

4

LTCH QUALITY REPORTING PROGRAM

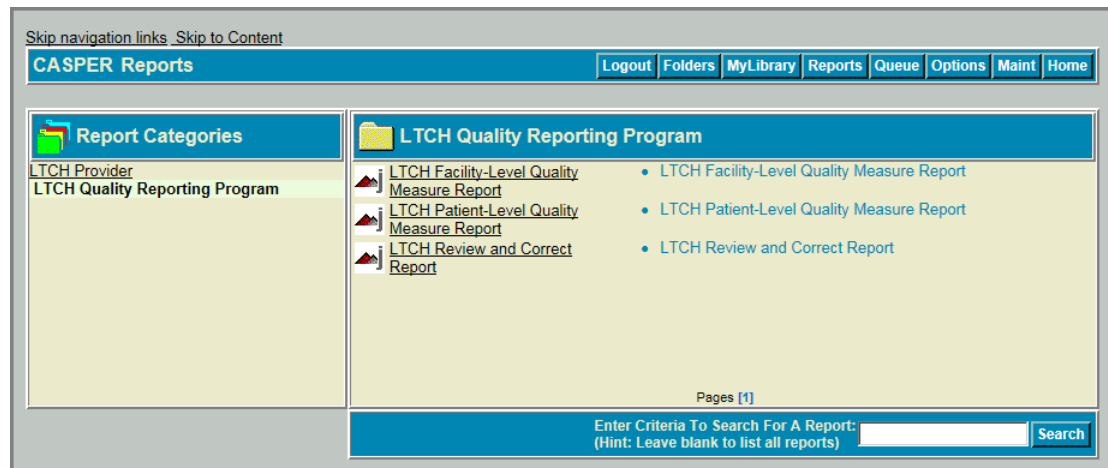
GENERAL INFORMATION.....	3
LTCH FACILITY-LEVEL QUALITY MEASURE REPORT	5
LTCH PATIENT-LEVEL QUALITY MEASURE REPORT	18
LTCH REVIEW AND CORRECT REPORT.....	23

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

Long Term Care Hospital (LTCH) Quality Reporting Program (QRP) reports are requested on the **CASPER Reports** page (Figure 4-1).

Figure 4-1. CASPER Reports Page – LTCH Quality Reporting Program Category



1. Select the LTCH Quality Reporting Program link from the *Report Categories* frame on the left. A list of the individual LTCH QRP 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** or **Next** button.

NOTE: LTCH Quality Reporting Program 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 Quality Reporting Program reports are automatically purged after 60 days.

LTCH FACILITY-LEVEL QUALITY MEASURE REPORT

The LTCH Facility-Level Quality Measure Report provides facility-level quality measure values for a select 12-month period. LTCH quality measure values are compiled from the following sources:

- LTCH Continuity Assessment Record and Evaluation (CARE) data
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) data
- Medicare Fee-For-Service (FFS) claims and Eligibility Files

The **CASPER Reports Submit** criteria page (Figure 4-2) for the LTCH Facility-Level Quality Measure Report presents *Begin Date*, *End Date*, and *Influenza Season Dates* criteria options.

Figure 4-2. LTCH Facility-Level Quality Measure Report CASPER Reports Submit Page

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: LTCH Facility-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 07/01/2015

End Date (mm/dd/yyyy): 06/30/2016

Influenza Season Dates: 07/01/2015 - 06/30/2016

Template Folder: My Favorite Reports

Template Name: LTCH Facility-Level Quality Measure Report

Submit Back

Save & Submit Save

Begin Date and *End Date* values define the date range of the measure calculations to select for the report. A drop-down list provides the end dates of the calendar quarters for which pressure ulcer measure calculations are available. The default value is the end date of the most recently calculated quarter. You may select a different quarter end date from the list. *Begin Date* is a read-only field that displays the first day of the 12-month period ending with the specified *End Date*.

The *Influenza Season Dates* field is a read-only display of the influenza season dates in effect during the period identified by the *End Date* and *Begin Date*.

