**LTCH Quality Reporting Spotlight Announcements**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html>

**January 22, 2016**

**REGISTRATION  IS OPEN for:**

**Long Term Care Hospitals (LTCHs) Quality Reporting Program (QRP) Follow-up Webinar for Providers**

February 3, 2016 from 1:30 p.m. to 4:30 p.m. EST.

Registration is now open for Long Term Care Hospital providers interested in learning more about Sections GG, M, and O of the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set V 3.0. This webinar is intended for providers who attended the LTCH QRP training in Maryland on November 19-20, 2015. Our intent is to go into Sections GG and M in more detail and answer many of the provider questions that were raised during the live event. Others who did not attend the event in person, but have reviewed the materials on-line and would like more information, are also encouraged to attend. If you have not yet had a chance to review the materials, you can access them under ‘Downloads’ at the following URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>  
.

To register, visit <https://secure.confertel.net/tsRegister.asp?course=6962801>.  
Register early, space is limited to 400 registrants.

If you have questions or need additional information, please email the PAC Training mailbox at [PACTraining@econometrica.com.](mailto:PACTraining@econometrica.com.)

**December 30, 2015**

Appendix D of the LTCH Quality Reporting Program Manual V3.0 has been updated and posted in the [**Downloads**](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) section of the LTCH Quality Reporting Training page. Appendix D provides an overview of which LTCH Care Data Set Version 3.00 items are required for quality measure calculation purposes.

**December 17, 2015**

CMS has developed a Frequently Asked Questions (FAQ) document addressing general questions about the LTCH QRP, including information about the quality measures, data submission deadlines, technical specifications, completing and submitting the LTCH CARE Data Set, and other useful resources.

The FAQ can be found in the Downloads section on the [LTCH Quality Reporting Training](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) page.

**December 11, 2015**

**LTCH QRP Data Submission Extension**

CMS has made the decision to extend the NHSN data submission deadline for LTCH providers until February 15, 2016, for Calendar Year 2015 Quarters 1, 2, & 3 for FY2017 payment determination. Facilities are encouraged to review their Q1, Q2, and Q3 data within NHSN to ensure completeness. Facilities may add or update data from 2015 Q1, Q2, and Q3 within NHSN until the February 15, 2016 submission deadline.  This extension also applies to the submission deadlines for assessment data for the quality reporting program. The revised deadlines can be reviewed on the [LTCH Quality Reporting Data Submission Deadlines](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html) page.

As a reminder, it is recommended that providers run the applicable CMS output reports within their facility prior to each quarterly reporting deadline. Detailed guidance on how to run and interpret these reports as well as a checklist used to ensure complete reporting into NHSN can be found at:<http://www.cdc.gov/nhsn/cms/index.html>. Once the reporting deadlines have passed, providers should run the advanced analysis reports within NHSN to view when each data element was first entered and last modified to determine whether all data were complete at the time of the reporting deadline. Detailed guidance on how to run and interpret these reports can be found here: [http://www.cdc.gov/nhsn/pdfs/analysis/how2ccreate-modify-dates-ltac-clabsi-cauti-labid.pdf.](http://www.cdc.gov/nhsn/pdfs/analysis/how2ccreate-modify-dates-ltac-clabsi-cauti-labid.pdf) If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

For additional questions, please contact the helpdesk at or [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)

**October 15, 2015**

**LTCH QRP November 15, 2015 Data Submission Deadline Reminder**

To meet the reporting requirements of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP), quality data collected during the third quarter (Q3) of calendar year (CY) 2015 (July 1, 2015 - September 30, 2015) on the following quality measures must be **submitted no later than 11:59 p.m. PST on November 15, 2015:**

**October 6, 2015**

Dial-in information is now available for the upcoming LTCH Special Open Door Forum on October 8, 2015. Materials for this forum are accessible by selecting the link below in the **Downloads** sections titled LTCH SODF Presentation CMS National Dry Run - October 8, 2015.  
Special Open Door Participation Instructions:  
Participant Dial-In Number: (866) 501-5502  
Conference ID #: 55978384

We look forward to your participation.

