



Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 6.0

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Overview

This document provides quality measure updates reflected in the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 6.0 taking effect October 1, 2024.

Notable updates to the QM User's Manual, Version 6.0 include the following:

- Information with regard to the newly included measure, COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (L028.01), for the LTCH QRP.
- Two function measures were removed as they will no longer be publicly reported:
 - Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (L009.03)
 - Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (CMS ID: L010.03).

Updates are organized by manual chapter, section, page number, step/table indicator. Updated language is indicated by strikeouts of prior language, and the description of the change. The step/table column adds specificity in locating the edits by indicating if the edits are located within a specific step or table on a given page. When edits are not found in a specific step/table, the column displays "N/A". Similarly, when edits are applied in multiple locations within the manual (e.g., updates to CMS measure IDs or dates associated with quarterly report periods), the column displays "Multiple".

LTCH QRP Measure Calculations and Reporting User's Manual V6.0 Updates

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
1	All	All	All	N/A	Long Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual, V5.0 V6.0 LTCH QRP Measure Calculations and Reporting User's Manual, V5.0 V6.0	References to prior manual (V5.0) updated to V6.0 throughout the manual.
2	All	All	All	All	October 1, 2023 <i>October 1, 2024</i>	Updated the date to reflect the QM User's Manual V6.0 effective date throughout the manual.
3	Multiple	Multiple	Multiple	Multiple	Manual formatting and syntax updates	Reformatted several of the manual's features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, and syntax, including changes such as reformatting the table of contents, adjusting line spacing, and changing table column widths and row heights.
4	Multiple	Multiple	Multiple	Multiple	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.01)	Added the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.01) measure to the lists and tables throughout the manual.
5	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with the Inpatient Rehabilitation Facility (IRF) and Skilled Nursing Facility (SNF) QM User's Manuals.
6	Multiple	Multiple	Multiple	Multiple	Data collection for LCDS V5.0 V5.1 began on October 1, 2022 2024 and impacts certain assessment-based (LCDS) quality measure specifications.	Made language edit throughout to reflect update from LCDS 5.0 to LCDS 5.1.
7	6	Multiple	Multiple	Multiple	Round the percent value to one two decimal places. If the digit in the second third decimal place is 5 or greater, add 1 to the first second decimal place, otherwise leave the first second decimal place unchanged. Drop all the digits following the first second decimal place	Claims- and assessment-based measure scores will be reported up to two decimal places in iQIES reports and public reporting on Care Compare/Provider Data Catalog. This is reflected throughout the manual.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
8	Multiple	Multiple	Multiple	Multiple	<ul style="list-style-type: none"> Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L009.03) Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L010.03) 	Two function measures were removed from the LTCH QRP through the FY2024 IPPS/LTCH PPS Final Rule including, <i>Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function</i> (L009.03) and <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function</i> (CMS ID: L010.03). As these measures will no longer be publicly reported, all references to these measures have been removed from V6.0 of the manual and all relevant table and section numbers have been adjusted accordingly.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
9	Multiple	Multiple	Multiple	Multiple	<p>Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)</p> <p>Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)</p> <p>National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLASBI) Outcome Measure</p> <p>National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</p> <p>Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L017.01)</p> <p>Discharge to Community – (DTC) Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)</p> <p>Medicare Spending Per Beneficiary (MSPB)–Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)</p> <p>Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (CMS ID: L011.05)</p>	Adjusted measure names throughout to align with the LTCH QRP website.
10	6	6.1, 6.5, 6.6	Multiple	Multiple	<p>Calculate the facility-level observed score. Divide the facility's numerator count (Step 3) by its denominator count (Step 2) to obtain the facility-level observed score, <u>and then multiply by 100 to obtain a percent value.</u></p>	Consolidated the rounding and multiplication steps to obtain a percent value.
11	Multiple	Multiple	Multiple	Multiple	<p>This measure reports facility-level Ventilator Liberation Rate for LTCH stays in which patients are admitted to an LTCH requiring invasive mechanical ventilation support, and for whom weaning attempts were expected or anticipated as reported on the Admission Assessment.</p>	Adjusted the language in measure descriptions throughout to clarify that measures are calculated using LTCH stays.
12	Table of Contents	N/A	ii	N/A	Section 1.3: Measure Specific Stay Definitions	Language edits to improve clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
13	1	1.1	1	Organization	The remaining chapters are organized by quality measure and provide detailed information about measure specifications and reporting components. The chapter also includes a summary of existing quality measures in the LTCH QRP, as well as an overview of the quality measures added or removed in the LTCH QRP and/or finalized for public reporting display updates with the FY 2025 LTCH QRP.	Removed outdated language referring to LTCH QRP measures finalized for FY 2025 public reporting display updates.
14	1	1.1	1	Organization	The iQIES QM Reports are comprised of two report types, one containing facility-level measure information and a second that includes patient-level data for a user -selected reporting period	Language edit to improve clarity.
15	1	1.2	2	LTCH Stay Definitions	Target Period: The target period is the span of time that defines the Quality Measure Reporting period for a given measure (e.g., a 12-month period (4 quarters)).	Language edits to align with the IRF QM User's Manual.
16	1	1.4	3	Table 1-1	Table 1-1 provides a list of the measures included in the LTCH QRP, the corresponding CMS, the measure IDs, the measure type, and the reference name (short name), and measure type for each measure. Table 1-1 LTCH QRP Quality Measures: CMIT Measure ID Number , CMS ID, Measure Type , and Measure Reference Name Crosswalk (See Appendix for full-page excerpt)	Updates to table name for clarity. Minor updates to measure names were also made for consistency across QRP websites and materials. The CBE endorsement status for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure was also updated to reflect its current endorsement status.
17	1	1.4	7	N/A	Table 1-2 and Table 1-3 provide an overview of the quality measures added and removed from the FY 2025 LTCH QRP, respectively. Table 1-2 shows when new measures added to the LTCH QRP will be included in reports and released on Care Compare and the Provider Data Catalog. Table 1-3 shows when measures retired from the LTCH QRP will be removed from reports and removed from Care Compare and the Provider Data Catalog.	Removed references to Table 1-3: Quality Measures Removed/Retired from the LTCH QRP, as the table itself was removed.