NOTE: The influenza season reporting period is always July 1 through June 30. The earliest influenza season for which measure data are available is 07/01/2014 through 06/30/2015. If the selected *End Date* is prior to earliest influenza season for which measure data exists, the *Influenza Season Dates* field is blank.

The LTCH Facility-Level Quality Measure Report (Figure 4-3) presents the following:

- Facility ID (for LTCH CARE-based measures only)
- CMS Certification Number (CCN)
- Provider Name
- City/State
- Report Period: The beginning and ending reporting year dates corresponding to the user-selected End Date criterion.
 - N/A indicates the user-selected End Date is prior to the date noted in the 1st Quarter End Date Available column of Table 4-A.

NOTE: For the patient influenza measures, the Report Period dates are the influenza season dates in effect for the user-selected quarter end date (End Date). The influenza season reporting period season is always July 1 through June 30.

- For the healthcare personnel influenza vaccination measure, N/A indicates the report is being requested between 3/31 and 5/16 for the previous data collection period.

NOTE: Healthcare personnel influenza vaccination measure data is collected between October 1 and March 31 and is available for reporting the following May 16. Healthcare personnel influenza vaccination measure data from the prior flu season display until the new data are available.

- Medicare Fee-For-Service data are reported for a two-year period.
- Data was calculated on
 - For LTCH CARE data, this is the date the data were calculated for the 12-month period indicated in the Report Period field.
 - For CDC NESH data and Medicare FFS claims data, this is the date the data were loaded into the QIES national database.
- Comparison Group Period: The date range used to calculate national rates for comparison with facility rates during the report period. National rates are based upon stays within this date range. These dates correspond to the Report Period dates. Displayed for non-Medicare Fee-For-Service Claims measures only.
- Report Run Date: The date that the report was run.
- Report Version Number: The version of the reporting system software used to produce the report.

Figure 1. Table 4-A. Quality Measure Dates

Measure Name	Source	Earliest Date Data Available	1st Quarter End Date Available	1st Reporting Year Available
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	Asmt	10/1/2012	9/30/2013	10/01/2012 - 09/30/2013
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	Asmt	7/1/2014	6/30/2015	07/01/2014 - 06/30/2015
Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)	Asmt	7/1/2014	6/30/2015	07/01/2014 - 06/30/2015
Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)	Asmt	7/1/2014	6/30/2015	07/01/2014 - 06/30/2015
Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)	Asmt	7/1/2014	6/30/2015	07/01/2014 - 06/30/2015
Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)	Asmt	4/1/2016	3/31/2017	04/01/2016 - 03/31/2017
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)	Asmt	4/1/2016	3/31/2017	04/01/2016 - 03/31/2017
LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)	Asmt	4/1/2016	3/31/2017	04/01/2016 - 03/31/2017
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Asmt	4/1/2016	3/31/2017	04/01/2016 - 03/31/2017
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	CDC	1/1/2015	12/31/2015	01/01/2015 - 12/31/2015
National Healthcare Safety Network (NHSN) Central Line-associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)	CDC	1/1/2015	12/31/2015	01/01/2015 - 12/31/2015
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)	CDC	01/01/2016	12/31/2016	01/01/2016 - 12/31/2016

Measure Name	Source	Earliest Date Data Available	1st Quarter End Date Available	1st Reporting Year Available
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)	CDC	01/01/2016	12/31/2016	01/01/2016 - 12/31/2016
Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	CDC	10/01/2015	03/31/2016	10/01/2015 - 03/31/2016
National Healthcare Safety Network Ventilator-Associated Event (VAE) Outcome Measure	CDC	1/1/2016	12/31/2016	01/01/2016 - 12/31/2016
All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512)	Claims	1/1/2013	3/31/2016	01/01/2013 - 12/31/2014
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program	Claims	1/1/2015	12/31/2017	01/01/2015 - 12/31/2016
Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program	Claims	1/1/2015	12/31/2017	01/01/2015 - 12/31/2016
Medicare Spending Per Beneficiary (MSPB) - Post-Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program	Claims	1/1/2015	12/31/2017	01/01/2015 - 12/31/2016

The main body of the report provides the following information for the measure(s) indicated:

- LTCH CARE pressure ulcer measure (Page 1):
 - Table Legend
 - Note: Dashes represent a value that could not be computed. Dashes display in the Facility Observed Percent and Facility Adjusted Percent columns when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set.
 - Measure Name
 - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - CMS Measure ID: The unique identification number assigned by CMS to each measure.