**October 2, 2015**

Attention LTCH Providers

CMS will be conducting a Special Open Door Forum on Wednesday, October 8, 2015 to discuss the upcoming National Dry Run related to the reporting of LTCH provider performance data on the quality measure All-Cause Unplanned Readmission measure for 30 Days Post Discharge from Long-Term Acute Care Hospitals (NQF #2512). The purpose of this Special Open Door Forum is:

* Provide details on the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)
* Provide an overview of upcoming dry run activities, including timeline and content of facility dry run reports that will be disseminated to LTCHs during October 22nd-November 23rd

Please continue to check the CMS LTCH Quality Reporting Program website for further information, including call-in information and directions for accessing this important Special Open Door Forum. Materials for the CMS LTCH Special Open Door Forum are posted below in our Downloads section. The materials are accessible by selecting the link titled **LTCH SODF Presentation CMS National Dry Run - October 8, 2015**.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website at [**http://www.cms.gov/OpenDoorForums/05\_ODF\_SpecialODF.asp**](http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp) for downloading.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at [**http://www.cms.gov/opendoorforums/**](http://www.cms.gov/opendoorforums/)

Thank you for your interest in CMS Open Door Forums.

**September 18, 2015**

SAVE THE DATE

To support the implementation of the Long-Term Care Hospital (LTCH) Quality Reporting Program’s (QRP) new quality measures and LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Version 3.00, CMS will host a LTCH QRP Provider Training on Thursday, November 19 from 8:45 a.m. to 5:00 p.m. EST, and Friday, November 20, 2015, from 8:45a.m. to 5:00 p.m. EST. This training is open to all LTCH providers, associations, and organizations.

The Centers for Disease Control and Prevention (CDC) will present on November 20th on current and new quality measures as well as the use of the National Healthcare Safety Network (NHSN) for submitting data associated with these measures.

For additional information please see the expanded announcement titled LTCH QRP 2015 Provider Training Announcement located under the Downloads section of this webpage below.

Please [click here](http://www.cvent.com/events/ltch-quality-reporting-program-provider-training/event-summary-3cfa51fac45149fe818772fa2927700c.aspx) to register for the November 2015 LTCH QRP Provider Training. Please also monitor the LTCH QRP website for future announcements and materials related to this training.

**July 15, 2015**

**NOTIFICATION: LTCH QRP August 15, 2015 Data Submission Deadline Reminder**

To meet the reporting requirements of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP), quality data collected during the second quarter (Q2) of calendar year (CY) 2015 (April 1, 2015 - June 30, 2015) on the following quality measures **must be submitted no later than 11:59 p.m. PST on August 15, 2015**:

**LTCH Continuity Assessment Record and Evaluation (CARE) Data Set measures**

* Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF # 0678)
* Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

Data collected using the LTCH CARE Data Set is submitted to the Quality Improvement Evaluation System (QIES) via the Assessment Submission and Processing (ASAP) system.

**Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) Measures**

* National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)
* National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)
* National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure (NQF #1716)
* National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure (NQF #1717)

Note: The other measure (listed below) collected via CDC’s NHSN from October 1, 2014 through  
March 31, 2015 had submission deadlines which have passed and the measure is not part of this submission deadline notification. CMS only requires the collection and submission of data for this quality measure between October 1st and March 31st. Data collected for the measure from October 1, 2014 through December 31, 2014 had a submission deadline of February 15, 2015 and data collected from October 1, 2014 through March 31, 2015 had a final submission deadline of May 15, 2015. This data will affect the FY 2016 APU determination. The next data collection period for this measure will begin on October 1, 2015 (or when the Influenza vaccine becomes available) and continue through March 31, 2016, with a final submission deadline of May 15, 2016. This data will affect the FY 2017 APU determination.

* Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)

**Medicare Free-For-Service Claims-Based Measure**

* **The All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals (NQF #2512)** is a Medicare Fee-For-Service Claims-based measure and no additional LTCH QRP data collection or submission is required by LTCHs.

CMS strongly encourages all LTCHs to submit quality measure data several days prior to the deadline to provide an opportunity to review data submissions for completeness and accuracy, and address any submission issues.

**Helpful Resources:**

For questions about LTCH CARE Data Set coding, LTCH CARE Data Set submissions or status of data submissions via CASPER reports, call 1-800-339-9313 or email [help@qtso.com](mailto:help@qtso.com).

