2019 LTCH Quality Reporting Spotlight Announcements archives

What's new with the Long-Term Care Hospital Quality Reporting Program (LTCH QRP)?

 Find program guidance and information about our response to COVID-19 here: COVID-19 Updates

Updates

December 17, 2019

Updated Disclaimers for New SPADEs

The following disclaimers should be used to appropriately cite four new SPADEs finalized in the FY2020 LTCH Final Rule:

- A1250. Transportation

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- C1310. Signs and Symptoms of Delirium

  Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

- D0150. Patient Mood Interview (PHQ-2 to 9)

  Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.

- B1300. Health Literacy

  The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Data elements are permitted for use in an electronic medical record (EMR) with the proper disclaimers included as they appear in the patient assessment instrument (and above). All data elements should be coded in the format as it appears in the patient assessment instrument, and should be collected only for data submission to CMS.

December 12, 2019 LTCH Compare Quarterly Refresh- Now Available

The December 2019 Quarterly Long-Term Care Hospital (LTCH) Compare refresh is now available.

Please visit the LTCH Compare website to view the updated quality data.

For more information:

- LTCH Quality Public Reporting webpage
  December 9, 2019

LTCH Provider Preview Reports- Now Available

Long-Term Care Hospital (LTCH) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores on quality measures, which will be published on LTCH Compare during the **March 2020** refresh.

For more information:

- LTCH Quality Public Reporting webpage and LTCH Compare
  November 21, 2019

  Revised instructions regarding how to update provider information, also known as descriptive data, displayed on the Provider Preview report and on LTCH Compare have been posted to the Downloads section of the LTCH Quality Public Reporting webpage.

  November 21, 2019

  Publication of LTCH CARE Data Set and Change Table Version 5.0

  The LTCH Continuity Assessment Record and Evaluation (CARE) Data Set V5.0, along with an accompanying change table detailing updates from LTCH CARE Data Set V4.0, is now available in the Downloads *section* of the LTCH CARE Data Set & LTCH QRP Manual webpage. This data set contains the measures and Standardized Patient Assessment Data Elements finalized in the fiscal year (FY) 2020 Inpatient Prospective Payment System (IPPS)/LTCH Prospective Payment System (PPS) Final Rule and is effective October 1, 2020, for use in the LTCH QRP.

  Detailed iQIES LTCH QRP Report Information and UTC Time Display on Reports

  November 19, 2019

  The LTCH Quality Reporting Program (QRP) reports that were previously available in the Quality Improvement and Evaluation System (QIES) CASPER Reporting application are now available in the internet Quality Improvement and Evaluation System (iQIES). Below is a list of the reports that are now available in iQIES, including specific information about the data that are available:

  LTCH QRP Reports

- **LTCH Review and Correct Report**
- o **Quarter End Date Selection**
- ▪ Initial Quarter End Date available for selection in iQIES is Q3, 2019, which produces measure results for the Q4, 2018 – Q3, 2019 Reporting Period (10/01/2018 – 09/30/2019)
- ▪ Quarter End Dates prior to Q3, 2019 will not be available in iQIES; however, one additional Quarter End Date will become available for selection at the start of each new calendar quarter
- o New features available in this version of the report:
- ▪ Addition of patient-level records to the report.
- ▪ Users may request the patient-level data in a Comma Separate Values (CSV) file, in addition to seeing the data in the HTML and PDF formats
- ▪ Removal of the following measures:
- ▪ Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) measure
- ▪ Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF#0680)

- ▪ Addition of the following measures:
- ▪ Pressure Ulcer/Injury
- ▪ DRR
- ▪ Compliance with SBT
- ▪ Ventilator Liberation Rate
- ▪ Addition of report data sorting and filtering options at the time of the report request:
- ▪ By Quality Measure (QM) – one or many quality measures may be displayed
- ▪ By matched or unmatched stays – patients with matched stays (matching Admission and Discharge record) or patients with unmatched stays (Missing Admission or Discharge record).
  NOTE: Unmatched stays are not included in the QM calculations, but the patient-level rows will display in the report

