Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2020 Annual Payment Update (APU) Determination

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The Centers for Medicare & Medicaid Services' (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP) requires LTCHs to submit quality measure and standardized patient assessment data elements to CMS. For a given data submission period, the Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set) assessments submitted by an LTCH must meet the APU minimum submission threshold of no less than 80 percent of the LTCH CARE Data Set assessments having 100 percent completion of the required LTCH QRP data elements. These are the data elements needed to calculate the LTCH QRP quality measures and are defined as standardized data elements. Successful assessment completion is submission of actual patient data, as opposed to non-informative response options, i.e., "dash" (–). Please note that while the coding of a "dash" is an optional response value for the data elements listed in this table, its use does not count toward meeting the APU minimum submission threshold. Failure to meet the minimum threshold may result in a two (2) percentage point reduction in the LTCH's APU.

Below is a table indicating the LTCH CARE Data Set data elements that are used in determining the APU minimum submission threshold for the FY 2020 LTCH QRP determinations. There are two columns spanning two versions of the LTCH CARE Data Set and reflect the appropriate reporting periods:

- (1) the LTCH CARE Data Set Version 3.00 is used for CY Q1 Q2 2018 (January June 2018) data collection reporting periods; and
- (2) the LTCH CARE Data Set Version 4.00 is used for CY Q3 CY Q4 2018 (July December 2018) data collection reporting period.

An "X" in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under "References" below.

Note: This table is limited to the data elements that are used for determining LTCH QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the LTCH QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

References:

LTCH QRP QM User's Manual V2.0: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Quality-Measures-Users-Manual-V-20-June-2017-Final.pdf

Final Specifications for LTCH QRP Quality Measures and Standardized Patient Assessment Data Elements: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/Final-Specifications-for-LTCH-QRP-Quality-Measures-and-Standardized-Patient-Assessment-Data-Elements-Effective-July-1-2018.pdf

LTCH QRP Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html

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| LTCH CARE Data Set Data Elements Used for FY 2020 LTCH QRP APU Determination | | LTCH CARE Data Set Assessment Type | | | | Data Collection Periods (CY 2018) | |
|---|--|------------------------------------|----------------------|------------------------|---------|--|--|
| LTCH CARE Data Set Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Q1, Q2 2018 LTCH CARE Data Set Version 3.00 | Q3, Q4 2018 LTCH CARE Data Set Version 4.00 |
| B0100 | Comatose | X | X | | | X | X |
| BB0700 | Expression of Ideas and Wants | X | X | | | X | X |
| BB0800 | Understanding Verbal and Non-Verbal Content | X | X | | | X | X |
| C1610A | Signs and Symptoms of Delirium (from CAM ©): Acute Onset | X | X | X | | X | X |
| C1610B | Signs and Symptoms of Delirium (from CAM ©): Fluctuating Course | X | X | X | | X | X |
| C1610C | Signs and Symptoms of Delirium (from CAM ©): Inattention | X | X | X | | X | X |
| C1610D | Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking | X | X | X | | X | X |
| C1610E1 | Signs and Symptoms of Delirium (from CAM ©): Alert | X | X | X | | X | X |
| C1610E2 | Signs and Symptoms of Delirium (from CAM ©): Vigilant/Lethargic/Stupor/Coma | X | X | X | | X | X |
| GG0130A1 | Eating (Admission Performance) | X | | | | X | X |
| GG0130A2 | Eating (Discharge Goal) | X | | | | X | X |
| GG0130A3 | Eating (Discharge Performance) | | X | | | X | X |
| GG0130B1 | Oral hygiene (Admission Performance) | X | | | | X | X |
| GG0130B2 | Oral hygiene (Discharge Goal) | X | | | | X | X |
| GG0130B3 | Oral hygiene (Discharge Performance) | | X | | | X | X |
| GG0130C1 | Toileting hygiene (Admission Performance) | X | | | | X | X |
| GG0130C2 | Toileting hygiene (Discharge Goal) | X | | | | X | X |
| GG0130C3 | Toileting hygiene (Discharge Performance) | | X | | | X | X |
| GG0130D1 | Wash upper body (Admission Performance) | X | | | | X | X |
| GG0130D2 | Wash upper body (Discharge Goal) | X | | | | X | X |
| GG0130D3 | Wash upper body (Discharge Performance) | | X | | | X | X |
| GG0170A1 | Roll left and right (Admission Performance) | X | | | | X | X |
| GG0170A2 | Roll left and right (Discharge Goal) | X | | | | X | X |
| GG0170A3 | Roll left and right (Discharge Performance) | | X | | | X | X |