For questions about LTCH quality data submitted to CMS via CDC’s NHSN, or NHSN Registration, email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

For questions about quality measure calculation, data submission deadlines, or data items contained within the LTCH CARE Data Set, email [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

**June 25, 2015**

The LTCH CARE Data Submission Specifications have been updated and posted. The new version is V2.00.0 and the documents containing the specifications are dated 06/03/2015. This DRAFT version is scheduled for implementation on April 1, 2016. The new LTCH CARE Data Submission Specifications can be accessed under the Downloads section of the [LTCH Quality Reporting Technical Information webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html), by selecting the link of the same name in the upper left-hand corner of this webpage.

**May 29, 2015**

CMS has created an LTCH APU Knowledge Packet that provides a summary of the LTCH QRP requirements and data submission deadlines related to the FY 2016 annual payment update determinations, in one convenient document. The packet includes tips on data submission for newly established LTCH providers, quick reference resources, help desk contact information, and links to quarterly Q& A documents, as well as information regarding the LTCH QRP reconsideration and appeals processes. These files are available in the **Downloads** section of the [LTCH Quality Reporting Data Submission Deadlines webpage](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html).

The LTCH Quality Reporting Reconsiderations, Extension and Exception webpage has also been updated with the FY2016 quality measures data submission requirements and information on the reconsiderations process. This webpage additionally details the specific process for submitting a reconsideration request to CMS.

**May 11, 2015**

**URGENT: UPCOMING LTCH QRP DATA SUBMISSION DEADLINE**

**NOTIFICATION: LTCH Quality Reporting Program May 15, 2015 Data Submission Deadline Reminder**

To meet the reporting requirements of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP), data collected on the eight (8) measures\* listed below must be submitted no later than 11:59 p.m. PST on May 15, 2015. Compliance with the submission of quality data affecting the FY 2016 annual payment update is particularly low at this time. All data MUST be submitted directly to CMS or via the CDC’s NHSN by the deadline in order to be considered compliant with respect to the CMS LTCH QRP requirements, and to avoid receiving a 2 percentage point reduction to your LTCH’s FY 2016 annual payment update.

1. **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)** – Collected via the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set/ Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system
2. **National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)** – Collected via the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN)
3. **National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)** – Collected via the CDC’s NHSN
4. **Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)** – Collected via the LTCH CARE Data Set/ QIES ASAP system

\*Note that the data collection timeframe for NQF #0680 is October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015. The submission deadline for data collected for October 1, 2014 through December 31, 2014 was February 15, 2015. The submission deadline May 15, 2015 applies to data collected for January 1, 2015 through March 31, 2015.

1. **Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)** – Collected via the CDC’s NHSN

\*Note that the data collection timeframe for NQF #0431 is October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015. The submission deadline May 15, 2015 applies to data collected for October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015.

* + **IMPORTANT**: At this time, only 54% of LTCHs have entered HCP influenza vaccination summary data into NHSN. These data MUST be submitted to CMS via the CDC’S NHSN no later than 11:59:59 p.m. PST, in order for your LTCH to be considered compliant with the LTCH QRP requirements, and to avoid a 2 percentage point reduction to your LTCH’s FY 2016 annual payment update.

**Helpful links for LTAC HCP Influenza Vaccination reporting:**

* + LTAC specific training slides: <http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-LTAC-Training-Slides.pdf>
  + Helpful tips for reporting: <http://www.cdc.gov/nhsn/PDFs/CMS/LTAC-Helpful_Tips%20_HCP_Flu_Vaccination-8-2014.pdf>
  + How to verify HCP influenza vaccination data in NHSN: <http://www.cdc.gov/nhsn/PDFs/CMS/LTAC-CMS_IPPS_HCPFluVacc_LineList8-2014.pdf>

1. **National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure (NQF #1716)** – Collected via the CDC’s NHSN
2. **National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure (NQF #1717)** – Collected via the CDC’s NHSN
   * **IMPORTANT:** Reporting of MRSA Bacteremia and CDI LabID events and HCP influenza vaccination summary data are new reporting requirements for LTCHs, beginning January 1, 2015. At this time only 75% of LTACs have entered MRSA Bacteremia and CDI LabID data. These data MUST be reported to CMS via the CDC’s NHSN no later than 11:59:59 p.m. PST on May 15, 2015, in order for your LTCH to be considered compliant with respect to Q1 2015
3. **All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals (NQF #2512)** – No additional LTCH QRP data collection and submission is required by LTCHs since this is a Medicare Fee-For-Service Claims-based measure.

CMS strongly encourages all facilities to submit quality measure data several days prior to the deadline to allow time to address any submission issues and to provide LTCHs an opportunity to review submissions to ensure that data are complete.

