

# 2018 LTCH Quality Reporting Spotlight Announcements

**December 12, 2018**

## **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](#).

**December 06, 2018**

A table providing the data collection time frames and final submission deadlines for the FY 2021 LTCH QRP is available in the Downloads section of the [LTCH QRP Data Submission Deadlines](#) webpage.

**December 06, 2018**

## **Disaster Information Now Available on the Reconsiderations and Exceptions & Extensions Page**

For all disaster related information moving forward, please visit the [Reconsiderations and Exceptions & Extensions](#) web page for your Quality Reporting Program. Memos will be posted in the downloads section of this page with additional information for each specific disaster impacting the Quality Reporting Programs.

**December 04, 2018**

A resource document providing mapping of Section I data elements in the LTCH CARE Data Set to ICD-10 codes, is available in the downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage.

**December 03, 2018**

## **LTCH Provider Preview Reports- Now Available – December 3, 2018**

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 March 2019 refresh.

**For more information:**

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

**November 27, 2018**

**Post-Training Materials Available – September 2018 IRF and LTCH Section N: Medications Webinar**

Available under the Downloads section of the [Inpatient Rehabilitation Facility \(IRF\) Quality Reporting Training](#) and [Long-Term Care Hospital \(LTCH\) Quality Reporting Training](#) webpages.

**November 06, 2018**

Please note that while the LTCH QRP no longer requires LTCHs to submit data for the following measures, reporting on this data is required for certain LTCHs based on state and local mandates:

- NHSN Facility-wide Inpatient Hospital-onset Methicillin resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
- NHSN Ventilator-Associated Event (VAE) Outcome Measure

Please check your state mandates and local to ensure you are in compliance with their reporting requirements.

**November 02, 2018**

**LTCH QRP APU FY 2019: Successful Facilities**

As stated in the [FY 2016 IPPS/LTCH PPS Final Rule](#), CMS has published a list of LTCHs who successfully met the reporting requirements after all reconsideration requests have been processed. View the list on the [LTCH Quality Reporting Data Submission Deadlines webpage](#).

**October 29, 2018**

**For all QRP web pages that reference [qtso.com](#) please update to new web address to [qtso.cms.gov](#)**

**October 24, 2018**

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) 2018 are due with this submission deadline.

**All data must be submitted no later than 11:59 p.m. Pacific Standard Time on November 15, 2018.**

It is recommended that the applicable CMS CASPER validation 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:

- [QTSO 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 deadlines. If you need to add or change the email addresses to which these messages are sent, please email [QRPHelp@cormac-corp.com](mailto:QRPHelp@cormac-corp.com) and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

**October 17, 2018**

#### **LTCH Quality Measure Reports- Measures Added**

The Confidential Feedback Reports, also referred to as the Facility-Level and Patient-Level Quality Measure (QM) reports, for Long-Term Care Hospitals (LTCHs) have been updated to include additional quality measures. These on-demand, user-requested reports, are available via the Certification and Survey provider Enhanced Reports (CASPER) Reporting System. These reports can be used to provide feedback to help providers identify data errors and improve quality of care. For more information, view the "LTCH QM Report-Measures Added-October 2018 PDF" on the [LTCH Quality Reporting Measures Information](#) webpage.

**October 11, 2018**

#### **Post-Training Materials Available – September 2018 IRF and LTCH Section M Webinar**

Post-training materials (includes answers to knowledge checks) from the **Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Section M: Skin Conditions (Pressure Ulcer/Injury) Webinar** held September 4, 2018, are available under the Downloads section of the [Inpatient Rehabilitation](#)

[Facility \(IRF\) Quality Reporting Training](#) and [Long-Term Care Hospital \(LTCH\) Quality Reporting Training](#) respect webpages.

**October 11, 2018**

**Hurricane Florence - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding**

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs located in areas affected by Hurricane Florence. These healthcare providers and suppliers will be granted exceptions without having to submit a request if they are located in one of the counties listed in the memo posted on [October 11, 2018](#), all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county. Please check this site for the most up to date list of affected counties.

For LTCHs outside the FEMA-designated counties affected by Hurricane Florence, please follow the directions related to requesting an exemption or extension, as listed on the [LTCH Quality Reporting Reconsideration and Exception & Extension website](#).

**October 01, 2018**

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. The updates have been made due to the measure removals finalized in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41624 through 41634). Please see: <https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf>.

