CMS LTCH Software Developer/Vendor Call
Minutes
Thursday, September 21, 2017
Time: 2:00 p.m. to 3:00p.m. (ET)
Conference Call Number: 1-866-458-4949
Conference code: 299 76 314

Welcome --Liz McKenna

- Welcome to the CMS LTCH Software Developer / Vendor call. On this call, we will cover changes for two upcoming Data Specification versions, VUT information, and any submitted Q & As related to the April 1, 2018 release. If time allows we will have an open Q & A session at the end of this call.

- Please note that CMS policies related to the LTCH CARE data set are not the focus of vendor calls.

- If you do not have the agenda for this call, it may be found at www.qtso.com under the Vendors link on the left navigation bar.

- I will now turn the call over to John Jackson to discuss the data submission specification updates.

Data Submission Specification Updates --John Jackson

I'm going to talk about two upcoming versions of the LTCH Data Submission Specifications.

- The first is version 2.02. This version of the specifications are posted. This release goes into effect on December 17, 2017. This release supports the upcoming transition from Medicare Number to Medicare Beneficiary Identifier (MBI).

- There are three new items in the data specifications, which are in the Calculated items section used only by CMS. There is no change in the data that is submitted to the Assessment Submission and Processing (ASAP) system.

- The IMPORTANT change is the replacement of edits -1004 and -1005 with -1037…ON APRIL 1, 2018. Yes, this edit will not go into effect until April 1, 2018. It allows the submission of either the Medicare Number OR the MBI in item A0600B.

- Edit -1037 will stay in effect until the end of the transition period, currently scheduled for December 31, 2019. After that, only the MBI will be accepted in A0600B.

- The second version (v3.00) of the LTCH Data Specifications is coming soon. These specs support LTCH CARE Data Set Version 4.00 (yes, version 4.00 for the item set and version 3.00 for the data specs), and they go into effect on July 1, 2018. The specs are in the 508-conversion process and will be posted once that is complete.

- What's new in this version? There are item set additions in Sections GG, I, N, and O.
    - In Section GG, the admission and discharge items for GG0130 and GG0170 have a new allowed value of "10 - Not attempted due to environmental limitations." For the goal items in GG0130 and GG0170, there are four new allowed values: 07 - Patient refused, 09 - Not applicable, 10 - Not attempted due to environmental limitation and 88 - Not attempted due to medical condition or safety concerns.
    - New Section I items include: I0103 - Metastatic Cancer, I0104 - Severe Cancer, I0605- Severe Left Systolic/Ventricular Dysfunction, I5455 - Other Progressive Neuromuscular Disease, I5480 - Other Severe Neurological Injury-Disease-Dysfunction. Also, there is the new I7100-I7104 Transplant series (Lung, Heart, Liver, Kidney and Bone Marrow).
    - There is a new Section N: N2001 – Drug Regimen Review, N2003 - Medication Follow-up, and N2005 – Medication Intervention.

- o There are also Section O changes. There are additions to O0100 (O0100H - IV Medications and O0100H2A - Vasoactive medications); a new O0150 series of items (A-E) for SBT (Spontaneous Breathing Trial); and a new O0200A - Invasive Mechanical Ventilator - Liberation Status.

- There are also some items that are being removed. Those include A2500, A2510, the A2525 series of items, GG0170H1 and GG0170H3, the M0800 items, and O0100F3 and O0100F4.

- New edits were added for the new items as well as some edits have been removed because of the item deletions. I won't list them all, but I call your attention to new edits - 3940 and -3941, which are skips based on the values of GG0170I1 and GG0170I3. These skips replace the ones we had previously for GG0170H1 and GG0170H3, as those items were deleted.

- As always, please check the Item Change and Edit Change Reports in the specs for all the details.

Validation Utility Tool--**John Jackson**

- As you have come to expect, the LTCH VUT will be updated twice to reflect these new specs, while continuing to support the older spec versions for corrections.

- Since the V2.02.1 specs go into effect on December 17, 2017, we anticipate having the revised LTCH VUT posted in November.

- Since the V3.00.0 specs go into effect on July 1, 2018, we anticipate having the revised LTCH VUT posted in mid-May 2018.

- Please check the LTCH Quality Reporting Technical Information web page (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html) periodically for any further updates on the VUT or data specs. I will now turn it over to Kellen for ASAP system enhancements.

ASAP System Enhancements --- **Kellen Sherburne**

- I also will be covering the ASAP system and reporting updates related to the two different data specification versions, with the first being v2.01.1: The ASAP system will include the new MBI edit. Beginning April 1, 2018, the Heath Insurance Claim Number (HICN) or the Medicare Beneficiary ID (MBI) can be submitted in item A0600B (Patient Medicare Number). Following the end of the SSNRI transition period, which is currently December 31,2019, the ASAP system will reject any LTCH CARE record that contains a value other than the MBI in item A0600B (Medicare Number).

- The LTCH Assessment Print report will be updated to display the HICN/MBI Indicator field and data. This field indicates the type of value that was submitted in item A0600B (HICN or MBI Number).

- Error Message -915 (Patient Information Mismatch) will be updated to display on the LTCH Final Validation Report if the MBI number submitted in item A0600B is different than the patient's MBI number in the national database. If the MBI Number in the national database is updated by data in the LTCH CARE record, Error -915 will display on the Final Validation Report. The validation report will display the old MBI Number value and the new MBI Number value.

  - o Since MBI Numbers aren't allowed to be submitted to the ASAP system until April 1, 2018, error message -915 for an updated MBI Number won't begin displaying on the final validation report until then.

  - o In the meantime, error -915 will continue to display for other patient identifiers as outlined in Section 5, Error Messages. Section 5 is one of the sections in the LTCH Submission User's Guide.

- We will implement changes included in LTCH data specs v3.00 effective July 1, 2018 into ASAP.

  I'll now turn it back over to Liz.

Qs and As---Liz McKenna

09/21—There were no questions submitted prior to the call or brought up during the call. Please submit any questions to the LTCHTechIssues@cms.hhs.gov email address. At the end of the agenda, please note the important resources listed.

Important Resources

QTSO.com
https://www.qtso.com
https://www.qtso.com/vendor.html
https://www.qtso.com/vendorltch.html
https://www.qtso.com/ltch.html

CMS.gov - LTCH Quality Reporting
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/

CMS.gov – LTCH Quality Reporting Overview & Announcements
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html

CMS.gov – LTCH Quality Reporting Technical Information
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html

E-mail LTCH Technical Issues
LTCHTechIssues@cms.hhs.gov

E-mail LTCH Quality Questions
LTCHQualityQuestions@cms.hhs.gov

Listserv
http://www.cms.gov/OpenDoorForums