**NOTE:** Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.
GENERAL INFORMATION

LTCH Provider reports are requested on the **CASPER Reports** page (Figure 3-1).

**Figure 3-1. CASPER Reports Page – LTCH Provider Report Category**

1. Select the **LTCH Provider** link from the *Report Categories* frame on the left. A list of the individual LTCH Provider reports you may request displays in the right-hand frame.

**NOTE:** Only those report categories to which you have access are listed in the *Report Categories* frame.

2. Select the desired underlined report name link from the right-hand frame. One or more **CASPER Reports Submit** pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.

3. Choose the desired criteria and select the **Submit** button.
NOTE: LTCH Provider reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting LTCH Provider User’s Guide for assistance in viewing, printing, saving and exporting the reports you request.

NOTE: LTCH Provider reports are automatically purged after 60 days.
The LTCH Admissions report lists the patients who were admitted during a specified period. Only patients for whom an accepted LTCH CARE admission record (A0250 = 01) was submitted with an admission date (A0220) within the specified period are reported.

The criteria selection page (Figure 3-2) for the LTCH Admissions report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.*

**Figure 3-2. CASPER Reports Submit Page – LTCH Admissions Report**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Admissions report (Figure 3-3) details the following for the patients admitted with an admission date within the specified timeframe.

- CMS Certification Number (CCN)
- Provider Name
- Provider City
- Patient ID
- Patient Name (last name and first name)
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Admission Date (A0220)
- Submission Date

**Figure 3-3. LTCH Admissions**

The report is sorted by State Code, CCN, Last Name, First Name, Patient ID, and Admission Date.

The number of admissions is tallied.
LTCH ASSESSMENT PRINT

The LTCH Assessment Print report details the assessment items submitted for a select Assessment ID.

The criteria selection page (Figure 3-4) for the LTCH Assessment Print report presents an Assessment ID option.

Figure 3-4. CASPER Reports Submit Page – LTCH Assessment Print

You must enter a valid Assessment ID. Only those assessments submitted by or on behalf of your provider are allowed.

The LTCH Assessment Print report (Figure 3-5) details the following for the specified Assessment ID:

- State
- Facility ID (FAC_ID)
- Provider Name
- Patient Name
- Assessment ID
- ISC
- Assessment Items
  - Assessment Item ID
  - Assessment Item Description
  - Assessment Item Value
Figure 3-5. LTCH Assessment Print*

* Fictitious, sample data is depicted.

The value of an item for which a blank (skipped) was submitted may be shown as a caret (^).

The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.

NOTE: The LTCH Assessment Print report contains privacy information.
**LTCH ASSESSMENTS WITH ERROR NUMBER XXXX**

The LTCH Assessments with Error Number XXXX report lists for up to 5 specified Error Numbers the LTCH CARE records submitted with those errors during a specified period.

The criteria selection page (Figure 3-6) for the LTCH Assessments with Error Number XXXX report presents **Date Criteria, from (mm/dd/yyyy), thru (mm/dd/yyyy), and Error Number** options.

**Figure 3-6. CASPER Reports Submit Page – LTCH Assessments with Error Number XXXX**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.
Select at least one and as many as 5 error numbers from the *Error Number* list box. To select more than one error number, press and hold the Ctrl key as you highlight error numbers from the list box.

The LTCH Assessments with Error Number XXXX report (Figure 3-7) details the following regarding specified Error Numbers encountered in LTCH CARE records submitted by select providers during the specified period.

- CMS Certification Number (CCN)
- Provider Name
- Provider City
- Error Number
- Error Message
- Submission Date
- Last Name
- First Name
- Assessment ID
- LTCH Item(s)
- Data Submitted

*Figure 3-7. LTCH Assessments with Error Number XXXX*

---

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

* Fictitious, sample data are depicted.
The report is sorted by State Code, CCN, Error Number, Submission Date, Last Name, First Name, Assessment ID, and LTCH Item(s).
LTCH DISCHARGES

The LTCH Discharges report lists the patients who were discharged during a specified period. Only patients for whom an accepted discharge record (A0250 = 10, 11, or 12) was submitted with a discharge date (A0270) within the specified period are reported.

The criteria selection page (Figure 3-8) for the LTCH Discharges report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

**Figure 3-8. CASPER Reports Submit Page – LTCH Discharges Report**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Discharges report (Figure 3-9) details the following for discharged patients with a discharge date within the specified timeframe.