**September 27, 2018**

**LTCH Compare Quarterly Refresh – September 27, 2018**

The September 2018 quarterly Long-term Care Hospital (LTCH) Compare refresh, including new quality measure results based on data submitted to CMS between Q4 2016 – Q3 2017, is now available. We invite you to visit [LTCH Compare](#) to view the data.

In addition to the LTCH QRP measures that are currently displayed on LTCH Compare, the following five new quality measures will be displayed:

Assessment-based measures:

1. Percent of LTCH Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
2. Application of Percent of LTCH Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
3. Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Claims-based measures:

1. Medicare Spending Per Beneficiary-PAC LTCH QRP
2. Discharge to Community-PAC LTCH QRP

CMS has decided not to publish a 6th quality measure, Potentially Preventable 30-Day Post-Discharge Readmissions, at this time. Additional time would allow for more testing to determine if there are modifications that may be needed both to the measure and to the method for displaying the measure. The additional testing will ensure that the future publicly reported measure is thoroughly evaluated so that Compare users can depend upon an accurate picture of provider quality. While we conduct this additional testing, CMS will not post reportable data for this measure, including each LTCH's performance, as well as the national rate.

Please visit the [LTCH Compare website](#) to view the new and updated quality data.

For more information visit the [CMS LTCH QRP Public Reporting website](#).

#### **September 14, 2018**

The following documents have been updated to reflect the removal of the National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716), National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure and Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) measure from the LTCH QRP as finalized in the FY 2019 IPPS/LTCH PPS final rule effective October 1, 2018:

1. **Data Collection and Submission Deadlines for the FY 2020 LTCH QRP** document is available in the Downloads section of the [LTCH Quality Reporting Data Submission Deadlines webpage](#).
2. **LTCH QRP Table for Reporting Assessment-Based Measures for the FY 2020 LTCH QRP** document is available in the Downloads section of the [LTCH Quality Reporting Measures Information webpage](#).

#### **September 14, 2018**

A Quick Reference Guide for the LTCH QRP for FY2020 is now available on the [LTCH Quality Reporting Data Submission Deadlines page](#). The guide includes frequently asked questions, information on QRP help desks, and helpful links to additional resources for the LTCH QRP.

## **September 12, 2018**

### **IRF and LTCH Section N Follow-Up Webinar Rescheduled for Monday, September 17, from 2:00 to 3:30 p.m.**

The Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Section N Follow-Up Webinar originally held on Wednesday, August 29, 2018, from 2:00 to 3:30 p.m. has been rescheduled due to technical difficulties experienced during the webinar. See the [LTCH Quality Reporting Training](#) and [IRF Quality Reporting Training](#) web pages for details.

## **September 7, 2018**

### **LTCH Provider Preview Reports- Now Available**

Long-term Care Hospital (LTCH) Provider Preview Reports have been updated and are now available. Providers have until October 8, 2018 to review their performance data on quality measures based on Quarter 1 -2017 to Quarter 4 - 2017 data, prior to the December 2018 LTCH Compare site refresh, during which this data will be publicly displayed. Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data scores displayed are inaccurate.

#### **For more information:**

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

## **August 27, 2018**

### **Pre-Training Materials Now Available for the Upcoming IRF and LTCH Webinars (August 29 and September 4, 2018) Related to Changes Associated with Coding Sections N and M of the LTCH CARE Data Set and the IRF-PAI**

The training materials for the upcoming Section N webinar, scheduled for Wednesday, August 29, 2018, from 2:00 to 3:30 p.m. EDT and Section M webinar scheduled for Tuesday, September 4, 2018, from 2:00 to 3:30

p.m. EDT are now available under the Downloads section of the [Inpatient Rehabilitation Facility \(IRF\) Quality Reporting Training](#) and [Long-Term Care Hospital \(LTCH\) Quality Reporting Training](#) webpages.

**August 14, 2018**

**LTCH QRP Provider Training, May 8 and 9, Q+A is Available**

The question and answer (Q+A) document for the **Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Training, May 8 and 9**, is now available. See the [LTCH Quality Reporting Training](#) webpage for details.

**August 10, 2018**

**LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0**

The LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0 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 July 1, 2018 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 V2.0 to V3.0. Additionally, we have included a Risk Adjustment Appendix File for the LTCH Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0, which contains the risk-adjustment values used to calculate the risk-adjusted quality measures. The Change Table and Risk Adjustment Appendix File are also available for download on the [LTCH Quality Reporting Measures Information](#) webpage.