- • By patient measure Status (Triggered, Not Triggered, Excluded, Dash, or All Statuses)
- o By Data Correction Period as of Report Run Date (Open, Closed, All)
- o By Reporting Quarter
- o Sort by Discharge date, Admission date, Last name, First name, and Status or Score

- • **LTCH Facility-Level Quality Measure (QM) Report**
- o Report End Date Selection
- ▪ Initial report End Date available for selection in iQIES is Q3, 2019, which produces measure results for the Q4, 2018 – Q3, 2019 Reporting Period (10/01/2018 – 09/30/2019)
- ▪ End Dates prior to Q3, 2019 will not be available in iQIES; however, one additional quarter end date will become available for selection on a calendar quarter basis
- o New features available on this version of the report:
- ▪ New display of the facility-aggregated quality measure data; this new display consolidates the measure results to support the ease of the report review and reduces the number of pages of the printed report.
- ▪ Removal of the following measures:
- ▪ Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) measure
- ▪ Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF#0680)
- ▪ National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
- ▪ National Healthcare Safety Network Ventilator-Associated Event (VAE) Outcome Measure
- ▪ Addition of the following measures:
- ▪ Pressure Ulcer/Injury
- ▪ DRR
- ▪ Ventilator Liberation Rate
- ▪ Compliance with SBT (Component 1)
- ▪ Compliance with SBT (Component 2)
- ▪ Updated measure results:
- ▪ "95% Confidence Interval" is now displayed for Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program and Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program
- ▪ Updated LCDS QM calculations to align with the QM specifications in the LTCH Measure Calculations and Reporting User's Manual V3.1

- **LTCH Patient-Level Quality Measure (QM) Report**
  - Report End Date Selection
    - Initial report End Date available for selection in iQIES is Q3, 2019, which produces measure results for the Q4, 2018 – Q3, 2019 Reporting Period (10/01/2018 – 09/30/2019)
    - End Dates prior to Q3, 2019 will not be available in iQIES; however, one additional quarter end date will become available for selection on a calendar quarter basis
  - New features available on this version of the report:
    - New display of the patient-level results. A new display consolidates the measure results to support the ease of the report review.
    - Quality measures are grouped by measure interpretation for easier interpretation (Undesirable Outcomes; Desirable Outcomes or Processes Performed; Change in Functional Scores) in the same table. These groups were previously displayed in separate pages.
    - Measure names were changed to be numerical (e.g. QM 1) to reduce the number of pages and burden for providers to review. A Quality Measures Legend is provided to reference the number with the quality measure.
    - Patient-level results are now available in a CSV file.
    - Removal of the following measures:
    - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) measure
    - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine
    - Addition of the following measures:
    - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury quality measures
    - Drug Regimen Review (DRR)
    - Addition of filtering and sorting options at the time of the report request:
    - Complete Stays – patient stays with a matching Admission and Discharge assessment.
    - Note: LCDS QM calculations are only performed when there is a matched stay
    - Incomplete Stays – Incomplete or unmatched stays (patients who have not been discharged or who are missing admission assessment)
    - Data from unmatched stay records are not included in the LDCS QM calculations
    - Addition of report data sorting options at the time of the report request:
    - Discharge date
    - Admission date
    - Last name, First name

    For detailed information regarding how the LTCH CARE Data Set (LCDS) assessment-based measures are calculated, refer to the LTCH Measure Calculations and Reporting User's Manual V3.1 that is available on the CMS website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html.

Coordinated Universal Time (UTC)

The submission date and time are recorded in the database for LCDS records submitted to iQIES. The time is stored in Coordinated Universal Time or UTC, which is five hours ahead of Eastern Time (ET). When time is displayed on reports, such as the Submission Date and Time on the Final Validation Reports, providers have been accustomed to seeing the time displayed in ET; however, iQIES currently displays the UTC time instead. In the future, iQIES reports and the View Assessments page will be enhanced to display the ET rather than UTC.

NOTE: Prior to evaluating the submission timeliness of LCDS records for the LTCH QRP, iQIES converts the UTC time to Eastern Time.