- o Numerator: The number of stays in the LTCH that triggered the measure during the report period.
- o Denominator: The total number of qualified stays in the LTCH that did not meet the exclusion criteria during the report period.
- o Facility Observed Percent: The percentage of patients who could have the QM and actually triggered it. It is computed by dividing the numerator by the denominator.
- o Facility Risk-Adjusted Percent: A computed rate whereby patient characteristics and the national average observed rate are applied to the Facility Observed Percent.
- o Comparison Group: National Average: The nationwide average of the measure for the Comparison Group Period. LTCHs can compare their facility performance to the national average.

NOTE: For report End Dates 9/30/2018 and beyond, the results for the 7/01/2017 – 6/30/2018 period are displayed.

- LTCH CARE influenza vaccination measures (Page 2):
 - o Table Legend
 - Note: Dashes represent a value that could not be computed. A dash displays in the Facility Percent column when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - o Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - o Measure Name
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
 - Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)
 - Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)
 - Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of stays in the LTCH that triggered the measure during the report period.

- o Denominator: The total number of qualified stays in the LTCH that did not meet the exclusion criteria during the report period.
- o Facility Percent: The percentage of patients who could have the QM and actually triggered it, and is computed by dividing the numerator by the denominator.
- o Comparison Group: National Average: The nationwide average of the measure for the Comparison Group Period. LTCHs can compare their facility performance to the national average.

NOTE: For Report Periods including dates 7/01/2018 and beyond, flu measure data is displayed as N/A. As of 7/01/2018 flu items are no longer in the LTCH CARE data set.

- LTCH CARE outcomes/processes performed measures (Page 3):
 - o Table Legend
 - Note: Dashes represent a value that could not be computed. A dash displays in the Facility Percent column when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - o Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - o Measure Name
 - Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - 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)
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of stays in the LTCH that triggered the measure during the report period.
 - o Denominator: The total number of qualified stays in the LTCH that did not meet the exclusion criteria during the report period.
 - o Facility Percent: The percentage of patients who could have the QM and actually triggered it, and is computed by dividing the numerator by the denominator.

- o Comparison Group: National Average: The nationwide average of the measure for the Comparison Group Period. LTCHs can compare their facility performance to the national average.
- LTCH CARE change in functional status (ventilator support) measure (Page 4):
 - o Table Legend
 - Note: Dashes represent a value that could not be computed.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - o Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - o Measure Name
 - LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Denominator: The total number of qualified stays in the LTCH that did not meet the exclusion criteria during the report period.
 - o Average Admission Score: The average score on admission of the quality measure.
 - o Average Discharge Score: The average score on discharge of the quality measure.
 - o Average Observed Change: The average observed change (discharge – admission) in score.
 - o Average Risk-Adjusted Change: A computed change in score value whereby patient characteristics and the national average are applied to the Average Observed Change.
 - o Comparison Group: National Average: The nationwide average of the measure for the Comparison Group Period. LTCHs can compare their facility performance to the national average.
- CDC National Healthcare Safety Network (NHSN) infection measures (Pages 5 and 6):
 - o Table Legend:
 - [a]: Standardized infection ratio (SIR) = ratio of reported to predicted infections; lower SIR is better
 - [b]: (Lower Limit, Upper Limit)
 - [c]: National benchmark = 1
 - Note: Dashes represent a value that could not be computed.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.