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| LTCH CARE Data Set Data Elements Used for FY 2020 LTCH QRP APU Determination | | LTCH CARE Data Set Assessment Type | | | | Data Collection Periods (CY 2018) | |
|---|---|------------------------------------|----------------------|------------------------|---------|--|--|
| LTCH CARE Data Set Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Q1, Q2 2018 LTCH CARE Data Set Version 3.00 | Q3, Q4 2018 LTCH CARE Data Set Version 4.00 |
| GG0170B1 | Sit to lying (Admission Performance) | X | | | | X | X |
| GG0170B2 | Sit to lying (Discharge Goal) | X | | | | X | X |
| GG0170B3 | Sit to lying (Discharge Performance) | | X | | | X | X |
| GG0170C1 | Lying to sitting on side of bed (Admission Performance) | X | | | | X | X |
| GG0170C2 | Lying to sitting on side of bed (Discharge Goal) | X | | | | X | X |
| GG0170C3 | Lying to sitting on side of bed (Discharge Performance) | | X | | | X | X |
| GG0170D1 | Sit to stand (Admission Performance) | X | | | | X | X |
| GG0170D2 | Sit to stand (Discharge Goal) | X | | | | X | X |
| GG0170D3 | Sit to stand (Discharge Performance) | | X | | | X | X |
| GG0170E1 | Chair/bed-to-chair transfer (Admission Performance) | X | | | | X | X |
| GG0170E2 | Chair/bed-to-chair transfer (Discharge Goal) | X | | | | X | X |
| GG0170E3 | Chair/bed-to-chair transfer (Discharge Performance) | | X | | | X | X |
| GG0170F1 | Toilet transfer (Admission Performance) | X | | | | X | X |
| GG0170F2 | Toilet transfer (Discharge Goal) | X | | | | X | X |
| GG0170F3 | Toilet transfer (Discharge Performance) | | X | | | X | X |
| GG0170H1 | Does the patient walk? (Admission Performance) | X | | | | X | |
| GG0170H3 | Does the patient walk? (Discharge Performance) | | X | | | X | |
| GG0170I1 | Walk 10 feet (Admission Performance) | X | | | | X | X |
| GG0170I2 | Walk 10 feet (Discharge Goal) | X | | | | X | X |
| GG0170I3 | Walk 10 feet (Discharge Performance) | | X | | | X | X |
| GG0170J1 | Walk 50 feet with two turns (Admission Performance) | X | | | | X | X |
| GG0170J2 | Walk 50 feet with two turns (Discharge Goal) | X | | | | X | X |
| GG0170J3 | Walk 50 feet with two turns (Discharge Performance) | | X | | | X | X |
| GG0170K1 | Walk 150 feet (Admission Performance) | X | | | | X | X |
| GG0170K2 | Walk 150 feet (Discharge Goal) | X | | | | X | X |
| GG0170K3 | Walk 150 feet (Discharge Performance) | | X | | | X | X |
| GG0170Q1 | Does the patient use a wheelchair and/or scooter? (Admission) | X | | | | X | X |

