

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Included on October 1, 2012 Item Sets

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for October 1, 2012 Data Collection
A0050	Type of Record	X	X	X	X	Required administrative item for data submission
A0055	Correction Number	X	X	X	X	Required administrative item for data submission
A0100A	Facility National Provider Identifier (NPI)	X	X	X	X	Required administrative item for data submission
A0100B	Facility CMS Certification Number (CCN)	X	X	X	X	Required administrative item for data submission
A0100C	State provider number	X	X	X	X	—
A0200	Type of provider	X	X	X	X	Required administrative item for data submission
A0210	Assessment Reference Date	X	X	X	X	Required administrative item for data submission
A0220	Admission Date	X	X	X	X	Required administrative item for data submission
A0250	Reason for Assessment	X	X	X	X	Part of PU denominator calculation, Required administrative item
A0270	Discharge Date (Date of Death on Expired form)	—	X	X	X	Required administrative item
A0500A	Patient first name	X	X	X	X	Required administrative item
A0500B	Patient middle initial	X	X	X	X	—
A0500C	Patient last name	X	X	X	X	Required administrative item
A0500D	Patient name suffix	X	X	X	X	—
A0600A	Social Security Number	X	X	X	X	Required administrative item
A0600B	Patient Medicare/railroad insurance number	X	X	X	X	—
A0700	Patient Medicaid number	X	X	X	X	—
A0800	Gender	X	X	X	X	Required administrative item, Gender Disparities
A0900	Birth date	X	X	X	X	Required administrative item (year only), Age-based disparities
A1000A	Race/Ethnicity: American Indian or Alaska Native	X	X	X	X	—
A1000B	Race/Ethnicity: Asian	X	X	X	X	—
A1000C	Race/Ethnicity: Black or African American	X	X	X	X	—
A1000D	Race/Ethnicity: Hispanic or Latino	X	X	X	X	—
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	X	X	X	X	—
A1000F	Race/Ethnicity: White	X	X	X	X	—
A1050	Highest degree/level of school	X	—	—	—	—

Included on October 1, 2012 Item Sets

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1100A	Does the Patient need or want an interpreter	X	—	—	—	—
A1100B	Preferred language	X	—	—	—	—
A1200	Marital status	X	—	—	—	—
A1300D	Lifetime occupation(s)	X	—	—	—	—
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400H	Payer Information: Current Payment Source(s): Private insurance/Medigap	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400I	Payer Information: Current Payment Source(s): Private managed care	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400J	Payer Information: Current Payment Source(s): Self-pay	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400K	Payer Information: Current Payment Source(s): No Payor Source	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400X	Payer Information: Current Payment Source(s): Unknown	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400Y	Payer Information: Current Payment Source(s): Other	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1800	Admitted from	X	—	—	—	—
A1810A	Past 2 months: Short-stay acute hospital (IPPS)	X	—	—	—	—
A1810B	Past 2 months: Community residential setting (private home, assisted living, etc.)	X	—	—	—	—
A1810C	Past 2 months: Long-term care facility	X	—	—	—	—
A1810D	Past 2 months: Skilled nursing facility	X	—	—	—	—
A1810E	Past 2 months: Hospital emergency department	X	—	—	—	—
A1810F	Past 2 months: Long-term care hospital	X	—	—	—	—
A1810G	Past 2 months: Inpatient rehabilitation facility or unit	X	—	—	—	—
A1810H	Past 2 months: Home health agency	X	—	—	—	—
A1810I	Past 2 months: Hospice	X	—	—	—	—
A1810J	Past 2 months: Outpatient services	X	—	—	—	—
A1810K	Past 2 months: Psychiatric hospital or unit	X	—	—	—	—
A1810L	Past 2 months: ID/DD facility	X	—	—	—	—