- Note: CDC measures do not have CASPER Patient-Level Quality Measure reports
- Note: CDC data not available for a report period end date prior to 12/31/2015
- Source: Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN)
- Measure Name
 - 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
- CMS Measure ID: The unique identification number assigned by CMS to each measure.
- Reported Number of Infections or Events: The number of reported infections or events in the LTCH for the period.
- Device or Patient Days: The total number of days in the LTCH associated with the device or total number of patient days. Used to calculate the Predicted Number of Infections.
- Predicted Number of Infections or Events: Device or Patient Days multiplied by the national rate.
- Standardized Infection Ratio (SIR): Reported Number of Infections or Events in the LTCH divided by the Predicted Number of Infections or Events for the LTCH.
- 95% Confidence Interval [displayed as (lower limit, upper limit)]: 95% confidence level interval for the SIR.
- Comparison Group: National SIR: The reported number of infections or events in the nation divided by the predicted number of infections or events in the nation for the Comparison Group Period. This allows providers to compare their SIR to the national SIR.
- Comparative Performance Category: A comparison of the performance of the LTCH to the national benchmark depicted as one of the following:
 - Better than the National Benchmark

- No Different than the National Benchmark
 - Worse than the National Benchmark
- CDC National Healthcare Safety Network (NHSN) infection measures (Page 7):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed. Dashes occur in the Facility Percent column when the denominator is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - Note: CDC measures do not have CASPER Patient-Level Quality Measure reports.
 - o Source: Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN)
 - o Measure Name
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
 - o CMS Measure ID: The unique identification number assigned by CMS to each measure.
 - o Numerator: The number of healthcare personnel in the LTCH who received the influenza vaccination during the report period.
 - o Denominator: The total number of healthcare personnel in the LTCH that did not meet the exclusion criteria during the report period.
 - o Facility Percent: The percentage of healthcare personnel in the LTCH who received the influenza vaccination, computed by dividing the numerator by the denominator.
 - o Comparison Group: National Average: The nationwide average of the measure for the Comparison Group Period. LTCHs can compare their facility performance to the national average.
- Medicare FFS claims measures (Pages 8):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed. Dashes occur in the Observed Readmission Rate, Risk Standardized Readmission Rate, and Comparative Performance Category columns when the Number of Eligible Stays is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports.
 - o Source: Medicare Fee-For-Service Claims

- o Measure Name
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Number of Readmissions: The number of patients with an unplanned or potentially preventable readmission in the 30-day post-discharge period.
- o Number of Eligible Stays: The total number of stays in the LTCH that did not meet the exclusion criteria.
- o Observed Readmission Rate: The number of post-discharge unplanned or potentially preventable readmissions in the LTCH divided by number of eligible stays in the LTCH.
- o Risk Standardized Readmission Rate (RSRR): A risk adjustment of the Observed Readmission Rate that accounts for patient characteristics and a statistical estimate of the LTCH effect beyond patient mix.
- o National Observed Readmission Rate: The number of post-discharge unplanned or potentially preventable readmissions in the nation divided by number of eligible stays in the nation.
- o Comparative Performance Category: A comparison of the performance of the LTCH to the national benchmark depicted as one of the following:
 - Better than the National Rate
 - No Different from the National Rate
 - Worse than the National Rate

NOTE: Effective 10/1/2018 the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2512) measure is no longer reported.


- Medicare FFS claims discharge to the community measure (Page 9):
 - o Table Legend:
 - Note: Dashes represent a value that could not be computed. Dashes occur in the Observed Discharge to Community Rate, Risk Standardized Discharge to Community Rate, and Comparative Performance Category columns when the Number of Eligible Stays is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.
 - Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports.

