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

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

LTCHs utilize an instrument to collect patient assessment data for quality measures, called the Continuity Assessment and Evaluation (CARE) Data Set. The current version of the CARE Data Set is version 3.00 (effective April 1, 2016), and can be downloaded from the CMS website. The CARE Data Set must be transmitted to CMS through the Assessment Submission and Processing (ASAP) system to the Quality Improvement Evaluation System (QIES).

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

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

A list of the current LTCH measure for Fiscal Year (FY) 2018 is located on the following page.

Frequently Asked Questions

Q: How do I verify my NHSN data submission?
The best method to verify your current NHSN data submission is by running output reports. Detailed guidance on how to run and interpret NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found on the CDC home page. If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Q: How do I verify my LTCH CARE/assessment data submission?
The best method to verify your current LTCH CARE data submission is by running final validation and Assessments with Error Number XXXX reports. Detailed guidance on how to run and interpret LTCH CARE reports can be found in the CASPER Reporting User's Guide, available on the LTCH User Guides and Training page. Select "Section 4 Reports" from the second drop-down box and then select the "Select" option to access the instructions. Another resource is the CASPER Reporting User's Guide, available at the same link. Select Section 3 from the second drop-down box and select "LTCH Assessments with Error Number XXXX" in the table of contents.

Q: How do I know where to report each measure (NHSN vs. LTCH CARE)?
The following chart outlines the data submission mechanism for each measure.

NQF Number	Measure Name	Data Submission Mechanism
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	LTCH CARE Data Set (LCDS)
NQF #0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	Centers for Disease Control and Prevention (CDC)/NHSN
NQF #0139	NHSN Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure	CDC/NHSN
NQF #0431	Influenza Vaccination Coverage among Healthcare Personnel	CDC/NHSN
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	LCDS
NQF #1716	NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure	CDC/NHSN
NQF #1717	NHSN Facility-Wide Inpatient Hospital- Onset *Clostridium difficile* Infection (CDI) Outcome Measure	CDC/NHSN
N/A	NHSN Ventilator-Associated Event (VAE) Outcome Measure	CDC/NHSN
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	LCDS
NQF #2631	Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	LCDS
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	LCDS
NQF #2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support	LCDS

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

Help Desk Assistance

LTCHQualityQuestions@cms.hhs.gov (Quality Help Desk)
For questions about LTCH reporting requirements, quality measures, and reporting deadlines.

QRPHelp@CORMAC-corp.com (Post-Acute Care Support Team)
For questions about Outreach and the APU Quick Reference Guide contents.

Help@qtso.com or 1-877-201-4721 (QIES Help Desk)
For questions about LTCH CARE record completion and submission processes.

NHSN@cdc.gov (NHSN Help Desk)
For NHSN registration questions such as, needing a hospital identifier to register, selecting the facility type during online enrollment, and ensuring submission completeness of CAUTI, CLABSI, MRSA, CDI, and staff Influenza vaccination data.

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

Helpful Links

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

LTCH Quality Reporting FAQs — CMS developed a list of Frequently Asked Questions (FAQ) addressing general questions about the LTCH Quality Reporting Program, including information about the quality measures, data submission deadlines, training materials, and other helpful resources.

LTCH Quality Reporting Data Submission Deadlines — In addition to providing a list of the measures and their corresponding deadlines, this page includes links to NHSN resources, and contact information for CASPER and CARE Data Set provider report assistance.

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

LTCH Quality Public Reporting — The LTCH public reporting page discusses the LTCH Compare Website, which became active in December 2016. Prior to an LTCHs data becoming publicly reported, LTCHs receive a Preview Report, which allows them to view their information and request corrections to be made to demographics. This page displays information about both the LTCH Preview Report and the LTCH Compare Website.

LTCH Quality Reporting Reconsideration and Exception & Extension — If an LTCH failed to submit required measures data by each submission deadline, they receive notification of their non-compliance, alerting them, they are at risk of having a two (2)-percentage point reduction applied to their APU. When they receive this notification, they may request a CMS reconsideration of the initial determination.