation Reports](#)
- [CMS Resources for NHSN Users](#)

June 21, 2017

A new Long-Term Care Hospital(LTCH) fact sheet is now available in the downloads section of the [LTCH Quality Public Reporting](#) web page. This fact sheet contains information related to [LTCH Compare](#) and how the site can serve as a resource to providers in understanding their current quality ratings. The fact sheet also suggest approaches to communicating with patients and family members about how the Compare site can inform their decision making process.

June 06, 2017

LTCH Compare Quarterly Refresh

The June 2017 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q3 2015 – Q2 2016, is now available. Visit [LTCH Compare](#) to view the data.

Please Note: Central Line Associated Blood Stream Infections (CLABSI) has been suppressed for all LTCHs for this quarterly refresh. Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the LTCH Compare site.

June 06, 2017

An errata document for the LTCH QRP Manual Version 3.0 has been posted and is available in the downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage.

June 1, 2017

LTCH QRP Provider Preview Reports Now Available

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 4 -2015 to Quarter 3- 2016 data, prior to the September 2017 LTCH Compare refresh, during which this data will be publicly displayed.

Providers have 30 days (June 1, 2017 through June 30, 2017) to review their performance data. As finalized in the FY 2017 IPPS/LTCH PPS final rule, corrections to the underlying data will not be permitted during this time; however, LTCHs may request CMS review of the data contained within their Preview Report, should they believe it to be inaccurate.

NOTE: Central Line Associated Blood Stream Infections (CLABSI) is not displayed on the Provider Preview Reports due to an error within the calculations of the Centers for Disease Control (CDC) data. Footnote 4 will show “Not Available”, “Data suppressed by CMS for one or more quarters” on the Provider Preview Reports for this measure for LTCHs.

For more information and directions on how to retrieve these reports, visit the [LTCH Quality Public Reporting](#) webpage.

May 24, 2017

May 2 Review and Correct Reports Provider Training Question and Answer (Q&A) Document Is Now Available

The question and answer (Q+A) document from the **Review and Correct Reports Provider Training** is now available in the “Downloads” section of the [LTCH Quality Reporting Training](#) webpage. The Q+A document contains participant questions from the **Live Webcast which took place on Tuesday, May 2, 2017**.

May 19, 2017

May 2 Review and Correct Reports Provider Training Video Recording & Post-Training Materials Are Now Available

A video recording of the **Review and Correct Reports Provider Training – Live Webcast which took place on Tuesday, May 2, 2017**, is now available along with post-training materials (with answers to knowledge checks revealed). See the [LTCH Quality Reporting Training](#) webpage for details.

MAY 18, 2017

Updated LTCH QRP FAQ Document

An updated version of the LTCH QRP FAQ document has been added to the Downloads section of the [LTCH Quality Reporting FAQs](#) webpage. The FAQ document has been updated to reflect current guidance related to the quality reporting program, data submission deadlines, training materials, and other useful resources available to providers.

MAY 18, 2017

LTCH CARE Data Set FAQ Document

CMS has developed a list of frequently asked questions with answers addressing general coding questions about the LTCH CARE Data Set. This FAQ document is available in the Downloads section of the [LTCH Quality Reporting FAQs](#) webpage.

MAY 01, 2017

TRAINING MATERIALS AVAILABLE for the May 2 Review and Correct Reports Provider Training – Live Webcast

The training materials (without answers to knowledge checks) for the upcoming **Review and Correct Reports Provider Training – Live Webcast on Tuesday, May 2, 2017, from 2:00 to 3:30 p.m. ET** are now available under the Downloads Section of the [LTCH Quality Reporting Training](#) webpage.

For more information and to register, visit the [LTCH Quality Reporting Training](#) webpage.

April 17, 2017

LTCH Ventilator Weaning Quality Measure Development Documents Now Available

The summary reports for the LTCH ventilator weaning process and outcome quality measures for the LTCH QRP are now available.

- TEP Summary Report: Two TEP in-person meetings were convened, in addition to seven webinar meetings and two patient advocate telephone interviews, between April 2014 and October 2016. The TEPs were to

provide recommendations for appropriate measure specifications, identify potential risk factors for ventilator weaning quality measures, and gain feedback on draft data collection items.