- o Source: Medicare Fee-For-Service Claims
- o Measure Name
 - Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program
- o CMS Measure ID: The unique identification number assigned by CMS to each measure.
- o Number of Discharges to Community: The number of patients discharged to the community.
- o Number of Eligible Stays: The total number of stays in the LTCH that did not meet the exclusion criteria.
- o Observed Discharge to Community Rate: The number of discharges to the community from the LTCH divided by number of eligible stays in the LTCH.
- o Risk Standardized Discharge to Community Rate: A risk adjustment of the Observed Discharge to Community Rate that accounts for patient characteristics and a statistical estimate of the LTCH effect beyond patient mix.
- o National Observed Discharge to Community Rate: The number of discharges to the community in the nation divided by number of eligible stays in the nation.
- o Comparative Performance Category: A comparison of the performance of the LTCH to the national benchmark depicted as one of the following:
 - Better than the National Rate
 - No Different from the National Rate
 - Worse than the National Rate
- Medicare FFS claims Medicare spending measure (Page 10):
 - o Table Legend:
 - [a]: The treatment period is the time during which the patient receives care services from the attributed LTCH, and includes Part A, Part B, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims.
 - [b]: The associated services period is the time during which any Medicare Part A and Part B services other than those in the treatment period are counted towards the episode spending.
 - Note: Dashes represent a value that could not be computed. Dashes occur in the Average Spending Per Episode and MSPB Amount-Average Risk-Adjusted Spending columns when the Number of Eligible Episodes is zero.
 - N/A = Not Available – Indicates no result value exists for the measure(s) for the requested period.

- Note: Claims-based measures do not have CASPER Patient-Level Quality Measure reports.
- Source: Medicare Fee-For-Service Claims and Eligibility Files
- Measure Name
 - Medicare Spending Per Beneficiary (MSPB) - Post-Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program
- Comparison Group: Measure values and calculations are provided for the LTCH and, as a comparison, all LTCHs in the nation.
- CMS Measure ID: The unique identification number assigned by CMS to each measure.
- Number of Eligible Episodes: Total number of episodes in the facility that did not meet the exclusion criteria.
- Average Spending Per Episode
 - Spending During Treatment Period: Average spending per episode during the treatment period - non-risk-adjusted. The treatment period starts at the day of admission and ends at discharge.
 - Spending During Associated Services Period: Average spending per episode during associated services period - non-risk-adjusted.
 - The associated services period for LTCH-standard episodes starts at the day of admission and ends 30 days after the last day of the episode's treatment period.
 - The associated services period for LTCH-site neutral episodes starts at the end of the treatment period and ends 30 days after the last day of the episode's treatment period.
 - Total Spending During Episode: Average spending per episode during the treatment period plus average spending per episode during the associated services period - non-risk-adjusted.
- MSPB Amount
 - Average Risk-Adjusted Spending: Average risk-adjusted Medicare spending across all episodes for the LTCH.
 - National Median: Average risk-adjusted Medicare spending across all episodes for all LTCHs.
- MSPB Score: The ratio of the provider's MSPB Amount to the episode-weighted median MSPB Amount across all LTCH providers. MSPB Score calculation is performed separately for LTCH Standard and Site Neutral episodes to ensure that they are compared only to other episodes of the same type. The final MSPB Score combines the ratios of the episode types to construct one provider score.

NOTE: The LTCH Facility-Level Quality Measure Report may contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-3. LTCH Facility-Level Quality Measure Report *

		CASPER Report LTCH Facility-Level Quality Measure Report			Page 1 of 11	
Facility ID:	[REDACTED]	Report Period:	01/01/2017 - 12/31/2017			
CCN:	[REDACTED]	Data was calculated on:	07/02/2018			
Provider Name:	[REDACTED]	Comparison Group Period:	01/01/2017 - 12/31/2017			
City/State:	[REDACTED]	Report Run Date:	07/19/2018			
		Report Version Number:	2.01			
Table Legend Note: Dashes represent a value that could not be computed N/A = Not Available Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set						
Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	L001.01	0	191	0.0%	0.0%	1.7%
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 and CCN.

LTCH PATIENT-LEVEL QUALITY MEASURE REPORT

The LTCH Patient-Level Quality Measure Report identifies each patient with a qualifying Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) assessment record used to calculate the facility-level quality measure values for a select 12-month period. The report displays each patient's name and indicates how/if the patient's assessment affected the LTCH's quality measures.