If you have questions regarding the information above or if you need assistance with accessing iQIES, please consult the designated Security Official for your organization or contact the iQIES help desk via phone at (877) 201-4721 or by email: iQIES@cms.hhs.gov.

October 31, 2019

Data Submission Deadline Extended

The submission deadline for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) 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 1 – June 30 (Q2) of calendar year (CY) 2019 has been extended to November 18, 2019. **All data must be submitted no later than 11:59 p.m. on November 18, 2019.**

October 22, 2019

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 1 – June 30 (Q2) of calendar year (CY) 2019 are due with this submission deadline.

All data must be submitted no later than 11:59 p.m. on November 15, 2019.

It is recommended that the applicable CMS iQIES 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.

View the list of measures required for this deadline on the LTCH Quality Reporting Data Submission Deadlines webpage.

For additional information, visit:

- iQIES LTCH Reference & Manuals
- CMS Resources for NHSN Users
  Flu Season Reminder: Data collection for the FY 2021 Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) measure begins October 1, 2019, or as soon as the flu vaccine is available, and continues through March 31, 2020. While data for the Healthcare Personnel Influenza Vaccination measure is not due until the May 15, 2020 deadline, providers are encouraged to report data on this measure as soon as they are available. For more information, visit the NHSN website.

Swingtech sends informational messages to LTCHs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

October 18, 2019

The **LTCH QRP Table for Reporting Assessment-Based Measures and SPADES for the FY 2022 LTCH QRP APU** is now available for download on the LTCH_Quality_Reporting_Measures_Information webpage. This table indicates the LTCH CARE data elements CMS will use to determine the FY 2022 LTCH QRP APU determination.

October 17, 2019

Video Tutorial Available to Assist with Proper Coding of GG0130A. Eating

A short video tutorial to assist providers with Coding GG0130A. Eating is available in the below link for Home Health, Inpatient Rehabilitation Facility, Long-Term Care Hospital and Skilled Nursing Facility.

https://youtu.be/ihu6PlbAzYY (YouTube)

October 11, 2019

Disclaimers for New SPADEs

The following disclaimers should be used to appropriately cite four new SPADEs finalized in the FY2020 LTCH Final Rule:

- A1250. Transportation
  © 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.

- C1310. Signs and Symptoms of Delirium
  Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

- D0150. Patient Mood Interview (PHQ-2 to 9)
  Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.

- B1300. Health Literacy
  The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

October 04, 2019

TEP Summary Report for Development of Functional Outcome Quality Measures for Long-Term Care Hospitals (LTCHs) is Now Available

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen,LLC to develop Functional Outcome Measures for Long-Term Care Hospitals (LTCHs). As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractor during measure development and maintenance. On behalf of CMS, RTI International (the previous contractor) convened a Technical Expert Panel (TEP) on August 19, 2019, in Baltimore, MD, seek expert input on the development of Functional Outcome Measures for LTCHs.

The TEP summary report for the Development of Functional Outcome Quality Measures for Long-Term Care Hospitals (LTCHs) is now available on the IMPACT Act Downloads and Videos webpage. The document is titled "LTCH Function Outcome QMs TEP Summary Report_August 2019" The report provides a summary of the TEP proceedings, detailing key issues of measure development and TEP discussion around those issues.

September 26, 2019

Refresher Webinars on Reporting Healthcare Personnel Influenza Vaccination Summary Data

The Centers for Disease Control (CDC) invites staff from long-term acute care hospitals (LTACHs or LTCHs) to participate in live training webinars. The webinars will cover reporting healthcare personnel (HCP) influenza vaccination summary data to the National Healthcare Safety Network (NHSN).

These are refresher trainings, as the reporting requirements have not changed from last year's influenza season. The trainings will review topics such as requirements for collecting HCP influenza vaccination summary data and entering data into NHSN.

The webinars will be presented at the date and time listed below:

Training Webinar for Long-term Acute Care Hospitals

- Thursday, October 3, 2019 from 12:30 PM-1:30 PM ET
  Facilities can register for a webinar using this link: https://www2.cdc.gov/vaccines/ed/nhsn/registration/.