- CMS Certification Number (CCN)
- Provider Name
- Provider City
- Patient ID
- Patient Name (last name and first name)
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Discharge Date (A0270)
- Submission Date

**Figure 3-9. LTCH Discharges**

![Figure 3-9](image)

* Fictitious, sample data are depicted.

The report is sorted by State Code, CCN, Last Name, First Name, Patient ID, and Discharge Date.

The number of discharges is tallied.
LTCH ERROR DETAIL BY PROVIDER

The LTCH Error Detail by Provider report details by Assessment ID the errors encountered in LTCH CARE records successfully submitted during a specified period.

The criteria selection page (Figure 3-10) for the LTCH Error Detail by Provider report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 3-10. CASPER Reports Submit Page – LTCH Error Detail by Provider Report

_Date Criteria_ defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The _from (mm/dd/yyyy) and thru (mm/dd/yyyy) _dates are pre-filled based upon the _Date Criteria_ option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the _from_ date being after the _thru_ date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Error Detail by Provider report (Figure 3-11) details the following about LTCH CARE record errors submitted during a specified period.

- CMS Certification Number (CCN)
- Provider Name
• Provider City
• Assessment ID
• Submission Date
• Error Number
• Error Message
• Error Type
  ○ Fatal = Record rejected due to this error
  ○ Warning = Record not rejected due to this error
• LTCH Item(s)
• Data Submitted

Figure 3-11. LTCH Error Detail by Provider

![LTCH Error Detail by Provider]

This report may contain privacy protected data and should not be released to the public.

The report is sorted by State Code, CCN, Submission Date, Assessment ID, Error Number, and LTCH Item.
LTCH ERROR NUMBER SUMMARY BY PROVIDER BY VENDOR

The LTCH Error Number Summary by Provider by Vendor report summarizes the errors encountered in LTCH CARE records submitted by or on behalf of the provider during a specified period.

The criteria selection page (Figure 3-12) for the LTCH Error Number Summary by Provider by Vendor report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.*

**Figure 3-12. CASPER Reports Submit Page – LTCH Error Number Summary by Provider by Vendor Report**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Error Number Summary by Provider by Vendor report (Figure 3-13) summarizes by vendor the errors encountered in submitted LTCH CARE records during the specified timeframe as follows:

- CMS Certification Number (CCN)
- Provider Name
• Provider City
• Vendor Name
• Vendor E-Mail
• Error Number
• Error Message
• Number of Errors
• Number of Assessments with the Error
• Percentage of Assessments with the Error

Figure 3-13. LTCH Error Number Summary by Provider by Vendor

<table>
<thead>
<tr>
<th>Error #</th>
<th>Error Message</th>
<th># of Errors</th>
<th># of Assessments with the Error</th>
<th>% of Assessments with the Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>-915</td>
<td>Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.</td>
<td>275</td>
<td>275</td>
<td>40.38%</td>
</tr>
<tr>
<td>-907</td>
<td>Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.</td>
<td>71</td>
<td>71</td>
<td>10.43%</td>
</tr>
<tr>
<td>-3749</td>
<td>Assessment Completed Late: The Completion Date (205008) is more than 5 days after the Assessment Reference Date (A0210).</td>
<td>60</td>
<td>60</td>
<td>8.91%</td>
</tr>
<tr>
<td>-3810</td>
<td>Record Submitted Late: The submission date is more than 7 days after 205008 for this new (A0050 equals 1) record.</td>
<td>11</td>
<td>11</td>
<td>1.62%</td>
</tr>
<tr>
<td>-1025</td>
<td>Inconsistent A0055: The Correction Number submitted in A0055 is not incremented by one (1) from the previously submitted Correction Number for this record.</td>
<td>9</td>
<td>9</td>
<td>1.32%</td>
</tr>
<tr>
<td>-909</td>
<td>Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.</td>
<td>5</td>
<td>5</td>
<td>0.73%</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

The report is sorted by State Code, CCN, Vendor Name, Vendor Software ID, # of Errors, and Error message number.

NOTE: If Vendor Name is blank that vendor’s data displays last.
The LTCH Errors by Field by Provider report summarizes by provider and Error Number the errors encountered in submitted LTCH CARE records during a specified period by select providers.