NOTE: The LTCH Patient-Level Quality Measure Report only provides patient-level information for the quality measures associated with LTCH CARE assessment records and does not provide patient-level information for the CDC NHSN or Medicare FFS quality measures.

The **CASPER Reports Submit** criteria page (Figure 4-4) for the LTCH Patient-Level Quality Measure Report presents *Begin Date*, *End Date*, and *Influenza Season Dates* criteria options.

Figure 4-4. LTCH Patient-Level Quality Measure Report CASPER Reports Submit Page

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: LTCH Patient-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 07/01/2015

End Date (mm/dd/yyyy): 06/30/2016

Influenza Season Dates: 07/01/2015 - 06/30/2016

Template Folder: My Favorite Reports

Template Name: LTCH Patient-Level Quality Measure Report

Submit Back Save & Submit Save

Begin Date and *End Date* values define the date range of the measure calculations to select for the report. A drop-down list provides the end dates of the calendar quarters for which pressure ulcer measure calculations are available. The default value is the end date of the most recently calculated quarter. You may select a different quarter end date from the list. *Begin Date* is a read-only field that displays the first day of the 12-month period ending with the specified *End Date*.

The *Influenza Season Dates* field is a read-only display of the influenza season dates in effect during the period identified by the *End Date* and *Begin Date*.

NOTE: The influenza season reporting period is always July 1 through June 30. The earliest influenza season for which measure data are available is 07/01/2014 through 06/30/2015. If the selected *End Date* is prior to earliest influenza season for which measure data exists, the *Influenza Season Dates* field is blank.

The LTCH Patient-Level Quality Measure Report (Figure 4-5) presents the following:

- Facility ID
- CMS Certification Number (CCN)
- Provider Name
- City/State
- Report Period
- Report Run Date
- Report Version Number

The remainder of the report provides the following information and measure status at the patient level for the measure(s) indicated:

- Quality Measures: Undesirable Outcomes/Processes Not Performed:
 - Status Legend:
 - X: Triggered
 - NT: Not triggered
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A = Not Available
 - Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - Patient Name
 - Patient ID: The unique ID assigned to the patient in the national database
 - Admission Date: The patient's admission date from the admission assessment of the stay.
 - Discharge Date: The patient's discharge date from the discharge assessment of the stay.
 - Quality Measure Name
 - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

NOTE: For report End Dates 9/30/2018 and beyond, results for the 7/01/2017 – 6/30/2018 period are displayed for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) measure.

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
- Quality Measures: Desirable Outcomes/Processes Performed:
 - Status Legend:
 - X: Triggered
 - **NT**: Not triggered
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A = Not Available
 - Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - Patient Name
 - Patient ID: The unique ID assigned to the patient in the national database
 - Admission Date: The patient's admission date from the admission assessment of the stay.
 - Discharge Date: The patient's discharge date from the discharge assessment of the stay.
 - Quality Measure Name
 - Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - 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)
- Quality Measures: Patient Seasonal Influenza Vaccination Measure
 - Status Legend
 - Y: Yes
 - N: No
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A = Not Available
 - Table Legend

- [a]: Submeasures for the Percent of Residents of Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
- Patient Name
- Patient ID
- Admission Date: The patient's admission date from the admission assessment of the stay.
- Discharge Date: The patient's discharge date from the discharge assessment of the stay.
- Quality Measure Name
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
 - Residents or Patients Who Received the Seasonal Influenza Vaccine (NQF #0680A)
 - Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (NQF #0680B)
 - Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (NQF #0680C)


NOTE: For Report Periods including dates 7/01/2018 and beyond, flu measure data is not displayed. As of 7/01/2018 flu items are no longer in the LTCH CARE data set.

