

CMS LTCH Software Developer/Vendor Call Agenda

April 16, 2020

3:00 – 4:00 p.m. ET

Conference Line: 1-877-267-1577

Conference code: 993 077 713

Welcome..... Kimberlie Jasmin, CMS

- Welcome and thank you for joining the CMS LTCH Software Developer/Vendor Call. The purpose of this call is to provide information to software developers and vendors who are creating or have created software for Long Term Care Hospital (LTCH) providers. On this call, we will discuss the changes to the LTCH Continuity Assessment Record and Evaluation (CARE) data set effective October 1, 2020, the Validation Utility Tool (VUT), the LTCH User Tool and the “Top 5” Error messages.
- If time allows we will have an open Q & A session at the end of this call.
- If you do not have the agenda for this call, it may be found at <https://qtso.cms.gov> and click on the Long Term Care Hospital (LTCH) Vendors link under the “I’m a Vendor” tab in the middle of the page.
- I will now turn the call over to Lisa Badger to discuss the data submission specification update.

Data Submission Specification Update Lisa Badger, Ventera

What’s changing in October 2020 for LTCH Specifications?

- Data Spec Version 4.00.0 includes 189 new items for assessment with a Target Date of 10/1/2020 or greater and retiring 22 existing items – the Item Change Document in the data specification package provides a full list of new items and retired items. There are however edits for a few items I wanted to highlight. These are A1010, A1250, N0415.
 - A1010 and A1250 are check all that apply items. Normally, within these check lists the final response is None of the Above. However, for both of these items the last item in the list is response X. Patient unable to respond. This item does not work as a “none of the above”, rather this response can be checked in combination with the other possible responses within each item.
 - N0415 contains two columns, where column 2 is dependent on the response in column 1 as a result if the response in column 1 is left unchecked then the corresponding response in Column 2 must be blank which is identified by the [^]. Also, N0415 Column 1 contains a None of the Above response. As a result, if N0415Z1 is checked then the remaining items in N0415 Column 1 must be unchecked or equal to [0], as a result all responses in Column 2 would be skipped due to the earlier mentioned skip pattern between column 1 and column 2 items

- We are also working on an Errata for the LTCH Data Specifications Version 4.00.0 the anticipated updates via the Errata are:
 - D0160: Additions to the valid values will include Minimum and maximum values of 02 and 27 respectively, as well as, a valid value of [99].
 - O0250A, O0250B, O0250C and I5602 are items that will be retired for any assessment with a Target Date of 10/1/2020 but inadvertently still appear active within the LTCH Data Spec Version 4.00.0. In addition, O0250A, O0250B, O0250C and I5602 will be unmapped from edit -1009 and I5602 will also be unmapped from edit -3942.

Validation Utility Tool (VUT) Update Chris Grose, CMS

- The iQIES team is working on the LTCH Validation Utility Tool (VUT) that will support the changes to the Long-term Care Data Set (LCDS) technical specifications that will be effective October 1, 2020. The VUT is used by vendors to validate that the software they build generates xml assessment records that can be uploaded to and accepted by iQIES. The VUT will no longer be a file download accessible directly on the QTSO website. Users will access the VUT via the following link <https://iQIES.cms.gov/vut> and follow the instructions to upload their XML assessment(s) zip file for validation. An iQIES login is not required to access the VUT. Users with an iQIES login can also access the VUT using the link available in the banner at the bottom of the webpages within iQIES. The link will also be posted on the QTSO webpage when the LTCH VUT is available.
- There are system edits that the VUT will not support because they are edits related to actual data submission. The VUT does not interface with iQIES, therefore it cannot confirm those edits. Following upload of the test submissions, users will have the option to download a validation report of their submission results. Note: Only test data should be submitted to the iQIES VUT. PHI/PII should not be included in the xml assessment or zip file.

LTCH User Tool Update Chris Grose, CMS

- The Internet Quality Improvement and Evaluation System (iQIES) user tool is now available for LTCHs. This functionality replaces the LASER (LTCH Assessment Submission Entry and Reporting) application currently used to collect facility, patient, and assessment information. LTCHs who were using LASER to create assessments and generate an XML file containing their assessment records for upload to iQIES are required to migrate to the use of the iQIES user tool or other vendor software that supports data entry and submission of LTCH Data Care Set (LCDS) data to ensure their assessment records are validated against the most recent data submission specifications. LASER will not support the required data submission specifications that will be in effect October 1, 2020. The iQIES user tool allows providers to input patient information and create assessments in real time, and receive error messages, if any, as responses are entered in each section of the Long Term Care Data Set (LCDS), which will expedite entry and reduce burden. Providers who chose to migrate to the new iQIES LTCH user tool will no longer be required to export XML records into a zip file for upload to iQIES once the assessment is completed. Completed assessments are submitted directly to CMS.
- With this release, LTCH users will be required to request a new user role in iQIES via **My Profile** in iQIES. There are two user roles that allow you to create assessments and one to view assessments:

- **Provider Assessment Coordinator:** As an assessment coordinator, you can view and create assessments; view, create and manage patient profiles; generate and view reports.
 - **Provider Administrator:** This role provides the same functionality as an assessment coordinator PLUS the ability to modify and inactivate assessments; generate and view reports.
 - **Provider Assessment Viewer:** As an assessment viewer, you can view patient profiles and their assessments; generate and view reports.
- For details on how to create an account in iQIES and for a description of all the roles available to your organization, please refer to the iQIES Onboarding Guide, which can be accessed using the following link: https://qtso.cms.gov/system/files/qtso/iQIESOnboardingGuide-WebVersion_0.pdf
 - To view training videos, please access the following link to the iQIES Training channel on YouTube, which contains several videos detailing the process of managing patient assessments directly in iQIES: https://www.youtube.com/playlist?list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq.