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18	1	1.4	7	Table 1-2	<p>Table 1-2 Quality Measures Added to the LTCH QRP</p> <p>Transfer of Health Information to the Provider Post-Acute Care (PAC)</p> <p>Transfer of Health Information to the Patient Post-Acute Care (PAC)</p> <p>Discharge Function Score</p> <p>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</p> <p>(See appendix for full-page excerpt)</p>	Removed three measures from this table, as these measures were added in the QM User's Manual V5.0. Added the Patient/Resident COVID-19 Vaccine measure to this table.
19	1	1.4	N/A	N/A	<p>Table 1-3 Quality Measures Removed/Retired from the LTCH QRP</p> <p>(See Appendix for full-page excerpt)</p>	Removed Table 1-3: Quality Measures Removed/Retired from the LTCH QRP, as there were no measures removed from the FY2026 LTCH QRP.
20	2	N/A	9	N/A	<ul style="list-style-type: none"> • COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: L024.02) <ul style="list-style-type: none"> ○ This measure identifies the percentage of HCP eligible to work in the LTCH setting for at least one day during the reporting period, excluding HCP with contraindications to the COVID-19 vaccine, who are considered up to date, regardless of clinical responsibility or patient contact. <ul style="list-style-type: none"> ○ This measure has been updated to replace the term 'complete vaccination course' with 'up to date' in the HCP vaccination definition and to update the numerator to specify the time frames within which a HCP is considered up to date with recommended COVID-19 vaccines, including booster doses. ○ CDC NHSN: HCP COVID-19 Vaccine <p>¹²The updated measure specifications were effective January 2023.</p>	Removed this note as this change was implemented to the <i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure</i> (CMS ID: L024.02) in the QM User's Manual V5.0, and no new substantive updates have been made to this measure.

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21	3	N/A	10	N/A	<p>CMS uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare Fee-For-Service (FFS) patients. Each measure is calculated using unique specifications and methodologies. Information regarding measure specifications and reporting details is publicly available and can be accessed on the LTCH Quality Reporting Measures Information website.</p> <p>Below are the measure descriptions for the Medicare claims-based measures included in the LTCH QRP as of October 1, 2024 2023 and hyperlinks that provide information about each measure, including measure descriptions and definitions, specifications (e.g. numerator, denominator, exclusions, calculations), care setting, and risk adjustment. Note: as of the manual publication date, updates to the claims-based measures specifications are in progress. An updated claims-based measures specifications. Measure specifications and calculation methods are available in the LTCH QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the document will be posted on the LTCH Quality Reporting Measures Information website.</p>	Simplified language and added that readers can view specifications for all claims-based measures in one consolidated manual: LTCH QRP Claims-Based Measures Specifications Manual. This manual was published on the LTCH QRP Measures Information website in December 2023.
22	3	N/A	10	N/A	<ul style="list-style-type: none"> • Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L017.01) - This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS patients (Medicare FFS beneficiaries) who are discharged following an receive services in LTCH stay. Long-term care hospitals (LTCH). <ul style="list-style-type: none"> ○ Medicare Claims-Based: Potentially Preventable Readmissions 	<p>Updated language to indicate that the measure estimates PPRs for patients who are discharged following an LTCH stay.</p> <p>Removed the link to the PPR specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 LTCH QRP Final Rule report (published in 2016), as more updated specifications were published in the December LTCH QRP Claims-Based Measures Specifications Manual.</p>