The criteria selection page (Figure 3-14) for the LTCH Errors by Field by Provider report presents Date Criteria, from (mm/dd/yyyy), thru (mm/dd/yyyy), and Message Type options.

**Figure 3-14. CASPER Reports Submit Page – LTCH Errors by Field by Provider Report**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)

Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from* (mm/dd/yyyy) and *thru* (mm/dd/yyyy) dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

*Message Type* options include Fatal and Warning (the default), Fatal, and Warning.
The LTCH Errors by Field by Provider report (Figure 3-15) summarizes by Error Number the following for LTCH CARE record errors submitted by select LTCHs during the specified timeframe.

- CCN
- Provider Name
- Provider City
- Message Type
- Total Assessments Submitted
- Error Number
- Error Message
- LTCH Item(s)
- Number of Assessments
- Percent of Assessments

Figure 3-15. LTCH Errors by Field by Provider

The report is sorted by State Code, CCN, Number of Assessments, Error Number, and LTCH Item(s).
LTCH PROVIDER FINAL VALIDATION

The LTCH submission system automatically creates an LTCH Provider Final Validation report within 24 hours of the submission of a file. These automatically-generated reports are placed in your provider’s final validation reports folder, which is named:

[State Code] LTCH [Facility ID] VR

If necessary, you may request another final validation report for a specific submission file or date range by selecting the LTCH Provider Final Validation in the LTCH Provider report category.

NOTE: The records included in an automatically-generated LTCH Provider Final Validation report for a particular submission are identical to the records included in a user-generated LTCH Provider Final Validation report for the same submission. However, differences in the order in which the records are presented may exist.

The LTCH Provider Final Validation Report provides detailed information about the status of select submission files. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.

The criteria selection page (Figure 3-16) for the LTCH Provider Final Validation Report presents Submission ID, Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

NOTE: State and Facility ID options are not presented for all types of users.

Figure 3-16. CASPER Reports Submit Page – LTCH Provider Final Validation Report
NOTE: An error results if you enter both a Submission ID and date criteria. Because of this, there is no default value for the Date Criteria field.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the from date being after the thru date and the use of future dates, alpha characters or an incorrect date format.

Only those submissions for providers to which your User ID is authorized are allowed.

The LTCH Provider Final Validation Report (Figure 3-17) details the following for the specified submission file.

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>The title of the report.</td>
</tr>
<tr>
<td>LTCH Provider Final Validation Report</td>
<td>The sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second in mm/dd/yyyy hh:mm:ss format.</td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it is received by the system.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>The date and time that the file processing was complete. The time is recorded to the nearest second in mm/dd/yyyy hh:mm:ss format.</td>
</tr>
<tr>
<td>Facility ID (FAC_ID)</td>
<td>The unique identifier assigned to the provider for identifying submissions.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>The name of the provider that created the assessment record.</td>
</tr>
<tr>
<td>Provider CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the provider that created the assessment record.</td>
</tr>
<tr>
<td>State Code</td>
<td>The provider’s two-character state code.</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The number of records in the submission file.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records from the submission file that did not have any fatal errors and were saved to the database.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records from the submission file that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records from the submission file that were not saved to the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority</td>
<td>The total number of records from the submission file that were not saved to the database because the user submitting the record(s) did not have authority to submit for the provider identified in the assessment record.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all processed records in the submission file.</td>
</tr>
<tr>
<td>Record:</td>
<td>A unique identifier assigned to each record on the report.</td>
</tr>
<tr>
<td>Status</td>
<td>The status of the record: Accepted or Rejected.</td>
</tr>
<tr>
<td>Name (A0500A,C)</td>
<td>The last name (A0500C) and first name (A0500A), separated by a comma and space, of the patient submitted in the assessment record.</td>
</tr>
<tr>
<td>SSN (A0600A)</td>
<td>The patient’s Social Security Number (A0600A) submitted in the assessment record.</td>
</tr>
<tr>
<td>Medicare Number (A0600B)</td>
<td>The patient’s Medicare Number (A0600B) submitted in the assessment record.</td>
</tr>
<tr>
<td>Res_Int_ID</td>
<td>The unique number assigned to the patient by the QIES ASAP system. The combination of state code and resident internal ID uniquely identifies the patient in the national repository. This field is populated if the patient exists on the resident table (new patients created by an accepted record are on the table). The field is displayed as 0 if the patient is new and the record is rejected.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Target Date</td>
<td>The target date of the assessment record. The target date is the admission date (A0220) for an admission record and the discharge date (A0270) for a discharge record.</td>
</tr>
<tr>
<td>Type of Record (A0050)</td>
<td>The type of record: New Record, Modification or Inactivation. If A0050 = 1, this record is a new original assessment. If A0050 = 2, the current record is a request to modify an existing record. If A0050 = 3, the current record is a request to inactivate an existing record.</td>
</tr>
<tr>
<td>Asmt_ID</td>
<td>A unique ID that is assigned to the assessment by the QIES ASAP system.</td>
</tr>
<tr>
<td>RFA (A0250)</td>
<td>The Reason for Assessment (RFA), item (A0250) for the assessment.</td>
</tr>
<tr>
<td>XML File Name</td>
<td>The name of the submitted XML file.</td>
</tr>
<tr>
<td>LTCH Item(s)</td>
<td>The LTCH item identifier(s), separated by commas, from the item set (e.g. A0800) for the error (both fatal and warning) message listed. If the message refers to more than one item for the error, all relevant item identifiers are listed.</td>
</tr>
<tr>
<td>Data Submitted</td>
<td>The submitted data value(s) and/or the recalculated data value(s), separated by commas, that caused the message.</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td>The number used to identify the error and the severity of the error that was encountered.</td>
</tr>
<tr>
<td>Message</td>
<td>The text of the message.</td>
</tr>
</tbody>
</table>
Figure 3-17. LTCH Provider Final Validation Report*