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| LTCH CARE Data Set Data Elements Used for FY 2020 LTCH QRP APU Determination | | LTCH CARE Data Set Assessment Type | | | | Data Collection Periods (CY 2018) | |
|---|--|------------------------------------|----------------------|------------------------|---------|--|--|
| LTCH CARE Data Set Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Q1, Q2 2018 LTCH CARE Data Set Version 3.00 | Q3, Q4 2018 LTCH CARE Data Set Version 4.00 |
| GG0170Q3 | Does the patient use a wheelchair and/or scooter? (Discharge) | | X | | | X | X |
| GG0170R1 | Wheel 50 feet with two turns (Admission Performance) | X | | | | X | X |
| GG0170R2 | Wheel 50 feet with two turns (Discharge Goal) | X | | | | X | X |
| GG0170R3 | Wheel 50 feet with two turns (Discharge Performance) | | X | | | X | X |
| GG0170RR1 | Indicate the type of wheelchair or scooter used (Admission) | X | | | | X | X |
| GG0170RR3 | Indicate the type of wheelchair or scooter used (Discharge) | | X | | | X | X |
| GG0170S1 | Wheel 150 feet (Admission Performance) | X | | | | X | X |
| GG0170S2 | Wheel 150 feet (Discharge Goal) | X | | | | X | X |
| GG0170S3 | Wheel 150 feet (Discharge Performance) | | X | | | X | X |
| GG0170SS1 | Indicate the type of wheelchair or scooter used (Admission) | X | | | | X | X |
| GG0170SS3 | Indicate the type of wheelchair or scooter used (Discharge) | | X | | | X | X |
| H0350 | Bladder continence | X | X | | | X | X |
| H0400 | Bowel continence | X | | | | | X |
| 10900 | Peripheral vascular disease (PVD) or peripheral arterial disease (PAD) | X | | | | | X |
| I2900 | Diabetes mellitus (DM) | X | | | | | X |
| J1900C | Number of falls since admission: Major injury | | X | X | X | X | X |
| K0200A | Height (in inches) | X | | | | | X |
| K0200B | Weight (in pounds) | X | | | | | X |
| M0300B1 | Number of Stage 2 pressure ulcers | | X | X | | | X |
| M0300B2 | Number of these Stage 2 pressure ulcers: present upon admission | | X | X | | | X |
| M0300C1 | Number of Stage 3 pressure ulcers | | X | X | | | X |
| M0300C2 | Number of these Stage 3 pressure ulcers present upon admission | | X | X | | | X |
| M0300D1 | Number of Stage 4 pressure ulcers | | X | X | | | X |
| M0300D2 | Number of these Stage 4 pressure ulcers present upon admission | | X | X | | | X |

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| LTCH CARE Data Set Data Elements Used for FY 2020 LTCH QRP APU Determination | | LTCH CARE Data Set Assessment Type | | | | Data Collection Periods (CY 2018) | |
|---|---|------------------------------------|----------------------|------------------------|---------|--|--|
| LTCH CARE Data Set Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Q1, Q2 2018 LTCH CARE Data Set Version 3.00 | Q3, Q4 2018 LTCH CARE Data Set Version 4.00 |
| M0300E1 | Number of unstageable pressure ulcers/injuries due to non-removable dressing/device | | X | X | | | X |
| M0300E2 | Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device present upon admission | | X | X | | | X |
| M0300F1 | Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar | | X | X | | | X |
| M0300F2 | Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar present upon admission | | X | X | | | X |
| M0300G1 | Number of unstageable pressure injuries presenting as deep tissue injury | | X | X | | | X |
| M0300G2 | Number of these unstageable pressure injuries presenting as deep tissue injury present upon admission | | X | X | | | X |
| M0800A | New or Worsened Stage 2 Pressure Ulcers | | X | X | | X | |
| M0800B | New or Worsened Stage 3 Pressure Ulcers | | X | X | | X | |
| M0800C | New or Worsened Stage 4 Pressure Ulcers | | X | X | | X | |
| N2001 | Drug Regimen Review | X | | | | | X |
| N2003 | Medication Follow-up | X | | | | | X |
| N2005 | Medication Intervention | | X | X | X | | X |
| O0150A | Invasive Mechanical Ventilation on Admission | X | | | | | X |
| O0150B | Assessed for readiness for SBT by day 2 of LTCH stay | X | | | | | X |
| O0150C | Deemed medically ready for SBT by day 2 of the LTCH stay | X | | | | | X |
| O0150D | Documentation of reason(s) that patient was deemed medically unready for SBT by day 2 of the LTCH stay | X | | | | | X |
| O0150E | SBT performed by day 2 of the LTCH stay | X | | | | | X |
| O0200A | Invasive Mechanical Ventilator: Liberation Status at Discharge | | X | X | | | X |
| O0250A | Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season? | X | X | X | X | X | X |
| O0250C | If influenza vaccine not received, state reason | X | X | X | X | X | X |