  For questions on HCP influenza vaccination summary data reporting, please send an e-mail to: NHSN@cdc.gov and include "HPS Flu Summary" and your facility type in the subject line.

September 25, 2019

LTCH Compare Quarterly Refresh

The Long-term Care Hospital (LTCH) Compare website has been updated.

For more information visit the CMS LTCH QRP Public Reporting website.

September 11, 2019

IRF Provider Preview Reports- Now Available

Long-Term Care Hospital (LTCH) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores on quality measures, which will be published on LTCH Compare during the **December 2019** refresh.

For more information:

- LTCH Quality Public Reporting webpage, LTCH Compare, and Preview Report Access Instructions (PDF)
  September 06, 2019

LTCH Quality Measure Calculations and Reporting User's Manual V3.1

The LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.1 has been added to the Downloads section of the LTCH Quality Reporting Measures Information page. This version of the LTCH CARE Data Set-based User's Manual is effective on October 1, 2019 and provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria, and measure calculation specifications. A Change Table has been added to highlight the changes from LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0 to V3.1. Additionally, we have included a Risk Adjustment Appendix File for the LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.1, which contains the risk-adjustment values used to calculate the risk-adjusted quality measures. For additional information, or to download the Change Table and Risk Adjustment Appendix File, please see the LTCH Quality Reporting Measures Information webpage.

August 02, 2019

Specifications for the quality measures and standardized patient assessment data elements for the LTCH QRP finalized through the FY 2020 IPPS/LTCH PPS Final Rule are now posted. The specifications document provides detailed information on the new and updated measures: Transfer of Health Information to Provider–Post-Acute Care (PAC), Transfer of Health Information to Patient–Post-Acute Care (PAC), and Discharge to Community–Post-Acute Care (PAC) LTCH QRP. The standardized patient assessment data elements and evidence of support for these data elements are also detailed in the specifications document. The specifications can be found in the Downloads section of the IMPACT Act Downloads and Videos webpage.

The new and modified sections of the LTCH CARE Data Set, along with a change table, effective October 1, 2020 for the measures and standardized patient assessment data elements finalized for the LTCH QRP in the FY 2020 IPPS/LTCH PPS Final Rule can be found in the Downloads section of the IMPACT Act Downloads and Videos webpage.

The FY 2020 IPPS/LTCH PPS Final Rule is available at https://www.federalregister.gov/.

August 02, 2019

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 January 1 – March 31 (Q1) of calendar year (CY) 2019 are due with this submission deadline.

All data must be submitted no later than 11:59 p.m. Pacific Standard Time on August 15, 2019.

It is recommended that the applicable CMS iQIES 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.

View the list of measures required for this deadline on the LTCH Quality Reporting Data Submission Deadlines webpage.

For additional information, visit:

- iQIES LTCH Reference & Manuals
- CMS Resources for NHSN Users

CORMAC sends informational messages to LTCHs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@cormac-corp.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

JULY 25, 2019

Important Reminder on Reconsideration Requests

Facilities that will be submitting reconsideration requests to CMS for the FY 2020 Annual Payment Update (APU) for the LTCH Quality Reporting Program (QRP) are reminded that **any documentation submitted for review that includes protected health information (PHI) will not be accepted, nor reviewed for reconsideration.** Please redact any PHI prior to sending by completely removing all PHI from supporting documentation. If any of the documents included in a reconsideration request contain PHI, the entire request will be rejected and your reconsideration will not be reviewed. Facilities are encouraged to carefully review all supporting materials to ensure all PHI has been removed.

For more information visit the [LTCH Quality Reporting Reconsideration and Exception & Extension webpage](#).