**August 07, 2018**

A zip file containing an errata document and revised pages for the LTCH QRP Manual Version 4.0 has been posted and is available in the downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage.

**August 01, 2018**

**ATTENTION ALL LTCHS!!!**

Please note that your June 2018 Provider Preview Reports contained an error for the quality measure Discharge to Community – Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (L018.01). Your Discharge to Community preview data that was released in June 2018 incorporated your risk-

standardized rate and performance category based only on 7 of the 8 required quarters of data. Data from October through December 2016 (Q1 FY 2017) were inadvertently omitted.

**CMS is reissuing the LTCH Provider Preview report containing the corrected Discharge to Community quality measure data.** For additional information, including guidance on how to access this preview report, we refer you to the [CMS LTCH QRP Public Reporting webpage, under Updates](#).

**July 23, 2018**

**REGISTRATION OPEN – Upcoming IRF and LTCH QRP Webinars (August 29 and September 4, 2018)  
Related to Changes Associated with Coding Sections N and M of the LTCH CARE Data Set and the IRF-PAI**

The Centers for Medicare & Medicaid Services (CMS) will be hosting two webinars for providers at Long-Term Care Hospitals and Inpatient Rehabilitation Facilities to present information about proper coding of Section M Skin Conditions (Pressure Ulcer/Injury) and Section N of the Continuity Assessment Record and Evaluation (CARE) Data Set Version 4.00 and the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) Version 2.00. Updated reporting requirements for Sections M and N became effective on July 1, 2018, for LTCH providers and will become effective on October 1, 2018, for IRF providers. See the [LTCH Quality Reporting Training](#) and [IRF Quality Reporting Training](#) web pages for details.

**July 06, 2018**

**LTCH Quality Reporting Program: Non-Compliance Letters**

CMS is providing notifications to facilities that were determined to be out of compliance with Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) requirements for CY 2017, which will affect their FY 2019 Annual Payment Update (APU). Non-compliance notifications are in the process of being mailed by the Medicare Administrative Contractors (MACs) and will be placed into facilities' CASPER folders in QIES on July 9, 2018. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59pm PST, August 7, 2018. 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 03, 2018**

The Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) require providers to complete a new Agreement to Participate and Consent form for the Patient Safety and the



Healthcare Personnel Safety Components by **Monday, July 9, 2018**. LTCHs participating in the Centers for Medicare & Medicaid Services (CMS) Quality Reporting Program (QRP) must accept the updated NHSN Agreement to Participate and Consent forms to avoid interruptions in your healthcare facility's access to NHSN, including access for purposes of submitting data to meet LTCH QRP reporting requirements.

These forms are available for review and completion in the NHSN application. If you have any questions about the consent process, please email the NHSN help desk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

**June 22, 2018**

#### **May 2018 LTCH QRP Post-Training Materials Are Now Available**

Post-training materials from the **May 2018 Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training** held in Baltimore, MD, on May 8 and 9, 2018, are now available in the Downloads section of the [LTCH Quality Reporting Training](#) webpage.

**June 07, 2018**

The LTCH QRP Table for Reporting Assessment-Based Measures for the FY 2020 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 2020 LTCH QRP determination. Please note this replaces the Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set document.

**June 06, 2018**

#### **LTCH Compare Quarterly Refresh Available**

The June 2018 quarterly Long-term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q3 2016 – Q2 2017, is now available. Visit [LTCH Compare](#) to view the data.

For more information, view the [LTCH Quality Public Reporting](#) webpage.

**June 06, 2018**

LTCH Provider Threshold Report - Now Available

The Long-Term Care Hospital (LTCH) Provider Threshold Report (PTR) is now available. The PTR is a user-requested, on demand, report which enables users to obtain the status of their data submission completeness related to the compliance threshold required for the LTCH Quality Reporting Program (QRP).

This report is available in the LTCH Provider report category in the CASPER Reporting application. Please refer to Section 3 – LTCH Provider Reports in the CASPER Reporting User's Guide for additional information about this report. The CASPER Reporting User's Guide is available on the 'Welcome to the CMS QIES Systems for Providers' web page and the LTCH User Guides and Training page on the QTSO website (<https://qtso.cms.gov/lchtrain.html>).