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23	3	N/A	10	N/A	<ul style="list-style-type: none"> Discharge to Community (DTC)–Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L018.02) - This measure reports an LTCH’s risk-standardized rate of Medicare FFS patients who are discharged to the community following an LTCH stay, do not have an unplanned readmission to an acute care hospital or LTCH, in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or self-care, with or without home health services. An additional measure denominator exclusion was finalized in the FY 2020 IPPS/LTCH PPS final rule to exclude LTCH stays for baseline Nursing Facility (NF) residents. Baseline NF residents are defined as patients who had a long-term NF stay in the 180 days preceding their hospitalization and LTCH stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion. 	<p>Simplified language to clarify that the measure includes residents who were discharged to the community following an LTCH stay who do not have an unplanned readmission to an acute care hospital or an LTCH, and who remain alive in the 31 days following their SNF discharge.</p> <p>Removed outdated description of a change that was implemented in the FY2020 IPPS/LTCH PPS rule, and no new substantive updates (requiring rulemaking) have been made to the measure.</p> <p>Removed the link to the DTC specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 LTCH QRP Final Rule report (published in 2016), as more updated specifications were published in the December LTCH QRP Claims-Based Measures Specifications Manual.</p>
24	3	N/A	10	N/A	<ul style="list-style-type: none"> Medicare Spending Per Beneficiary (MSPB) –Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L019.01) - This measure evaluates LTCH providers’ resource use relative to the resource use of the national median LTCH provider. Specifically, the measure assesses the cost to Medicare for services performed by the LTCH provider during a Medicare Spending Per Beneficiary (MSPB)-PAC Medicare FFS LTCH episode, which begins at LTCH admission and ends 30 days after LTCH discharge. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each LTCH divided by the episode-weighted median MSPB-PAC amount across all LTCH providers. <ul style="list-style-type: none"> Medicare Claims-Based: Medicare Spending Per Beneficiary 	<p>Clarified the MSPB-PAC LTCH episodes begins at LTCH admission and ends 30 days after LTCH discharge.</p> <p>Removed the link to the MSPB specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 LTCH QRP Final Rule report (published in 2016), as more updated specifications were published in the December LTCH QRP Claims-Based Measures Specifications Manual.</p>

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25	4	4.1	11	N/A	This section presents the record-stay selection criteria for the assessment-based (LCDS) quality measure calculations whose target period is either 12 months (four quarters) or 24 months (eight quarters) . Table 4-1 lists the measures and their respective target periods. Apply the respective quality measure calculations from Chapter 6 to the eligible target period LTCH stays. Additionally, Chapter 7 provides the instructions in table format, and the references to the table numbers are included below:	Broadened language to account for various target periods.
26	4	4.1	11	N/A	Quality measures with a three-month (one quarter) target period: <ul style="list-style-type: none"> COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.01) 	Added section for measures with a three-month (one quarter) target period to reflect the addition of the Patient/Resident COVID-19 Vaccine measure.
27	4	4.1	13	Table 4-1	Footnote ⁶ The target period for the assessment-based quality measures is 12 months, with the exception of the <i>Change in Mobility</i> measure which is 24 months and the Patient/Resident COVID-19 Vaccine measure which is three months .	Language update to reflect the addition of the Patient/Resident COVID-19 Vaccine measure.
28	5	N/A	14	N/A	<ul style="list-style-type: none"> The iQIES Review and Correct Reports contain facility-level and patient-level measure information and are updated on a quarterly basis with data refreshed weekly as data become available. These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) or 24 months (eight full quarters), as appropriate for the measure, and are restricted to only the assessment-based measures. Note that, as the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to reports data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that includes data from quarters after their respective submission deadlines (“frozen” data). 	Language update to reflect the addition of the Patient/Resident COVID-19 Vaccine measure.