Top 5 Error messages Kimberlie Jasmin, CMS

Here are the Top 5 Error messages from the last six months:

Message #	Severity	# of Errors	% of Asmts	Message Description
-915	Warning	21,247	13%	<p>Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the database. The database has been updated.</p> <p>Action: Verify the old and new information. If the new information is correct, no action is required. If the new information is not correct, make appropriate modifications to the record and resubmit.</p>
-3749	Warning	20,182	12%	<p>Assessment Completed Late: The Completion Date (Z0500B) is more than 5 days after the Assessment Reference Date (A0210).</p> <p>Action: To avoid this warning in the future, review the assessment schedule and verify that all assessments are completed in a timely manner. No action is required.</p>
-3810	Warning	13,209	8%	<p>Record Submitted Late: The submission date is more than 7 days after Z0500B for this new (A0050 equals 1) record.</p>

				Action: To avoid this warning in the future, review the assessment schedule and verify that all assessments are submitted in a timely manner. No action is required
-907	Fatal	7,242	4%	Duplicate Assessment: The submitted record is a duplicate of a previously accepted record. Action: Determine why this record was submitted multiple times. DO NOT resubmit this record as it is already in the database.
-1037	Fatal	2,163	1%	Incorrect Medicare Number or Medicare Beneficiary Identifier (MBI): The MBI or Medicare Number format is invalid. Action: Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.

FHIR Connectathon Beth Connor, CMS

- The Data Element Library (DEL) is the centralized resources for CMS patient assessment data elements and their related health IT standards. It can be used by IT developers, researchers, providers, and other stakeholders who use PAC and HCBS assessments.
- Sponsored by CMS, in collaboration with ONC, MITRE is leading the PACIO Project, a collaboration with industry stakeholders to advance key data exchange during transitions of care using FHIR. They have also developed a pilot application for the DEL- the “Pseudo DEL”, which allows IT developers to access the most current patient assessment content using a FHIR API. This work will be shared at the HL7 May Connectathon and the PACIO is looking for IT developers to test the work. The meeting is being held virtually this year and the cost is much less than in usual in-person meetings.
- Attached are slides from our most recent PACIO Monthly meeting which provide a summary of activities. Currently, we are examining the exchange of functional and cognitive status data between eLTSS/HCBS and PAC settings, as well as participating in a Care Coordination Track with the Gravity Project. More information can be found on the links in the slide deck and here. We also have a weekly meeting for the nuts and bolts of the work if you would like to participate. Please contact info@pacioproject.org if you are interested in attending either meeting.
- The PACIO is open to everyone and includes IT developers, clinicians, federal representatives, and others from across the healthcare industry- please feel free to share!

Discussion of Submitted Q and A’s Kimberlie Jasmin, CMS

- There were no questions submitted prior to the meeting.

Open Q and A Session Kimberlie Jasmin, CMS

Q: The question was to clarify whether or not response ‘X. Patient is unable to respond’ can be checked in combination with the other items in A1010 and A1250.

A: Yes it can. A1010 and A1250 are items where the user checks all that apply. Normally, where a check all that apply check list is presented the last item is 'Z. None of the above'. In this instance, it is 'X. Patient is unable to respond'. This response does not function as 'none of the above', but rather can be checked in combination or can be the only item checked. At a minimum one response for each item A1010 and A1250 must be checked.

Q: The LTCH QRP Training scheduled in June onsite in Baltimore was canceled due to the epidemic. Do you have an update on the scheduled training date?

A: As the Centers for Medicare & Medicaid Services (CMS) continues to respond to the 2019 Novel Coronavirus (COVID-19) pandemic we want to reduce burden where possible so that clinicians and their staff, vendors, and other partners can focus on what's important, caring for patients. At this time, CMS postponed the SPADEs In-Depth Training for LTCH and IRF Providers scheduled for June 9 and 10, 2020 in Baltimore, MD. CMS will send out more information when this event is rescheduled at a more appropriate time. Please check the spotlight announcements regularly for updates at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements>.

Q: I missed this scheduled call. Will you be doing another LTCH technical informational call sometime soon?

A: CMS may consider scheduling another LTCH Vendor Call in the future. Please check the QTSO Vendor Page regularly for updates and announcements.

Closing Comments Kimberlie Jasmin, CMS

- If you think of questions later, please send them to our CMS mailbox at iQIES@cms.hhs.gov. Please note important resources listed at the bottom of the agenda. The meeting minutes from this call will be posted on the QTSO Vendor Page on the following week. Thanks to our speakers today and thank you for calling in to stay updated on the future changes to the LTCH Care Quality Reporting program.

Important Resources

QTSO.com

<https://qtso.cms.gov>

<https://qtso.cms.gov/vendor.html>

<https://qtso.cms.gov/vendors/long-term-care-hospital-ltch-vendors>

CMS.gov – LTCH Quality Reporting

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

CMS.gov – LTCH Quality Reporting Overview & Announcements

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

CMS.gov – LTCH Quality Reporting Technical Information

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information>

E-mail LTCH Technical Issues

iQIES@cms.hhs.gov

E-mail LTCH Quality Questions

LTCHQualityQuestions@cms.hhs.gov

Listserv

<http://www.cms.gov/OpenDoorForums>

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