JULY 16, 2019

LTCH Quality Reporting Program: Non-Compliance Letters

CMS is providing notifications to facilities that were determined to be out of compliance with the quality reporting requirements for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP), which will affect their FY 2020 Annual Payment Update (APU). Non-compliance notifications are in the process of being sent by the Medicare Administrative Contractors (MACs) and will be placed into facilities' My Reports folders in iQIES on July 16, 2019. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS **via email no later than 11:59 pm PST, August 15, 2019.** 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 05, 2019

LTCH QRP Review and Correct Reports Now Available The enhanced Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) review and correct reports are now available on demand in iQIES. In addition to enhanced sorting functionality, this report now includes patient level data. Providers will have the option to download the report in PDF or CSV format. Providers can access these reports by selecting the 'Find Report Type' from the Reports menu. Type 'Review and Correct' in the report keyword box or use the filter options to locate the report from the report options.

In addition to the sorting enhancements and inclusion of patient level data, these reports:

• Contain quality measure information at the facility level

• Allow providers to obtain aggregate performance for the past four quarters (when data are available)

• Include data submitted prior to the applicable quarterly data submission deadlines

• Display whether the data correction period for a given Calendar Year (CY) quarter is "open" or "closed".

June 26, 2019

NEW TRAINING EVENT — Updated Section GG Web-based Training Course

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course on how to properly code of Section GG. This 45-minute course is intended for providers in the following care settings: Skilled Nursing Facilities (SNFs), Long-Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), and Home Health Agencies (HHAs); and is designed to be used on demand anywhere you can access a browser. The course is divided into the following four lessons and includes interactive exercises that allow you to test your knowledge in real life scenarios:

• Lesson 1: Importance of Section GG for Post-Acute Care

• Lesson 2: Section GG Assessment and Coding Principles

• Lesson 3: Coding GG0130.Self-Care Items

• Lesson 4: Coding GG0170.Mobility Items

[Click here to access the training](#).

If you have technical questions or feedback regarding the training, please email the [PAC Training mailbox](#). Content-related questions should be submitted to the Quality Reporting Program Help Desk for your care setting.

June 12, 2019

The 2019 Data Collection Periods for LTCH Compare are now available in the downloads section of the [LTCH Quality Public Reporting webpage](#).

June 10, 2019

LTCH Provider Preview Reports- Now Available

Long-term Care Hospital (LTCH) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores on LTCH QRP quality measures, which will be published on LTCH Compare during the **September 2019** refresh.

For more information:

•   [LTCH Quality Public Reporting](#) webpage, [LTCH Compare](#) and [Preview Report (PDF)](#) [Access Instructions (PDF)](#)

June 07, 2019

The **LTCH QRP Table for Reporting Assessment-Based Measures for the FY2021 LTCH QRP APU** is now available for download on the [LTCH Quality Reporting Measures Information](#) webpage. This table indicates the LTCH CARE Data Set data elements that are used in determining the APU minimum submission threshold for the FY 2021 LTCH QRP determination.

June 07, 2019

Video Tutorials Available to Assist with Coding Specific Section GG Items

Accessible from the following webpages:

• [Home Health QRP Training webpage](#)

• [Inpatient Rehabilitation Facility QRP Training webpage](#)

• [Long-Term Care Hospital QRP Training webpage](#)

• [Skilled Nursing Facility QRP webpage](#)

June 05, 2019

LTCH Compare Quarterly Refresh

The Long-term Care Hospital (LTCH) Compare website has been updated.

For more information visit the CMS LTCH QRP Public Reporting website.

May 31, 2019

Update of the Discharge to Community Measure for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

Beginning fall 2019, CMS will publicly display on LTCH Compare the updated measure results for the Discharge to Community Measure adopted for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP), using updated methodology related to the assignment of categorical ratings to each provider based on their performance on this measure (better than, same as, or worse than the national average). For more information, please visit the LTCH Quality Public Reporting webpage.

May 30, 2019

Publication of Potentially Preventable Readmission Measures for the Post-Acute Care Quality Reporting Programs (QRPs)

Beginning fall 2019, CMS will publicly display measure results on the Long-Term Care Hospital Compare website for the Potentially Preventable 30-Day Post-Discharge Readmissions measure adopted for the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP). For more information, please visit the LTCH Quality Public Reporting webpage.