<table>
<thead>
<tr>
<th>Submission Date/Time:</th>
<th>03/21/2017 07:33:21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission ID:</td>
<td>622249</td>
</tr>
<tr>
<td>Submitter User ID:</td>
<td></td>
</tr>
<tr>
<td>Submission File Name:</td>
<td>CMS_LTRAX_242004_170321_065839.zip</td>
</tr>
<tr>
<td>Submission File Status:</td>
<td>Completed</td>
</tr>
<tr>
<td>Processing Completion Date/Time:</td>
<td>03/21/2017 07:34:03</td>
</tr>
<tr>
<td>Facility ID (FAC_ID):</td>
<td>276621</td>
</tr>
<tr>
<td>Provider Name:</td>
<td>HEALTHEAST BETHESDA HOSPITAL</td>
</tr>
<tr>
<td>Provider CCN:</td>
<td>242004</td>
</tr>
<tr>
<td>State Code:</td>
<td>MN</td>
</tr>
<tr>
<td># Records Processed:</td>
<td>27</td>
</tr>
<tr>
<td># Records Accepted:</td>
<td>27</td>
</tr>
<tr>
<td># Records Rejected:</td>
<td>0</td>
</tr>
<tr>
<td># Duplicate Records:</td>
<td>0</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority:</td>
<td>0</td>
</tr>
<tr>
<td>Total # of Messages:</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record: 1</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (A0500C_A):</td>
<td>...</td>
</tr>
<tr>
<td>SSN (A0600A):</td>
<td>...</td>
</tr>
<tr>
<td>Medicare Number (A0600B):</td>
<td>...</td>
</tr>
<tr>
<td>Res_Int_ID:</td>
<td>171317</td>
</tr>
<tr>
<td>Target Date:</td>
<td>03/16/2017</td>
</tr>
<tr>
<td>Asmt_ID:</td>
<td>2028225</td>
</tr>
<tr>
<td>XML File Name:</td>
<td>000_1_1_1713015_170321_065839.xml</td>
</tr>
<tr>
<td>Type of Record (A0050):</td>
<td>NEW RECORD</td>
</tr>
<tr>
<td>RFA (A0250):</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record: 2</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (A0500C_A):</td>
<td>...</td>
</tr>
<tr>
<td>SSN (A0600A):</td>
<td>...</td>
</tr>
<tr>
<td>Medicare Number (A0600B):</td>
<td>...</td>
</tr>
<tr>
<td>Res_Int_ID:</td>
<td>334499</td>
</tr>
<tr>
<td>Target Date:</td>
<td>03/14/2017</td>
</tr>
<tr>
<td>Asmt_ID:</td>
<td>2028226</td>
</tr>
<tr>
<td>XML File Name:</td>
<td>001_1_1_1688150_170321_065839.xml</td>
</tr>
<tr>
<td>Type of Record (A0050):</td>
<td>NEW RECORD</td>
</tr>
<tr>
<td>RFA (A0250):</td>
<td>12</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

* Fictitious, sample data is depicted.