**April 16, 2015**

**NOTIFICATION: LTCH Quality Reporting Program May 15, 2015 Data Submission Deadline Reminder**

To meet the reporting requirements of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP), data collected on the following eight (8) measures\* must be submitted no later than 11:59 p.m. PST on May 15, 2015:

1. **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)** – Collected via the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set/ Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system
2. **National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)** – Collected via the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN)
3. **National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)** – Collected via the CDC’s NHSN
4. **Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)** – Collected via the LTCH CARE Data Set/ QIES ASAP system

Note that the data collection timeframe for NQF #0680 is October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015. The submission deadline for data collected for October 1, 2014 through December 31, 2014 was February 15, 2015. The submission deadline May 15, 2015 applies to data collected for January 1, 2015 through March 31, 2015.

1. **Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)** – Collected via the CDC’s NHSN

Note that the data collection timeframe for NQF #0431 is October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015. The submission deadline May 15, 2015 applies to data collected for October 1, 2014 (or when the influenza vaccine becomes available) through March 31, 2015.

1. **National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure (NQF #1716)** – Collected via the CDC’s NHSN
2. **National Healthcare Safety Network Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure (NQF #1717)** – Collected via the CDC’s NHSN
3. **\*All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals (NQF #2512)** – No additional LTCH QRP data collection and submission is required by LTCHs since this is a Medicare Fee-For-Service Claims-based measure.

CMS strongly encourages all facilities to submit quality measure data several days prior to the deadline to allow time to address any submission issues and to provide LTCHs an opportunity to review submissions to ensure that data are complete.

**Helpful Links:**

* Quality Improvement Evaluation System (QIES) - <https://www.qtso.com/>
* Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) - <http://www.cdc.gov/nhsn/>
* LTCH Quality Questions Help Desk - [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)

**March 20, 2015**

**Corrected Provider Preliminary Review Reports are now available**

On February 5, 2015, the Centers for Medicare and Medicaid Services (CMS) released Long-Term Care Hospital (LTCH) Provider Preliminary Review Reports containing LTCH provider performance data on quality measures. After releasing these reports, CMS identified potential errors related to the calculation of quality metrics. The corrected LTCH Provider Preliminary Review Reports are now available allowing each LTCH to review their quality data.

CMS has also released an updated Help document titled *LTCH Preliminary Review Report (PRR) Guide*, which provides direction on how to access the report, and includes a detailed explanation of the data displayed on the report, along with helpful resource links. Guidance on acquiring and understanding your LTCH’s Quality Reporting Provider Preliminary Review Report can be accessed by selecting the link titled, ***LTCH Preliminary Review Report Help Document***, under the **Downloads** section of this webpage.

CMS has designated Health Care Innovation Services (HCIS) as the outreach, education and communication support contractor for the LTCH Quality Reporting Program(QRP), as well as the respondent for any questions providers may have regarding the Provider Preliminary Review Reports. Questions about the content of this report may be directed to the HCIS Help Desk at [help@hcareis.com](mailto:help@hcareis.com).

NOTE: For questions about LTCH quality measures please email [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

**LTCH QRP Manual V 2.0**

**The LTCH QRP Manual V2.0** is available under the **Downloads** section of the [LTCH Quality Reporting Training](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) webpage. Beyond providing instruction on how to code the LTCH CARE Data Set assessments, the manual also contains copies of the LCDS assessments (Admission, Planned Discharge, Unplanned Discharge, and Expired). Please note that CMS has posted an Errata related to the LTCH QRP Manual V 2.0. The errata is accessible by selecting the link titled **Errata for LTCH QRP Manual V2.0**, under the **Downloads** section of the [LTCH Quality Reporting Training](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) webpage. Additionally, please note that Appendix E of the LTCH QRP Manual is posted separately from the LTCH QRP manual V 2.0, and contains the quality measure specifications for the LTCH QRP. Appendix E is accessible by selecting the link titled **LTCH QRP Manual Appendix E V2.0**,under the **Downloads** section of the [LTCH Quality Reporting Training](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html) webpage.