Included on October 1, 2012 Item Sets

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1810Z	Past 2 months: none of the above	X	—	—	—	—
A1820	Primary Diagnosis in previous setting - ICD Code	X	—	—	—	—
A1955	Discharge Delay > 24 hours	—	X	—	—	—
A1960	Reason for Discharge Delay	—	X	—	—	—
A1970	Discharge return status	—	X	X	—	—
A2100	Discharge location	—	X	X	—	—
B0100	Comatose	X	X	X	—	—
GG0160A	Functional mobility: Roll left and right	X	X	X	—	—
GG0160B	Functional mobility: Sit to lying	X	X	X	—	—
GG0160C	Functional mobility: Lying to sitting on side of bed	X	X	X	—	Part of covariate calculation for PU measure
H0400	Bowel incontinence	X	X	X	—	Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	X	X	X	—	Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	X	X	X	—	Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	X	X	X	—	—
K0200A	Height (in inches)	X	X	X	—	Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	X	X	X	—	Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	X	X	X	—	—
M0300A	Stage 1: Number of stage 1 pressure ulcers	X	X	X	—	—
M0300B1	Stage 2: Number of stage 2 pressure ulcers	X	X	X	—	—
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	X	X	X	—	—
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	X	X	X	—	—
M0300C1	Stage 3: Number of stage 3 pressure ulcers	X	X	X	—	—
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	X	X	X	—	—
M0300D1	Stage 4: Number of stage 4 pressure ulcers	X	X	X	—	—
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	X	X	X	—	—
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	X	X	X	—	—
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	X	X	X	—	—
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	X	X	X	—	—
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	X	X	X	—	—

Included on October 1, 2012 Item Sets

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	X	X	X	—	—
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	X	X	X	—	—
M0610A	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	X	X	X	—	—
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	X	X	X	—	—
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	X	X	X	—	—
M0700	Most severe tissue type for any pressure ulcer	X	X	X	—	—
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2	—	X	X	—	Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3	—	X	X	—	Part of numerator calculation for PU measure
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	—	X	X	—	Part of numerator calculation for PU measure
Z0400A	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400B	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400C	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400D	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400E	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400F	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400G	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400H	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400I	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400J	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400K	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400L	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0500A	Attestation signature of person verifying completion	X	X	X	X	Required administrative item for data submission
Z0500B	LTCH CARE Data Set Completion Date	X	X	X	X	Required administrative item for data submission

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:
Mandatory Items for October 1, 2012

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for October 1, 2012 Data Collection
A0050	Type of Record	X	X	X	X	Required administrative item for data submission
A0055	Correction Number	X	X	X	X	Required administrative item for data submission
A0100A	Facility National Provider Identifier (NPI)	X	X	X	X	Required administrative item for data submission
A0100B	Facility CMS Certification Number (CCN)	X	X	X	X	Required administrative item for data submission
A0100C	State provider number	—	—	—	—	—
A0200	Type of provider	X	X	X	X	Required administrative item for data submission
A0210	Assessment Reference Date	X	X	X	X	Required administrative item for data submission
A0220	Admission Date	X	X	X	X	Required administrative item for data submission
A0250	Reason for Assessment	X	X	X	X	Part of PU denominator calculation, Required administrative item
A0270	Discharge Date (Date of Death on Expired form)	—	X	X	X	Required administrative item
A0500A	Patient first name	X	X	X	X	Required administrative item
A0500B	Patient middle initial	—	—	—	—	—
A0500C	Patient last name	X	X	X	X	Required administrative item
A0500D	Patient name suffix	—	—	—	—	—
A0600A	Social Security Number	X	X	X	X	Required administrative item
A0600B	Patient Medicare/railroad insurance number	—	—	—	—	—
A0700	Patient Medicaid number	—	—	—	—	—
A0800	Gender	X	X	X	X	Required administrative item, Gender Disparities
A0900	Birth date	X	X	X	X	Required administrative item (year only), Age-based disparities
A1000A	Race/Ethnicity: American Indian or Alaska Native	—	—	—	—	—
A1000B	Race/Ethnicity: Asian	—	—	—	—	—
A1000C	Race/Ethnicity: Black or African American	—	—	—	—	—
A1000D	Race/Ethnicity: Hispanic or Latino	—	—	—	—	—
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	—	—	—	—	—
A1000F	Race/Ethnicity: White	—	—	—	—	—
A1050	Highest degree/level of school	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:
Mandatory Items for October 1, 2012