The report is sorted by State Code, Facility ID, Submission ID, Last Name, First Name, Submission Processing Order Number, Assessment ID, Error Type Description, Item in Error Text, and Value in Error Text.
The LTCH Provider Threshold Report details the status of the measures required for the Annual Payment Update (APU) for select providers by fiscal year of the APU.

The criteria selection page (Figure 3-18) for the LTCH Roster report presents Fiscal Year (FY) options.

Figure 3-18. CASPER Reports Submit Page – LTCH Provider Threshold Report

The Fiscal Year (FY) drop-down list contains only those APU fiscal years for which the measure data collection has begun and the data are calculated. Data collection for fiscal year 2019 began 10/01/2016. Select the desired fiscal year.

The LTCH Provider Threshold Report (Figure 3-19) details the following for the specified facility(ies) and fiscal year:

- CCN
- Provider Name
- Provider City
- State
- Assessment Measures (Pages 1-6):
  - Target Percentage for Assessments Meeting Data Completion Threshold: 80%
  - Definitions:
    - **Assessments Meeting Data Completion Threshold**: Number of successfully submitted assessments with 100 percent of the mandatory quality indicator data items, for this measure for the time period.
    - **Percentage of Assessments Meeting Data Completion Threshold**: Total number of Assessments Meeting Data Completion Threshold divided by the Number of Successfully Submitted Assessments, multiplied by 100 and rounded to the next highest whole number for the time period.
♦ Successfully Submitted: An assessment, or assessments that meet the data criteria for uploaded files and are found “valid” and accepted by the QIES data warehouse.

♦ *: A symbol used to denote an intentionally empty field. For example, there will never be a date under the “Data Submission Deadline” column for the Year row as no “Yearly” deadline exists for the measure.

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
- 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 (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
- LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)

♦ Totals by Year and Quarter
  - Time Period
  - Data Collection Start Date
  - Data Collection End Date
  - Data Submission Deadline
  - Percentage of Assessments Meeting Data Completion Threshold
  - Number of Successfully Submitted Assessments
  - Number of Assessments Meeting Data Completion Threshold

♦ Totals by Month
  - Month
  - Percentage of Assessments Meeting Data Completion Threshold
  - Number of Successfully Submitted Assessments
  - Number of Assessments Meeting Data Completion Threshold

• CDC Measures (Pages 7-8):
  - Completion Threshold: “Yes” for each month in the reporting quarter
  - Definitions:
    ♦ Yes: Monthly reporting plan, event data and summary data submitted to CDC
    ♦ No: As of “Reported to CMS Date”, one or more of monthly reporting plan, event data or summary data is missing for the month
♦ **N/A**: Data collection is not yet available as of the report run date
♦ **CDC Data Reported to CMS** = Date displayed on the report is the date of the most recent CDC data load prior to the report run date (approx. monthly)
  ○ National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
  ○ National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
  ○ 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) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)
  ○ National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure
♦ **CDC Data Reported to CMS:**
  □ Time Period
  □ Data Collection Start Date
  □ Data Collection End Date
  □ Data Submission Deadline
  □ Month 1
  □ Month 2
  □ Month 3
  ○ Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
♦ **CDC Data Reported to CMS:** [date of the most recent CDC file]
  □ Time Period
  □ Data Collection Start Date
  □ Data Collection End Date
  □ Data Submission Deadline
  □ Submission Status
Figure 3-19. LTCH Provider Threshold Report – Page 1

CASPER Report
FY 2019 LTCH Provider Threshold Report

CCN:
Provider Name:
Provider City:
State:

Assessment Measures:
Target Percentage for Assessments Meeting Data Completion Threshold: 80%

Definitions:
Assessments Meeting Data Completion Threshold: Number of successfully submitted assessments with 100 percent of the mandatory quality indicator data items, for this measure for the time period.
Percentage of Assessments Meeting Data Completion Threshold: Total number of Assessments Meeting Data Completion Threshold divided by the Number of Successfully Submitted Assessments, multiplied by 100 and rounded to the next highest whole number for the time period.
Successfully Submitted: An assessment, or assessments that meet the data criteria for uploaded files and are found "valid" and accepted by the QIES data warehouse.
*: A symbol used to denote an intentionally empty field. For example, there will never be a date under the “Data Submission Deadline” column for the Year row as no “Yearly” deadline exists for the measure.