**June 01, 2018**

### **LTCH Provider Preview Reports- Now Available**

Long-term Care Hospital (LTCH) Provider Preview Reports are now available. Providers have the opportunity to review their performance data on quality measures based on Quarter 4 -2016 to Quarter 3 - 2017 data, prior to the September 2018 [LTCH Compare](#) refresh, during which this data will be publicly displayed.

*Providers have until July 1, 2018 to review their performance data.*

Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.

The updates include three additional assessment-based measures and three new claims-based measures.

New LTCH Assessment-based measures:

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
- Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

New LTCH Claims-based measures:

- Medicare Spending Per Beneficiary-Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

- Discharge to Community- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)
- Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

The update also includes the removal of the All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospitals measure.

**For more information:**

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

**May 04, 2018**

Revised LTCH QRP Manual Version 4.0

An updated version of the LTCH QRP Manual Version 4.0 for the LTCH CARE Data Set Version 4.00, which will go into effect July 1, 2018 has been added to the Downloads section of the LTCH CARE Data Set & LTCH QRP Manual webpage. A change table detailing the updates from the original version has also been added to the Downloads section of the webpage.

**May 04, 2018**

**Training Materials Available for LTCH QRP Provider In-Person Training Event, May 8-9, 2018**

The training materials for the upcoming Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training in Baltimore, MD, on Tuesday, May 8, and Wednesday, May 9, are now available under the Downloads section of the [LTCH Quality Reporting Training](#) webpage. The training will start at 8:30 a.m. EDT and end at 5:00 p.m. EDT on May 8, and start at 8:30 a.m. EDT and end at 5:00 p.m. EDT on May 9. [Click here to register for this event.](#)

**April 20, 2018**

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-December (Q4) of calendar year (CY) 2017 are due with this submission deadline. Influenza Vaccination among Healthcare Personnel (NQF #0431) for October 1, 2017 – March 31, 2018 is also due with this submission deadline via NHSN.

**All data must be submitted no later than 11:59 p.m. Pacific Standard Time on May 15, 2018.**

It is recommended that the applicable CMS CASPER validation 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 providers affected by hurricanes Harvey, Irma, or Nate, or California wildfires: Information on the exceptions can be found on the [LTCH QRP Reconsideration and Exception & Extension](#) webpage.

For additional information, visit:

- [Quick Reference to LTCH Care File Submissions, Submission Status and Validation Reports](#)
- [MS Resources for NHSN Users](#)

**March 23, 2018**

**REGISTRATION OPEN** – LTCH QRP Provider In-Person Training Event, May 8-9, 2018

The Centers for Medicare & Medicaid Services (CMS) will be hosting a 2-day Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) in-person 'Train the Trainer' event for providers on May 8 and 9, 2018, in Baltimore, MD. See the [LTCH Quality Reporting Training](#) webpage for details.

**March 07, 2018**

**LTCH Provider Preview Reports- Now Available**

Long-Term Care Hospital (LTCH) Provider Preview Reports are now available. Providers have the opportunity to review their performance data on quality measures based on Quarter 3 -2016 to Quarter 2 - 2017 data, prior to the June 2018 [LTCH Compare](#) refresh, during which this data will be publicly displayed.

CMS identified an error with data calculation which has led to suppression of the measure, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680) on the LTCH preview report for March 2018.

*Providers have until April 5, 2018 to review their performance data.*

Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.

**For more information:**

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

**March 07, 2018**

**SAVE THE DATE for the May 8-9 LTCH QRP Provider Training**

The Centers for Medicare & Medicaid Services (CMS) will be hosting a 2-day Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) in-person 'Train the Trainer' event for providers on May 8 and 9, 2018, in Baltimore, MD. See the [LTCH Quality Reporting Training](#) webpage for details.

**March 02, 2018**

The March 2018 quarterly Long-Term Care Hospital (LTCH) Compare refresh, including quality measure results based on data submitted to CMS between Q2 2016 – Q1 2017, is now available. Visit [LTCH Compare](#) to view the data.

For more information, view the [LTCH Quality Public Reporting](#) webpage.