- Public Comment Summary Report: The Call for Public Comment ran from May 19, 2016 to June 9, 2016. The public comment period was to obtain general feedback on the ventilator weaning quality measures and request stakeholder input.
- Pilot Test Summary Report: The pilot test was conducted from May 27, 2016 through October 4, 2016. The pilot test was to inform measure development, address issues raised by the TEP and public comments, and evaluate the feasibility of patient-level data collection and submission.

View the TEP Summary Report, Public Comment Summary Report, and Pilot Test Summary Report on the [LTCH Quality Reporting Measures Information](#) webpage.

April 14, 2017

The proposed item set, along with a table listing changes from the previous version, for the proposed measures and standardized patient assessment data elements as delineated for the LTCH QRP in the FY 2018 IPPS/LTCH PPS Proposed Rule can be found in the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual webpage](#).

April 14, 2017

Specifications for the quality measures and standardized patient assessment data elements proposed for the LTCH QRP through the FY 2018 IPPS/LTCH PPS Proposed Rule are now posted. The measure specifications provide detailed information on the following proposed measures: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay, and Ventilator Liberation Rate. The standardized patient data element specifications and evidence of support are also detailed in the document. The specifications can be found in the Downloads section of the [LTCH Quality Reporting Measures Information webpage](#).

April 14, 2017

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) is approaching. LTCH CARE Data set assessment data for October-December (Q4) of calendar year (CY) 2016

and data submitted via the Center for Disease Control and Prevention's (CDC's) NHSN for July-September (Q3) **and** October-December (Q4) of calendar year (CY) 2016 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on May 15, 2017.**

View the list of measures required for this deadline on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

As a reminder, it is recommended that providers run the applicable CMS CASPER validation reports and NHSN output reports prior to each quarterly reporting deadline to ensure that all required data has been submitted. Providers are also encouraged to verify all facility information prior to submission, including their CCN and facility name. Only successful submissions will count toward your Annual Payment Update requirement.

For additional information, visit:

- [Quick Reference to LTCH Care File Submissions, Submission Status and Validation Reports](#)
- [CMS Resources for NHSN Users](#)

April 06, 2017

Registration Open: Review and Correct Reports Provider Training – Live Webcast on May 2, 2017

The Centers for Medicare & Medicaid Services (CMS) is hosting a live webcast for Long-Term Care Hospitals (LTCHs) on Tuesday, May 2, 2017, from 2:00 to 3:30 p.m. ET. Visit the [LTCH Quality Reporting Training](#) webpage for more information and to register.

April 04, 2017

Review and Correct Reports Now Available

The LTCH review and correct reports are now available within the CASPER application. Providers can access these reports within the CMS QIES Systems for Providers webpage. This is the same webpage where providers access the link to submit their LTCH CARE data to the QIES Assessment Submission and Processing (ASAP) system.

Review and Correct reports contain quality measure information at the facility level and are available on demand. These reports allow LTCH providers obtain aggregate performance for the past four full quarters (when data is available). These reports only contain data submitted prior to the applicable quarterly data

submission deadlines and display whether the data correction period for a given CY quarter is “open” or “closed”.

March 21, 2017

Updated LTCH QRP Manual Version 3.0

An updated version of the LTCH QRP Manual Version 3.0, for the LTCH CARE Data Set Version 3.00, has been added to the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage. This manual contains updated information regarding data collection for the quality measures on the LTCH CARE Data Set Version 3.00, which went into effect on April 1, 2016.

A change table outlining updates to the LTCH QRP Manual Version 3.0 has also been added to the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage. This change table summarizes the updates included in the LTCH QRP Manual Version 3.0 that was updated in March 2017.

March 21, 2017

The March 2017 quarterly Long-Term Care Hospital (LTCH) Compare refresh, including Healthcare-acquired infection (HAI) measures performance data, are now available. View [LTCH Compare](#) to view the data.

March 15, 2017

LTCH Data Specs Effective December 17, 2017

The complete set of LTCH CARE Data Submission Specifications have been updated and posted. The new version is V2.02.0 and the documents containing the specifications are dated 03/06/2017 and are available in the Downloads section of the [LTCH Quality Reporting Technical Information](#) webpage.