May 23,2019

Sections of Chapter 3, Section A (Administrative Information) and Chapter 4 (Submission and Correction of the LTCH CARE Data Set Assessment Records) have been updated to revise references from QIES ASAP System to iQIES. A document summarizing the updates and the revised sections of the LTCH QRP Manual Version 4.0 are available in the downloads section of the LTCH CARE Data Set & LTCH QRP Manual webpage.

April 30, 2019

Policy Change for Assessment Submission Timeframe

The current CMS policy for submission of patient assessment records allows providers to submit records for up to 36 months from the assessment target date. Effective October 1, 2019, the CMS policy for patient assessment submission will be changed to 24 months from the assessment target date. The policy change applies to new, modified, and inactivated records.

April 25, 2019

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 October 1 – December 31 (Q4) of calendar year (CY) 2018 are due with this submission deadline.

All data must be submitted no later than 11:59 p.m. Pacific Standard Time on May 15, 2019.

It is recommended that the applicable CMS iQIES 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.

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

For additional information, visit:

-
  - [iQIES LTCH Reference & Manuals](#)
  - [CMS Resources for NHSN Users](#)

    CORMAC sends informational messages to LTCHs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@cormac-corp.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

April 23, 2019

Specifications for the quality measures and standardized patient assessment data elements for the SNF QRP, IRF QRP, and LTCH QRP as proposed in the FY 2020 SNF PPS Proposed Rule, FY 2020 IRF PPS Proposed Rule, and FY 2020 IPPS/LTCH PPS Proposed Rule respectively are now posted.

In addition, the new and modified sections of the MDS, IRF-PAI, and LTCH CARE Data Set, along with a change table, effective October 1, 2020 for the measures and standardized patient assessment data elements proposed for the SNF QRP, IRF QRP, and LTCH QRP in the FY 2020 SNF PPS Proposed Rule, FY 2020 IRF PPS Proposed Rule, and FY 2020 IPPS/LTCH PPS Proposed Rule respectively can be found on the IMPACT Act Downloads and Videos webpage at [/medicare/quality-initiatives-patient-assessment-instruments/post-acute-care-quality-initiatives/impact-act-of-2014/impact-act-downloads-and-videos](#)

The Proposed Rules are available at https://www.federalregister.gov/.

April 16, 2019

IMPORTANT: Update for IQIES Reports

Long Term Care Hospitals (LTCHs) were recently notified to begin using iQIES for assessment submissions and for obtaining their LTCH provider reports. CMS has discovered a reporting issue with some of the provider reports and is performing additional testing on these reports to ensure they display accurate information. Please continue to access these user-requested reports in the Certification And Survey Provider Enhanced Reports (CASPER) application until further notice. It was previously communicated that CASPER access would be removed on April 22, 2019, but this deadline is no longer in effect.

LTCHs should continue to obtain their LTCH Final Validation and other provider reports from iQIES, however, the following reports should be accessed from CASPER:

* LTCH Facility-Level Quality Measure Report

* LTCH Patient-Level Quality Measure Report

* LTCH Review and Correct Report

* LTCH Admissions

* LTCH Discharges

* LTCH Roster

Additional updates will be provided as information becomes available. Please contact the helpdesk at iqies@cms.hhs.gov or (800)339-9313 with any questions.

March 27, 2019

Upgraded Assessment Submission & Reporting System for LTCHs is now available in iQIES

On February 28, 2019, CMS sent an email to Long-Term Care Hospitals (LTCHs) indicating that in coming weeks, all LTCH users will be required to access the enhanced assessment submission and processing (ASAP) system, Internet Quality Improvement & Evaluation System (iQIES), to submit patient assessments and view reports.

As of March 25th, the Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE) Submission functionality within the QIES Assessment Submission & Processing (ASAP) system is no longer available and users are required to access iQIES to submit patient assessments and view associated reports. Before accessing iQIES, you must create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access Roles and Profile system (HARP). Here's how you can set up a HARP user account to access iQIES:

- Select Create an Account from the iQIES landing page at https://iqies.cms.gov/ or visit: https://harp.qualitynet.org/register/profile-info . HARP is a security identity management portal provided by CMS.
- Follow the four steps in HARP to create an account and set up a two-factor authentication.
- From the *iQIES* landing page, enter the *User ID* and *Password* and select **Log In,** then follow the instructions for two-factor authentication.
- Complete the Access Request Form. Enter the required information to request your iQIES role and access to providers, if applicable.