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1100A	Does the Patient need or want an interpreter	—	—	—	—	—
A1100B	Preferred language	—	—	—	—	—
A1200	Marital status	—	—	—	—	—
A1300D	Lifetime occupation(s)	—	—	—	—	—
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400H	Payer Information: Current Payment Source(s): Private insurance/Medigap	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400I	Payer Information: Current Payment Source(s): Private managed care	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400J	Payer Information: Current Payment Source(s): Self-pay	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400K	Payer Information: Current Payment Source(s): No Payor Source	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400X	Payer Information: Current Payment Source(s): Unknown	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400Y	Payer Information: Current Payment Source(s): Other	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1800	Admitted from	—	—	—	—	—
A1810A	Past 2 months: Short-stay acute hospital (IPPS)	—	—	—	—	—
A1810B	Past 2 months: Community residential setting (private home, assisted living, etc.)	—	—	—	—	—
A1810C	Past 2 months: Long-term care facility	—	—	—	—	—
A1810D	Past 2 months: Skilled nursing facility	—	—	—	—	—
A1810E	Past 2 months: Hospital emergency department	—	—	—	—	—
A1810F	Past 2 months: Long-term care hospital	—	—	—	—	—
A1810G	Past 2 months: Inpatient rehabilitation facility or unit	—	—	—	—	—
A1810H	Past 2 months: Home health agency	—	—	—	—	—
A1810I	Past 2 months: Hospice	—	—	—	—	—
A1810J	Past 2 months: Outpatient services	—	—	—	—	—
A1810K	Past 2 months: Psychiatric hospital or unit	—	—	—	—	—
A1810L	Past 2 months: ID/DD facility	—	—	—	—	—
A1810Z	Past 2 months: none of the above	—	—	—	—	—
A1820	Primary Diagnosis in previous setting - ICD Code	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:
Mandatory Items for October 1, 2012

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1955	Discharge Delay > 24 hours	—	—	—	—	—
A1960	Reason for Discharge Delay	—	—	—	—	—
A1970	Discharge return status	—	—	—	—	—
A2100	Discharge location	—	—	—	—	—
B0100	Comatose	—	—	—	—	—
GG0160A	Functional mobility: Roll left and right	—	—	—	—	—
GG0160B	Functional mobility: Sit to lying	—	—	—	—	—
GG0160C	Functional mobility: Lying to sitting on side of bed	X	—	—	—	Part of covariate calculation for PU measure
H0400	Bowel incontinence	X	—	—	—	Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	X	—	—	—	Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	X	—	—	—	Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	—	—	—	—	—
K0200A	Height (in inches)	X	—	—	—	Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	X	—	—	—	Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	—	—	—	—	—
M0300A	Stage 1: Number of stage 1 pressure ulcers	—	—	—	—	—
M0300B1	Stage 2: Number of stage 2 pressure ulcers	—	—	—	—	—
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	—	—	—	—	—
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	—	—	—	—	—
M0300C1	Stage 3: Number of stage 3 pressure ulcers	—	—	—	—	—
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	—	—	—	—	—
M0300D1	Stage 4: Number of stage 4 pressure ulcers	—	—	—	—	—
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	—	—	—	—	—
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	—	—	—	—	—
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	—	—	—	—	—
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	—	—	—	—	—
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Mandatory Items for October 1, 2012

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
M0610A	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	—	—	—	—	—
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	—	—	—	—	—
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	—	—	—	—	—
M0700	Most severe tissue type for any pressure ulcer	—	—	—	—	—
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2	—	X	X	—	Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3	—	X	X	—	Part of numerator calculation for PU measure
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	—	X	X	—	Part of numerator calculation for PU measure
Z0400A	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400B	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400C	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400D	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400E	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400F	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400G	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400H	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400I	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400J	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400K	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400L	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0500A	Attestation signature of person verifying completion	X	X	X	X	Required administrative item for data submission
Z0500B	LTCH CARE Data Set Completion Date	X	X	X	X	Required administrative item for data submission

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Items Required to Calculate Pressure Ulcer Measure