**February 11, 2015**

**Deadline for Q4 2014 HAI Data Submission Extended for Long-Term Care Hospitals (LTCHs)**

The purpose of this announcement is to notify eligible Long-Term Care Hospitals (LTCHs) participating in the LTCH Quality Reporting Program (QRP) that the deadline for the Healthcare-Associated Infection (HAI) data submission has been extended from Sunday, February 15, 2015, to Friday, February 27, 2015, at 11:59 p.m. PT. This extension is being granted to provide LTCHs additional time to enter data. Although the National Healthcare Safety Network (NHSN) system is working, some users have recently been experiencing periodic latency with the system. The Centers for Disease Control and Prevention (CDC) has been working steadfastly to resolve the underlying cause and complete resolution of the latency problem is expected soon.

Please note: This extension only applies to the Q4 2014 HAI quality data submitted to CMS via the CDC’s NHSN. The February 15, 2015 submission deadline for quality data submitted to CMS using the LTCH CARE Data Set via the QIES ASAP system still remains in effect. This deadline extension affects the following quality measures:

* **NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF # 0138). Data are submitted to the Centers for Disease Control and Prevention’s (CDC’s) NHSN at** [**http://www.cdc.gov/nhsn/login.html**](http://www.cdc.gov/nhsn/login.html)**.**
* **NHSN Central-Line Associated Blood Stream Infections (CLABSI) Outcome Measure (NQF # 0139). Data are submitted to the Centers for Disease Control and Prevention’s (CDC’s) NHSN at** [**http://www.cdc.gov/nhsn/login.html**](http://www.cdc.gov/nhsn/login.html)**.**

Please direct any LTCH QRP inquiries to the LTCH QRP help desk at [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov). Inquiries about quality measures reported to CMS via the CDC’s NHSN, or NHSN specific issues, should be directed to the NHSN help desk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov). For additional details about where specific inquiries should be directed, we invite you to visit our [LTCH Quality Reporting Help](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Help.html) webpage.

**Attention LTCH Providers – Please check the LTCH Quality Reporting Technical Information webpage for a new announcement related to the recent posting of an LTCH CARE Data Set errata document.**

**February 5, 2015**

**LTCH Quality Reporting Preliminary Review Reports Available on February 5, 2015**

The Centers for Medicaid and Medicare (CMS) is announcing the availability of Quality Reporting Preliminary Review Reports for Long Term Care Hospital (LTCH) providers beginning February 5, 2015. In response to requests made to CMS by providers regarding the opportunity provider feedback reports, a preliminary step has been made prior to the implementation for public reporting, in which providers are able to view their quality data.

A CMS Quality Reporting Preliminary Review Report informational and instructional document has now been posted. The instructional and informational document provides direction on how to access the Review Report. Other useful provider information includes an explanation on how to read the Review Report, with a detailed explanation of the data that is contained within the Review Report; numerous resource links; and helpful web sites for Frequently Asked Questions (FAQs).

CMS has named Health Care Innovation Services (HCIS) as the outreach, education and communication support contractor for the LTCH Quality Reporting program, as well as the respondent for any questions providers may have regarding Preliminary Review Reports. Questions may be directed to the HCIS Help Desk at [help@hcareis.com](mailto:help@hcareis.com).

Guidance on accessing and understanding your LTCH’s Quality Reporting Preliminary Review Reports can be accessed by selecting the link titled **LTCH Preliminary Review Report Help Document**, under the [Downloads](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads) section of this webpage below.

**January 07, 2015**

We’ve updated the LTCH QRP website. Check out:

* A new quick launch bar
  + LTCH Spotlight & Announcements: provides recent news and updates pertinent to the LTCH QRP. Providers should visit this portion of the webpage on a regular basis to have the most up-to-date information.
  + LTCH Measures Information: provides information and materials pertinent to measures for the LTCH QRP.
  + LTCH Data Submission Deadlines: provides information and materials pertinent to data collection periods and submission activities for the LTCH QRP.
  + LTCH Reconsideration and Exception & Extension: provides information related to the reconsideration process and exception and extension requests for the LTCH QRP Annual Payment Update determinations for the LTCH QRP.
  + LTCH Technical Information: provides technical information pertinent to the LTCH QRP.
  + LTCH Training: provides information and materials for the LTCH QRP such as user guides, training documents, and fact sheets.
  + LTCH Help: contains Help Desk contact information and Frequently Asked Questions (FAQ) documents for the LTCH QRP.
  + LTCH Archive: for historical reference, contains information such as postings and downloads that appeared on the LTCH website in the past, but are not currently applicable.

Updated links in the [downloads](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html#downloads)