  To learn more about how to submit data or run reports please review the instructional training videos available on the iQIES Help page https://iqies.cms.gov/help upon login.

  For assistance with HARP onboarding or any questions related to iQIES, users can call the QIES Technical Support Office QTSO Helpdesk at (800) 339-9313 or e-mail iqies@cms.hhs.gov.

  Please send general feedback and inquires to iQIES_Broadcast@cms.hhs.gov.

March 06, 2019

LTCH Compare Quarterly Refresh

The Long-term Care Hospital (LTCH) Compare website has been updated.

For more information visit the CMS LTCH QRP Public Reporting website.

March 04, 2019

LTCH Provider Preview Reports- Now Available – March 4, 2019

Long-term Care Hospital (LTCH) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores on LTCH QRP quality measures, which will be published on LTCH Compare during the June 2019 refresh.

For more information:

- [LTCH Quality Public Reporting](#) webpage, [LTCH Compare](#) and [Preview Report Access Instructions (PDF)](#)
  Feb. 28, 2019

Improved Assessment Submission & Processing System: iQIES

An improved assessment submission & processing system, iQIES, is coming. Starting on **March 20, 2019**, if you're an LTCH provider, you'll have to submit assessments in iQIES. We'll send updates through multiple channels in upcoming weeks.

For more information visit the [LTCH Quality Reporting Technical Information web page](#).

February 28, 2019

Long-Term Care Hospitals Assessment Submission & Processing

System Enhancement Scheduled for March 2019

Starting in March, the Centers for Medicare & Medicaid Services (CMS) will begin a series of Quality Improvement and Evaluation System (QIES) enhancements for Long-Term Care Hospitals' (LTCH) Assessment Submission and Processing system. Once updated, the system will be called the Internet Quality Improvement and Evaluation System (iQIES).

The new enhancements in iQIES are based on user research and testing and feature a human-centered design and agile development practices. The Cloud-based solutions will also make it easier for users to receive support and use the system.

Over the next few weeks LTCHs will receive the following information about the transition to iQIES:

- ***iQIES LTCH Security Official Request Letter –*** This will include instructions on how LTCHs can assign a "Security Official" and begin the account creation process.
- ***iQIES Training Video Announcement –*** This will give LTCHs resources on how to navigate the iQIES system and how to utilize the improved functionality.
- ***iQIES LTCH XML Upload Release Notification-*** LTCHs will receive notification when the system goes live
- ***iQIES LTCH Assessment Tool Launch –*** LTCHs will learn when the new, free user tool software is available.
- ***iQIES Frequently Asked Questions (FAQs) –*** LTCHs will have access to a compiled list of FAQs based on feedback to help improve the overall user experience.
  If you have questions, please contact our service desk at: iqies@cms.hhs.gov or by phone: 800-339-9313.

February 20, 2019

Post-Acute Care Quality Reporting Program Quarter 3 Data Submission Deadline Extension

CMS is aware of the issue with CMSNet that impacted post-acute care (PAC) providers' ability to submit assessment data for the quality reporting programs (QRP) to the QIES-ASAP system on the Quarter 3 data submission deadline of February 15, 2019. We have extended the data submission deadline, and we will be accepting QRP assessment data submissions through, Thursday, February 21, 2019. Providers can also apply for an extension following the instructions listed on the PAC QRP Reconsiderations and Exception & Extension webpages if they are unable to meet this extension deadline.

January 25, 2019

Section GG Decision Tree Training Document Now Available

A decision tree training document to help with coding Section GG self-care and mobility data elements is now available. This document provides an overview of the 6 codes and coding instructions for admission/discharge. Please see the LTCH Quality Reporting Training webpage for details.

LTCH Reporting Archives