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for October 1, 2012 Data Collection
A0050	Type of Record	—	—	—	—	Required administrative item for data submission
A0055	Correction Number	—	—	—	—	Required administrative item for data submission
A0100A	Facility National Provider Identifier (NPI)	—	—	—	—	Required administrative item for data submission
A0100B	Facility CMS Certification Number (CCN)	—	—	—	—	Required administrative item for data submission
A0100C	State provider number	—	—	—	—	—
A0200	Type of provider	—	—	—	—	Required administrative item for data submission
A0210	Assessment Reference Date	—	—	—	—	Required administrative item for data submission
A0220	Admission Date	—	—	—	—	Required administrative item for data submission
A0250	Reason for Assessment	X	X	X	X	Part of PU denominator calculation, Required administrative item
A0270	Discharge Date (Date of Death on Expired form)	—	—	—	—	Required administrative item
A0500A	Patient first name	—	—	—	—	Required administrative item
A0500B	Patient middle initial	—	—	—	—	—
A0500C	Patient last name	—	—	—	—	Required administrative item
A0500D	Patient name suffix	—	—	—	—	—
A0600A	Social Security Number	—	—	—	—	Required administrative item
A0600B	Patient Medicare/railroad insurance number	—	—	—	—	—
A0700	Patient Medicaid number	—	—	—	—	—
A0800	Gender	—	—	—	—	Required administrative item, Gender Disparities
A0900	Birth date	—	—	—	—	Required administrative item (year only), Age-based disparities
A1000A	Race/Ethnicity: American Indian or Alaska Native	—	—	—	—	—
A1000B	Race/Ethnicity: Asian	—	—	—	—	—
A1000C	Race/Ethnicity: Black or African American	—	—	—	—	—
A1000D	Race/Ethnicity: Hispanic or Latino	—	—	—	—	—
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	—	—	—	—	—
A1000F	Race/Ethnicity: White	—	—	—	—	—
A1050	Highest degree/level of school	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Items Required to Calculate Pressure Ulcer Measure

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1100A	Does the Patient need or want an interpreter	—	—	—	—	—
A1100B	Preferred language	—	—	—	—	—
A1200	Marital status	—	—	—	—	—
A1300D	Lifetime occupation(s)	—	—	—	—	—
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400H	Payer Information: Current Payment Source(s): Private insurance/Medigap	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400I	Payer Information: Current Payment Source(s): Private managed care	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400J	Payer Information: Current Payment Source(s): Self-pay	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400K	Payer Information: Current Payment Source(s): No Payor Source	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400X	Payer Information: Current Payment Source(s): Unknown	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1400Y	Payer Information: Current Payment Source(s): Other	—	—	—	—	Required administrative item, Type of Insurance affects Quality Outcomes
A1800	Admitted from	—	—	—	—	—
A1810A	Past 2 months: Short-stay acute hospital (IPPS)	—	—	—	—	—
A1810B	Past 2 months: Community residential setting (private home, assisted living, etc.)	—	—	—	—	—
A1810C	Past 2 months: Long-term care facility	—	—	—	—	—
A1810D	Past 2 months: Skilled nursing facility	—	—	—	—	—
A1810E	Past 2 months: Hospital emergency department	—	—	—	—	—
A1810F	Past 2 months: Long-term care hospital	—	—	—	—	—
A1810G	Past 2 months: Inpatient rehabilitation facility or unit	—	—	—	—	—
A1810H	Past 2 months: Home health agency	—	—	—	—	—
A1810I	Past 2 months: Hospice	—	—	—	—	—
A1810J	Past 2 months: Outpatient services	—	—	—	—	—
A1810K	Past 2 months: Psychiatric hospital or unit	—	—	—	—	—
A1810L	Past 2 months: ID/DD facility	—	—	—	—	—