Percent of Residents or Patients With Pressure Ulcers That Are New or Worsened (Short Stay) (NOF #0678)
Totals by Year and Quarter:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Data Collection Start Date</th>
<th>Data Collection End Date</th>
<th>Data Submission Deadline</th>
<th>Percentage of Assessments Meeting Data Completion Threshold</th>
<th>Number of Successfully Submitted Assessments</th>
<th>Number of Assessments Meeting Data Completion Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 17 Q1</td>
<td>01/01/2017</td>
<td>03/31/2017</td>
<td>08/15/2017</td>
<td>100%</td>
<td>154</td>
<td>153</td>
</tr>
<tr>
<td>CY 17 Q2</td>
<td>04/01/2017</td>
<td>06/30/2017</td>
<td>11/15/2017</td>
<td>100%</td>
<td>127</td>
<td>126</td>
</tr>
<tr>
<td>CY 17 Q3</td>
<td>07/01/2017</td>
<td>09/30/2017</td>
<td>02/15/2018</td>
<td>100%</td>
<td>115</td>
<td>114</td>
</tr>
<tr>
<td>CY 17 Q4</td>
<td>10/01/2017</td>
<td>12/31/2017</td>
<td>05/15/2018</td>
<td>100%</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Year</td>
<td>01/01/2017</td>
<td>12/31/2017</td>
<td>*</td>
<td>100%</td>
<td>416</td>
<td>413</td>
</tr>
</tbody>
</table>

Totals by Month:

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage of Assessments Meeting Data Completion Threshold</th>
<th>Number of Successfully Submitted Assessments</th>
<th>Number of Assessments Meeting Data Completion Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 17 January</td>
<td>100%</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>CY 17 February</td>
<td>100%</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>CY 17 March</td>
<td>99%</td>
<td>57</td>
<td>50</td>
</tr>
<tr>
<td>CY 17 April</td>
<td>100%</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>CY 17 May</td>
<td>98%</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>CY 17 June</td>
<td>100%</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>CY 17 July</td>
<td>100%</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>CY 17 August</td>
<td>100%</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>CY 17 September</td>
<td>98%</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>CY 17 October</td>
<td>100%</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>CY 17 November</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CY 17 December</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.
The LTCH Roster report lists the patients of a provider on the day the report is run. Only patients for whom the most recent accepted LTCH CARE record is not a discharge record (A0250 = 10, 11, 12) are reported.

The criteria selection page (Figure 3-20) for the LTCH Roster report presents no options for provider users.

The LTCH Roster report (Figure 3-21) details the following for each patient for whom the most recent LTCH CARE record submitted was not a discharge record.

- CCN
- Provider Name
- Provider City
- Patient ID
- Patient Name (last name and first name)
- Social Security Number (SSN)
- Date of Birth (DOB)
- Gender
- Admission Date
- Submission Date
- Type of Record
  - 1 = New
  - 2 = Mod
  - 3 = Inact
- Correction Number
Figure 3-21. LTCH Roster Report*

* Fictitious, sample data are depicted.

The report is sorted by State Code, CCN, Last Name, and First Name.

The number of patients is tallied.
LTCH SUBMISSION ACTIVITY

The LTCH Submission Activity report lists the LTCH CARE records, including modifications and inactivation requests, that were submitted by or on behalf of the provider during a specified period.

The criteria selection page (Figure 3-22) for the LTCH Submission Activity report presents *Date Criteria, from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

**Figure 3-22. CASPER Reports Submit Page – LTCH Submission Activity Report**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The *from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Submission Activity report (Figure 3-23) details the following for LTCH CARE records submitted during the specified timeframe:

- CMS Certification Number (CCN)
- Provider Name
- Provider City
- Patient Name
- Patient ID
• Social Security Number (SSN)
• Date of Birth (DOB)
• A0250
  ○ 01 = Admission
  ○ 10 = Planned Discharge
  ○ 11 = Unplanned Discharge
  ○ 12 = Expired
• Admission Date (A0220)
• Discharge Date (A0270)
• Submission Date
• Type of Record (A0050)
  ○ 1 = New
  ○ 2 = Mod
  ○ 3 = Inact
• Correction Number