- Quality Measures: Change in Functional Scores:
 - Status Legend:
 - E: Excluded from analysis based on quality measure exclusion criteria
 - N/A = Not Available
 - Note: Values are change in scores from admission to discharge
 - Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
 - Patient Name
 - Patient ID: The unique ID assigned to the patient in the national database
 - Admission Date: The patient's admission date from the admission assessment of the stay.

- o Discharge Date: The patient’s discharge date from the discharge assessment of the stay.
- o Quality Measure Name
 - LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)

NOTE: The LTCH Patient-Level Quality Measure Report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 4-5. LTCH Patient-Level Quality Measure Report *



CASPER Report
LTCH Patient-Level Quality Measure Report

Page 1 of 217

Facility ID: [REDACTED]
 CCN: [REDACTED]
 Provider Name: [REDACTED]
 City/State: [REDACTED]

Report Period: 01/01/2017 - 12/31/2017
 Report Run Date: 07/19/2018
 Report Version Number: 2.01

Status Legend
 X: Triggered
 NT: Not triggered
 E: Excluded from analysis based on quality measure exclusion criteria
 N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
 Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0676)
[REDACTED]	41734180	09/14/2017	10/11/2017	NT
[REDACTED]	1412753	04/19/2017	05/12/2017	NT
[REDACTED]	40020055	03/02/2017	03/27/2017	NT
[REDACTED]	41763407	09/19/2017	N/A	E
[REDACTED]	36694431	02/17/2016	N/A	E
[REDACTED]	29588544	12/21/2016	01/24/2017	NT

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 records are sorted by State Code, CCN, Patient Last Name, Patient First Name ascending, Discharge Date, and Admission Date descending.

LTCH REVIEW AND CORRECT REPORT

The LTCH Review and Correct Report allows LTCH providers to review their quality measure (QM) data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline, which is 4.5 months after the end of the quarter.

NOTE: Correction periods for each quarter end as follows:

- Q1 (1/1-3/31) – August 15
- Q2 (4/1-6/30) – November 15
- Q3 (7/1-9/30) – February 15
- Q4 (10/1-12/31) – May 15

The LTCH Review and Correct Report provides a breakdown, by measure and by quarter, of the provider's QM data for four rolling quarters, except for NQF #2632 for which there are eight rolling quarters. The report also identifies the open/closed status of each quarter's data correction period as of the report run date.

NOTE: Quality Measure calculations are performed weekly and on the first day of each quarter.

The **CASPER Reports Submit** criteria page (Figure 4-6) for the LTCH Review and Correct Report presents *Begin Date*, *End Date*, and *Influenza Season Dates* criteria options.

Figure 4-6. LTCH Review and Correct Report CASPER Reports Submit Page

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: LTCH Review and Correct Report

Begin Date: Q2 2019
End Date: Q1 2020

Template Folder: My Favorite Reports
Template Name: LTCH Review and Correct Report

Submit Back
Save & Submit Save

Begin Date and *End Date* values define the date range of the QM calculations to select for the report. A drop-down list associated with the *End Date* field provides the calendar quarters for which calculated quality measure data is available. The default value is the most recently completed calculated quarter. You may select a different quarter from the list. *Begin Date* is a read-only field that displays the first quarter of the 4-quarter period ending with the specified *End Date*.

NOTE: Until QM data for more than 4 quarters is available, the *Begin Date* is Q1 2017.

NOTE: Only qualifying patient stays with a discharge record containing a Discharge Date between the Begin Date and End Date are included in the QM calculations for the report.

The LTCH Review and Correct Report (Figure 4-7) presents the following:

- CMS Certification Number (CCN)
- Provider Name
- Street Address Line 1
- Street Address Line 2
- City
- State
- ZIP Code
- County Name
- Telephone Number

The remainder of the report details each measure. The following fields are common to all measures:

- Reporting Quarter: The quarter and calendar year for which the data were collected or, for NQF #0680, the quarter and influenza season for which the data were collected

NOTE: Since Quarter 1 of the influenza season is between 7/1 and 9/30, which is before the start of the influenza vaccination season (10/1), no data will exist for Quarter 1 of the influenza season.