Items Required to Calculate Pressure Ulcer Measure

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1810Z	Past 2 months: none of the above	—	—	—	—	—
A1820	Primary Diagnosis in previous setting - ICD Code					—
A1955	Discharge Delay > 24 hours	—	—	—	—	—
A1960	Reason for Discharge Delay	—	—	—	—	—
A1970	Discharge return status	—	—	—	—	—
A2100	Discharge location	—	—	—	—	—
B0100	Comatose	—	—	—	—	—
GG0160A	Functional mobility: Roll left and right	—	—	—	—	—
GG0160B	Functional mobility: Sit to lying	—	—	—	—	—
GG0160C	Functional mobility: Lying to sitting on side of bed	X	—	—	—	Part of covariate calculation for PU measure
H0400	Bowel incontinence	X	—	—	—	Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	X	—	—	—	Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	X	—	—	—	Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	—	—	—	—	—
K0200A	Height (in inches)	X	—	—	—	Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	X	—	—	—	Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	—	—	—	—	—
M0300A	Stage 1: Number of stage 1 pressure ulcers	—	—	—	—	—
M0300B1	Stage 2: Number of stage 2 pressure ulcers	—	—	—	—	—
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	—	—	—	—	—
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	—	—	—	—	—
M0300C1	Stage 3: Number of stage 3 pressure ulcers	—	—	—	—	—
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	—	—	—	—	—
M0300D1	Stage 4: Number of stage 4 pressure ulcers	—	—	—	—	—
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	—	—	—	—	—
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	—	—	—	—	—
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	—	—	—	—	—
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Items Required to Calculate Pressure Ulcer Measure

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	—	—	—	—	—
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0610A	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	—	—	—	—	—
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	—	—	—	—	—
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	—	—	—	—	—
M0700	Most severe tissue type for any pressure ulcer	—	—	—	—	—
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2	—	X	X	—	Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3	—	X	X	—	Part of numerator calculation for PU measure
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	—	X	X	—	Part of numerator calculation for PU measure
Z0400A	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400B	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400C	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400D	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400E	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400F	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400G	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400H	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400I	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400J	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400K	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0400L	Attestation signature, title, sections, date	—	—	—	—	Required administrative item for data submission
Z0500A	Attestation signature of person verifying completion	—	—	—	—	Required administrative item for data submission
Z0500B	LTCH CARE Data Set Completion Date	—	—	—	—	Required administrative item for data submission

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Administrative Items Required for Data Submission

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for October 1, 2012 Data Collection
A0050	Type of Record	X	X	X	X	Required administrative item for data submission
A0055	Correction Number	X	X	X	X	Required administrative item for data submission
A0100A	Facility National Provider Identifier (NPI)	X	X	X	X	Required administrative item for data submission
A0100B	Facility CMS Certification Number (CCN)	X	X	X	X	Required administrative item for data submission
A0100C	State provider number	—	—	—	—	—
A0200	Type of provider	X	X	X	X	Required administrative item for data submission
A0210	Assessment Reference Date	X	X	X	X	Required administrative item for data submission
A0220	Admission Date	X	X	X	X	Required administrative item for data submission
A0250	Reason for Assessment	X	X	X	X	Part of PU denominator calculation, Required administrative item
A0270	Discharge Date (Date of Death on Expired form)	—	X	X	X	Required administrative item
A0500A	Patient first name	X	X	X	X	Required administrative item
A0500B	Patient middle initial	—	—	—	—	—
A0500C	Patient last name	X	X	X	X	Required administrative item
A0500D	Patient name suffix	—	—	—	—	—
A0600A	Social Security Number	X	X	X	X	Required administrative item
A0600B	Patient Medicare/railroad insurance number	—	—	—	—	—
A0700	Patient Medicaid number	—	—	—	—	—
A0800	Gender	X	X	X	X	Required administrative item, Gender Disparities
A0900	Birth date	X	X	X	X	Required administrative item (year only), Age-based disparities
A1000A	Race/Ethnicity: American Indian or Alaska Native	—	—	—	—	—
A1000B	Race/Ethnicity: Asian	—	—	—	—	—
A1000C	Race/Ethnicity: Black or African American	—	—	—	—	—
A1000D	Race/Ethnicity: Hispanic or Latino	—	—	—	—	—
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	—	—	—	—	—
A1000F	Race/Ethnicity: White	—	—	—	—	—
A1050	Highest degree/level of school	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:
Administrative Items Required for Data Submission