**Figure 3-23. LTCH Submission Activity**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient Name</th>
<th>SSN</th>
<th>Medicare Number</th>
<th>DOB</th>
<th>Gender</th>
<th>A0250</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Submission Date</th>
<th>Type Sec</th>
<th>Corr Num</th>
</tr>
</thead>
<tbody>
<tr>
<td>41475013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>06/10/2017</td>
<td>06/22/2017</td>
<td>08/25/2017</td>
<td>New</td>
<td>00</td>
</tr>
<tr>
<td>3975955</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01</td>
<td>07/10/2017</td>
<td>07/14/2017</td>
<td>07/14/2017</td>
<td>New</td>
<td>00</td>
</tr>
<tr>
<td>3975955</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>07/10/2017</td>
<td>08/10/2017</td>
<td>08/16/2017</td>
<td>New</td>
<td>00</td>
</tr>
</tbody>
</table>

* Fictitious, sample data are depicted.

The report is sorted by State Code, CCN, Last Name, First Name, Patient ID, Submission Date, Transaction Type Code, and Correction Number.
LTCH SUBMISSION STATISTICS BY PROVIDER

The LTCH Submission Statistics by Provider report summarizes the submissions made by or on behalf of a provider during a specified period.

The criteria selection page (Figure 3-24) for the LTCH Submission Statistics by Provider report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 3-24. CASPER Reports Submit Page – LTCH Submission Statistics by Provider Report

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

The from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the from date being after the thru date and the use of future dates, alpha characters, or an incorrect date format.

The LTCH Submission Statistics by Provider report (Figure 3-25) details the following for each record submitted during the specified period:

- CMS Certification Number (CCN)
- Provider Name
- Provider City
- Submission Date/Time
- Submission ID
- Records Processed
- Records Rejected
- Records Accepted
- Percentage Rejected

Figure 3-25. LTCH Submission Statistics by Provider

The report is sorted by State Code, CCN, and Submission Date/Time. Records processed, records rejected, records accepted, and percentage rejected for the provider are tallied.
LTCH SUBMITTER FINAL VALIDATION

The LTCH Submitter Final Validation Report provides detailed information about the status of a select submission file. The report indicates whether the records submitted were accepted or rejected and details the warning and fatal errors encountered.

NOTE: The LTCH Submitter Final Validation Report can be requested only by the user who submitted a file. The User ID of the requestor must match the User ID of the submitter.

The criteria selection page (Figure 3-26) for the LTCH Submitter Final Validation Report presents a Submission ID field.

Figure 3-26. CASPER Reports Submit Page - LTCH Submitter Final Validation Report

You must enter a valid Submission ID.

The LTCH Submitter Final Validation Report (Figure 3-27) details the following for the specified submission file.