- Start Date: Beginning date of the reporting quarter
- End Date: Ending date of the reporting quarter
- Data Correction Deadline: The date after which the data for the reporting quarter are frozen

NOTE: Corrections of the data for a reporting quarter made after the Data Correction Deadline will not affect QM results.

- Data Correction Period as of Report Run Date:

- o Open = As of the Report Run Date, the data correction deadline of the reporting quarter is either today or in the future; data may still be corrected
- o Closed = As of the Report Run Date, the data correction deadline is in the past; data can no longer be corrected and affect the QM results

The following unique information is provided for the measure(s) indicated:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - o CMS Measure ID: L001.01
 - o Table Legend:
 - Dash (-): Data not available or not applicable
 - o Number of Patient Stays that Triggered the Quality Measure in your LTCH
 - o Number of Eligible Patients Discharged from your LTCH
 - o Your LTCH's Observed Performance Rate

NOTE: For report End Dates Q3 2018 and beyond, results for the Q3 2017 – Q2 2018 period are displayed for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) measure. Effective 7/01/2018 collection of the measure data was discontinued.


- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)
 - o CMS Measure ID: L002.01
 - o Table Legend:
 - * Based on influenza season which starts on July 1st and ends on June 30th (i.e. Quarter 1 of the influenza season starts on July 1st and ends on September 30th).
 - ** There are no discharges for the associated influenza vaccination season during this period of the influenza season
 - Dash (-): Data not available or not applicable
 - o Number of Patient Stays that Triggered the Quality Measure in your LTCH
 - o Number of Eligible Patients Discharged from your LTCH
 - o Your LTCH's Observed Performance Rate

NOTE: For Report Quarters including dates 7/01/2018 and beyond, flu measure data is displayed with dashes. As of 7/01/2018 flu items are no longer in the LTCH CARE data set.

- Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
 - CMS Measure ID: L009.01
 - Table Legend:
 - Dash (-): Data not available or not applicable
 - Number of Patient Stays that Triggered the Quality Measure in your LTCH
 - Number of Eligible Patients Discharged from your LTCH
 - Your LTCH's Observed Performance Rate
- 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)
 - CMS Measure ID: L010.01
 - Table Legend:
 - Dash (-): Data not available or not applicable
 - Number of Patient Stays that Triggered the Quality Measure in your LTCH
 - Number of Eligible Patients Discharged from your LTCH
 - Your LTCH's Observed Performance Rate
- Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay) (NQF #0674)
 - CMS Measure ID: L012.01
 - Table Legend:
 - Dash (-): Data not available or not applicable
 - Number of Patient Stays that Triggered the Quality Measure in your LTCH
 - Number of Eligible Patients Discharged from your LTCH
 - Your LTCH's Observed Performance Rate
- LTCH Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632)
 - CMS Measure ID: L011.01
 - Table Legend:

- * Average Observed Change in Mobility Score - (Average Discharge Mobility Score – Average Admission Mobility Score).
- Dash (-): Data not available or not applicable
- Number of Eligible Patients Discharged from your LTCH
- Your LTCH's Average Observed Change in Mobility Score

Figure 4-7. LTCH Review and Correct Report *

		CASPER Report LTCH Review and Correct Report LTCH CARE Data Set Quality Measures: Report #4 for 2017			Run Date: 01/10/2018 Page 1 of 6		
CMS Certification Number: [REDACTED] Provider Name: [REDACTED] Street Address Line 1: [REDACTED] Street Address Line 2: [REDACTED] City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED] County Name: [REDACTED] Telephone Number: [REDACTED]							
LTCH Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) CMS Measure ID: L001.01							
Table Legend Dash (-): Data not available or not applicable.							
Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your LTCH	Number of Eligible Patients Discharged from your LTCH	Your LTCH's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Closed	32	110	29.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	38	108	35.2%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	31	113	27.4%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	25	110	22.7%
Cumulative	01/01/2017	12/31/2017	-	-	126	441	28.6%
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.