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1100A	Does the Patient need or want an interpreter	—	—	—	—	—
A1100B	Preferred language	—	—	—	—	—
A1200	Marital status	—	—	—	—	—
A1300D	Lifetime occupation(s)	—	—	—	—	—
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400H	Payer Information: Current Payment Source(s): Private insurance/Medigap	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400I	Payer Information: Current Payment Source(s): Private managed care	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400J	Payer Information: Current Payment Source(s): Self-pay	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400K	Payer Information: Current Payment Source(s): No Payor Source	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400X	Payer Information: Current Payment Source(s): Unknown	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1400Y	Payer Information: Current Payment Source(s): Other	X	X	X	X	Required administrative item, Type of Insurance affects Quality Outcomes
A1800	Admitted from	—	—	—	—	—
A1810A	Past 2 months: Short-stay acute hospital (IPPS)	—	—	—	—	—
A1810B	Past 2 months: Community residential setting (private home, assisted living, etc.)	—	—	—	—	—
A1810C	Past 2 months: Long-term care facility	—	—	—	—	—
A1810D	Past 2 months: Skilled nursing facility	—	—	—	—	—
A1810E	Past 2 months: Hospital emergency department	—	—	—	—	—
A1810F	Past 2 months: Long-term care hospital	—	—	—	—	—
A1810G	Past 2 months: Inpatient rehabilitation facility or unit	—	—	—	—	—
A1810H	Past 2 months: Home health agency	—	—	—	—	—
A1810I	Past 2 months: Hospice	—	—	—	—	—
A1810J	Past 2 months: Outpatient services	—	—	—	—	—
A1810K	Past 2 months: Psychiatric hospital or unit	—	—	—	—	—
A1810L	Past 2 months: ID/DD facility	—	—	—	—	—
A1810Z	Past 2 months: none of the above	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Administrative Items Required for Data Submission

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
A1820	Primary Diagnosis in previous setting - ICD Code	—	—	—	—	—
A1955	Discharge Delay > 24 hours	—	—	—	—	—
A1960	Reason for Discharge Delay	—	—	—	—	—
A1970	Discharge return status	—	—	—	—	—
A2100	Discharge location	—	—	—	—	—
B0100	Comatose	—	—	—	—	—
GG0160A	Functional mobility: Roll left and right	—	—	—	—	—
GG0160B	Functional mobility: Sit to lying	—	—	—	—	—
GG0160C	Functional mobility: Lying to sitting on side of bed	—	—	—	—	Part of covariate calculation for PU measure
H0400	Bowel incontinence	—	—	—	—	Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	—	—	—	—	Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	—	—	—	—	Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	—	—	—	—	—
K0200A	Height (in inches)	—	—	—	—	Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	—	—	—	—	Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	—	—	—	—	—
M0300A	Stage 1: Number of stage 1 pressure ulcers	—	—	—	—	—
M0300B1	Stage 2: Number of stage 2 pressure ulcers	—	—	—	—	—
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	—	—	—	—	—
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	—	—	—	—	—
M0300C1	Stage 3: Number of stage 3 pressure ulcers	—	—	—	—	—
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	—	—	—	—	—
M0300D1	Stage 4: Number of stage 4 pressure ulcers	—	—	—	—	—
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	—	—	—	—	—
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	—	—	—	—	—
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	—	—	—	—	—
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	—	—	—	—	—

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 1.01:

Administrative Items Required for Data Submission

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Mandatory Item for January 2012
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	—	—	—	—	—
M0610A	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	—	—	—	—	—
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	—	—	—	—	—
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	—	—	—	—	—
M0700	Most severe tissue type for any pressure ulcer	—	—	—	—	—
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2	—	—	—	—	Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3	—	—	—	—	Part of numerator calculation for PU measure
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	—	—	—	—	Part of numerator calculation for PU measure
Z0400A	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400B	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400C	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400D	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400E	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400F	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400G	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400H	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400I	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400J	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400K	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0400L	Attestation signature, title, sections, date	X	X	X	X	Required administrative item for data submission
Z0500A	Attestation signature of person verifying completion	X	X	X	X	Required administrative item for data submission
Z0500B	LTCH CARE Data Set Completion Date	X	X	X	X	Required administrative item for data submission