<table>
<thead>
<tr>
<th>Report Field</th>
<th>Report Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Submission Report</td>
<td>The title of the report.</td>
</tr>
<tr>
<td>LTCH Submitter Final Validation Report</td>
<td>The sub-title of the report.</td>
</tr>
<tr>
<td>Submission Date/Time</td>
<td>The date and time that the submission file was received by the QIES ASAP system. The time is recorded to the nearest second in mm/dd/yyyy hh:mm:ss format.</td>
</tr>
<tr>
<td>Submission ID</td>
<td>The unique identifier assigned to the submission file when it is received by the system.</td>
</tr>
<tr>
<td>Submitter User ID</td>
<td>The user ID of the submitter.</td>
</tr>
<tr>
<td>Submission File Name</td>
<td>The name of the .zip file submitted.</td>
</tr>
<tr>
<td>Submission File Status</td>
<td>The status of the submitted file – Completed.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Processing Completion Date/Time</td>
<td>The date and time that the file processing was complete. The time is recorded to the nearest second in mm/dd/yyyy hh:mm:ss format.</td>
</tr>
<tr>
<td># Records Processed</td>
<td>The number of records in the submission file.</td>
</tr>
<tr>
<td># Records Accepted</td>
<td>The total number of records from the submission file that did not have any fatal errors and were saved to the database.</td>
</tr>
<tr>
<td># Records Rejected</td>
<td>The total number of records from the submission file that were not saved to the database because of fatal errors in the record.</td>
</tr>
<tr>
<td># Duplicate Records</td>
<td>The total number of records from the submission file that were not saved to the database because they were duplicate records.</td>
</tr>
<tr>
<td># Records Submitted Without Provider Authority</td>
<td>The total number of records from the submission file that were not saved to the database because the user submitting the record(s) did not have authority to submit for the provider identified in the assessment record.</td>
</tr>
<tr>
<td># Invalid Records</td>
<td>The number of files from the submission file that could not be processed due to a file defect. Examples of invalid files are not an XML files (i.e. Word document, .jpg picture) or XML files that are not well-formed.</td>
</tr>
<tr>
<td>Total # of Messages</td>
<td>The total number of errors (fatal errors and warnings) for all processed records in the submission file.</td>
</tr>
<tr>
<td>Record:</td>
<td>A unique identifier assigned to each record on the report.</td>
</tr>
<tr>
<td>Status</td>
<td>The status of the record. Accepted or Rejected displays when the record was accepted or rejected. Invalid displays when the record could not be validated because it was an invalid XML or unexpected type of file, such as a Word doc.</td>
</tr>
<tr>
<td>Provider CCN</td>
<td>The CMS Certification Number (Medicare provider number) of the provider that created the assessment record.</td>
</tr>
<tr>
<td>Facility ID (FAC_ID)</td>
<td>The unique identifier assigned to the provider for identifying submissions.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>The name of the provider that created the assessment record.</td>
</tr>
<tr>
<td>State Code</td>
<td>The provider’s two-character state code.</td>
</tr>
<tr>
<td>Name (A0500C, A)</td>
<td>The last name (A0500C) and first name (A0500A), separated by a comma and space, of the patient submitted in the assessment record.</td>
</tr>
<tr>
<td>SSN (A0600A)</td>
<td>The patient’s Social Security Number (A0600A) submitted in the assessment record.</td>
</tr>
<tr>
<td>Medicare Number (A0600B)</td>
<td>The patient’s Medicare Number (A0600B) submitted in the assessment record.</td>
</tr>
<tr>
<td>Report Field</td>
<td>Report Field Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Res_Int_ID</td>
<td>The unique number assigned to the patient by the QIES ASAP system. The combination of state code and patient internal ID uniquely identifies the patient in the national repository. This field is populated if the patient exists on the resident table (new patients created by an accepted record are on the table). The field is displayed as 0 if the patient is new and the record is rejected.</td>
</tr>
<tr>
<td>Target Date</td>
<td>The target date of the assessment record. The target date is the admission date (A0220) for an admission record and the discharge date (A0270) for a discharge record.</td>
</tr>
<tr>
<td>Type of Record (A0050)</td>
<td>The type of record: New Record, Modification or Inactivation. If A0050 = 1, this record is a new original assessment. If A0050 = 2, the current record is a request to modify an existing record. If A0050 = 3, the current record is a request to inactivate an existing record.</td>
</tr>
<tr>
<td>Asmt_ID</td>
<td>A unique ID that is assigned to the assessment by the QIES ASAP system.</td>
</tr>
<tr>
<td>RFA (A0250)</td>
<td>The Reason for Assessment (RFA), item (A0250) for the assessment.</td>
</tr>
<tr>
<td>XML File Name</td>
<td>The name of the submitted XML file.</td>
</tr>
<tr>
<td>LTCH Item(s)</td>
<td>The LTCH item identifier(s), separated by commas, from the item set (e.g. A0800) for the error (both fatal and warning) message listed. If the message refers to more than one item for the error, all relevant item identifiers are listed.</td>
</tr>
<tr>
<td>Data Submitted</td>
<td>The submitted data value(s) and/or the recalculated data value(s), separated by commas, that caused the message.</td>
</tr>
<tr>
<td>Message Number/Severity</td>
<td>The number used to identify the error and the severity of the error that was encountered.</td>
</tr>
<tr>
<td>Message</td>
<td>The text of the message.</td>
</tr>
</tbody>
</table>
Figure 3-27. LTCH Submitter Final Validation Report*

* Fictitious, sample data is depicted.

The report is sorted by State Code, Facility ID, Patient Name, Submission Processing Order Number, Error Type Description, and Item in Error Text.