March 01, 2017

LTCH QRP Provider Preview Reports Now Available

LTCHs now have the opportunity to review their performance data on each quality measure based on Quarter 3 -2015 to Quarter 2- 2016 data, prior to the June 2017 LTCH Compare refresh, during which this data will be publicly displayed.

Providers have 30 days (March 1, 2016 through March 30, 2017) to review their performance data. As finalized in the FY 2017 IPPS/LTCH PPS final rule, corrections to the underlying data will not be permitted during this time; however, LTCHs may request CMS review of the data contained within their Preview Report, should they believe it to be inaccurate. For more information and directions on how to retrieve these reports, visit the [LTCH Quality Public Reporting](#) webpage.

February 17, 2017

A Quick Reference Guide for the LTCH QRP is now available on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage. The guide includes frequently asked questions, information on QRP help desks, and helpful links to additional resources for the LTCH QRP.

February 14, 2017

NHSN Data Submission Deadline Extended to May 15th for IRF QRP and LTCH QRP

CMS is extending the February 15th submission deadline for the Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) **for data submitted via the Centers for Disease Control and Prevention's (CDC) National Health and Safety Network (NHSN)** during Quarter 3 2016, allowing providers to submit their data until Monday, May 15, 2017. This extension will provide facilities additional time to submit this quality reporting data and run applicable reports to ensure accurate submission.

For more information, visit:

- [IRF Quality Reporting Data Submission Deadlines](#) webpage
- [LTCH Quality Reporting Data Submission Deadlines](#) webpage

February 08, 2017

TEP Summary Report for Refinement of the Pressure Ulcer Measure is Now Available

The summary report for the refinement of percent of residents or patients with pressure ulcers that are new or worsened (Short-Stay) ([NQF #0678](#)) is now available. This report summarizes proceedings from a follow-up cross-setting pressure ulcer TEP meeting, which included in-depth discussion on the following topics:

- Obtaining input on updates to the cross-setting pressure ulcer measure in post-acute care settings
- Obtaining feedback regarding potential updates to measure specifications and items used to calculate the quality measure

- Refining the cross-setting approach to data collection for pressure ulcers in post-acute care settings.

View the TEP summary report on the [IMPACT Act Downloads and Videos](#) webpage.

January 25, 2017

TEP on Development and Maintenance of Quality Measures for LTCH QRP: Nominations due February 16

Nominations are due February 16 for a Technical Expert Panel (TEP) to develop quality measures reflective of quality of care for LTCHs in support of the CMS quality missions. Quality measures will be developed consistent with the three broad aims and six priorities of the National Quality Strategy, and the CMS Quality Strategy.

Visit the [Technical Expert Panels](#) webpage for more information

January 19, 2017

The submission deadline for the LTCH QRP is approaching. LTCH CARE Data set assessment data, as well as data submitted via the Center for Disease Control and Prevention's (CDC's) NHSN for July-September (Q3) of calendar year 2016 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on February 15, 2017.**

The list of measures required for this deadline can be found under "What are the measures & deadlines for the FY 2018 payment determination?" on the [LTCH Quality Reporting Data Submission Deadlines page](#) on the CMS LTCH QRP website.

As a reminder, it is recommended that providers run the applicable [CMS CASPER validation reports](#) and [NHSN output reports](#) prior to each quarterly reporting deadline to ensure that all required data has been submitted. Providers are also encouraged to verify all facility information prior to submission, including their CCN and facility name. Only successful submissions will count toward your Annual Increase Factor requirement.

For information on training resources available to assist with successful submission, visit the [LTCH Quality Reporting Training](#) webpage.

January 06, 2017

Transfer of Health Information and Care Preferences Quality Measures Pilot Study – Response Due by January 17

CMS has contracted with RTI and Abt to develop and implement two Transfer of Health Information and Care Preferences (TOH) quality measures. The TOH measures meet requirements under the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014.

View the Transfer of Health Pilot January 2017 zip file on the [IMPACT Act Downloads and Videos](#) webpage for the Recruitment Letter that provides more information about the Pilot study and the Interest Form that can be completed electronically.

To participate in the pilot test, Interest Forms should be submitted to sclark@rti.org by Tuesday, January 17th.