**February 23, 2018**

**Hurricane Nate - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding**

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, renal dialysis facilities, ambulatory surgical centers as well as Merit-Based Incentive Payment System (MIPS) eligible clinicians located in areas affected by Hurricane Nate. These healthcare providers and suppliers will be granted exceptions without having to submit a request if they are located in one of the counties listed in the memo posted on [February 8, 2018](#), all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the memo as well, however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

If FEMA expands the current disaster declaration to include additional counties, CMS will update this memo to expand the list of providers eligible to receive an exception without submitting a request.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the [CMS Hurricanes](#) webpage. Please check back frequently for updates.

**February 22, 2018**

**California Wildfires - Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding**

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, renal dialysis facilities, ambulatory surgical centers as well as Merit-Based Incentive Payment System (MIPS) eligible clinicians located in areas affected by the California wildfires (FEMA [DR-4353](#)). These healthcare providers and suppliers will be granted exceptions without having to submit a request if they are located in one of the California counties listed in the memo posted on [February 8, 2018](#), all of which have been designated by the [Federal Emergency Management Agency \(FEMA\)](#) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the memo as well, however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

If FEMA expands the current disaster declaration to include additional counties, CMS will update this memo to expand the list of providers eligible to receive an exception without submitting a request.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the [CMS Wildfires](#) webpage. Please check back frequently for updates.

**January 30, 2018**

**December 6-7, 2017 LTCH QRP Post-Training Materials Are Now Available**

Post-training materials from the **December 2017 Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training** held in Dallas, TX, on December 6 and 7, are now available on the Related links section of the [LTCH Quality Reporting Training](#) webpage.

**January 26, 2018**

The Technical Specifications for Reporting Assessment-Based Measures for the LTCH CARE Data Set Version 4.00, effective July 1, 2018, has been updated and is available for download on the [LTCH Quality Reporting Measures Information](#) webpage.

**January 23, 2018**

**TEP Summary Report Available: Development and Maintenance of Quality Measures for Long-Term Care Hospital Quality Reporting Program**

The technical expert panel (TEP) [summary report](#) for the Development and Maintenance of Quality Measures for Long-Term Care Hospital Quality Reporting Program (LTCH QRP) is now available on the [Technical Expert Panels: Established TEPs](#) webpage. The objectives of the TEP meeting were to obtain input on current LTCH QRP quality and resource use measures implemented in the program and obtain guidance and recommendations for future measures.

**January 19, 2018**

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 July-September (Q3) of calendar year (CY) 2017 are due with this submission deadline. **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on February 15, 2018.**

It is recommended that the applicable CMS CASPER validation 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 providers affected by hurricanes Harvey and Irma or California wildfires: Information on the exceptions can be found on the [LTCH QRP Reconsideration and Exception & Extension](#) webpage.

For additional information, visit:

- [Quick Reference to LTCH Care File Submissions, Submission Status and Validation Report](#)
- [CMS Resources for NHSN Users](#)

**January 16, 2018**

#### **LTCH Preview Reports: Flu Measure Error**

CMS identified an error with the data displayed on the LTCH Provider Preview Reports released on December 4, 2017, and related to the March 2018 refresh of the [LTCH Compare](#) website. The December 2017 Preview Reports incorrectly included data from a reporting period different than that identified in the reports' headers. This error affected the following quality measures:

1. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680)
2. Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).

The LTCH Provider Preview Report headers indicated that data for these measures represented patient assessment data for admissions and/or discharges that occurred between the dates of July 1, 2015 and June 30, 2016. However, the data displayed on the reports was for the period July 1, 2016 through June 30, 2017. Because of this discrepancy, CMS will be suppressing the display of this data for these two measures in the March 2018 LTCH Compare refresh. Providers that have questions about this suppression should submit their inquiries to the LTCH Public Reporting helpdesk: [LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov).

**January 04, 2018**

#### **New Guidance on How to Update LTCH Demographic Data**



The demographic data displayed on the Provider Preview Reports and on [Long-Term Care Hospital Compare](#) is generated from information stored in the Automated Survey Processing Environment (ASPEN) system.

If inaccurate demographic data is included on the Preview Report or on LTCH Compare, providers need to contact their [Medicare Administrative Contractor](#) (MAC) for assistance. When requesting updates to your demographic data, it is important to specify that you want your data within the ASPEN system updated, instead of referring to your data on the Compare site.

View the How to Update LTCH Demographic Data 1-4-18 PDF in the downloads section of the [LTCH Quality Public Reporting](#) webpage.

Please note- updates to LTCH Provider demographic information do not happen in real time and can take up to 6-months to appear on LTCH Compare.