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29	5	N/A	14	N/A	<ul style="list-style-type: none"> The iQIES QM Reports are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the patient-level, for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline (“freeze”) dates. <ul style="list-style-type: none"> The assessment-based (LCDS) measures are updated monthly, at the facility- and patient-level, as data become available. The performance data contain the current quarter (may be partial) and the past three quarters or the past seven quarters as appropriate for the measure. As noted above, the Patient/Resident COVID-19 Vaccine measure will have only one quarter of data. 	Language update to reflect the addition of the Patient/Resident COVID-19 Vaccine measure.
30	5	5.1	15	N/A	a. The quarterly dates will be displayed using up to one quarter of data	Language edit to improve clarity.
31	5	5.1	15	d.	<p>d. Data submission deadline: data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However, if the 15th of the month falls on a Friday, weekend, or federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day.</p> <ul style="list-style-type: none"> For example, the data submission deadline for Quarter 3 (July 1 through September 30) data collection would normally be 11:59 p.m. ET, February 15, which is the 15th day of the month, 4.5 months after the end of the data collection period. However, in 2025, February 15th falls on a Saturday and February 17th is a federal holiday; therefore, the deadline for this data submission will be extended to the next business day, which is February 18, 2025, at 11:59 p.m. ET. 	Adjusted data submission deadline example to more current dates.

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32	5	5.1	16	N/A	<p>i. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.05)</p> <p>j. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.01)</p> <p>5. The illustrations of reporting timeline for the iQIES Review and Correct Reports for the following quality measure is provided in Table 5-3 for the quarterly rates and Table 5-5 for the cumulative rates:</p> <p>a. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.05)</p>	Adjusted list to reflect streamlining of tables in Chapter 5.
33	5	5.1	16	N/A	<p>Table 5-1 defines the discharge dates included for each calendar year quarter. Table 5-2 displays whether the quality measure was considered new or existing for iQIES reporting in the user-requested year. For new measures, data are accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. For existing measures, data is displayed based on rolling quarters. The Change in Mobility measure has a separate table since it is the exception to this rule.</p>	Adjusted language to reflect Chapter 5 table removals.
34	5	5.1	N/A	N/A	<p>Table 5-2 Measure Types by User Requested Year for all Assessment-Based (LCDS) Quality Measures</p> <p>(See Appendix for full-page excerpt)</p>	Removed redundant table.

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35	5	5.1	17	N/A	<p>Table 5-2 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and new measures:</p> <ul style="list-style-type: none"> For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2024 2025 (end date of March 31st), the four quarters of data provided in this request include Q2 2023 2024 (April – June), Q3 2023 2024 (July – September), Q4 2023-2024 (October – December), and Q1 2024 2025 (January – March). For a new measure, typically, if the requested calendar year quarter end date is Quarter 1, 2024 2025 (end date of March 31st), the only quarter of data provided in this request includes Q4 2024 (October-December) and Q1 is Q1-2024 2025 (January – March) 	Updated dates in the examples contextualizing Table 5-2 to be more current. Clarified language regarding the quarterly rates displayed in Review and Correct Reports for a new measure.
36	5	5.1	17	Table 5-3	<p>Table 5-2 iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date</p> <p>(See Appendix for full-page excerpt)</p>	Added “Quarter 4” to the <i>Quarter(s) Included from Previous Year</i> column to clarify that for new measures, data is accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. Until four quarters have accumulated, Quarter 4 from the previous year is used in the quarterly rates in user-requested Review and Correct Reports.
37	5	5.1	17	N/A	<p>Footnote ⁷ Because the Discharge Function Score measure calculations utilize data that were already collected, quarterly rates will capture four quarters of data collected as early as Q1 2023. Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.</p>	Updated the <i>Discharge Function Score</i> (L027.01) measure footnote to explain that iQIES Review and Correct Reports began reporting data beginning Q1 2023, as the data were already collected.
38	5	5.1	17	N/A	<p>Footnote ⁸ See Table 5-1 for discharge dates included for each quarter and Table 5-2 to determine the measure type for each quality measure.</p>	Adjusted language to account for table removals in Chapter 5.

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39	5	5.1	17	Table 5-2	Footnote ¹¹ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.	Added a footnote to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (L028.01) measure has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters. This applies to QM Reports as well and similar footnotes were added to tables discussing QM Reports.
40	5	5.1	18	N/A	Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.	Adjusted language to introduce Table 5-3.
41	5	5.1	18	Table 5-3	Table 5-3 iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date (See Appendix for full-page excerpt)	Added "Quarter 4" to the <i>Data Included from Previous Year</i> column to clarify that Quarter 4 from the previous year is included in cumulative rates for user-requested Review and Correct Reports for new measures, until four quarters of data have been collected.
42	5	5.1	18	Table 5-3	Footnote ¹⁷ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.	Added a footnote to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (L028.01) measure has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters. This applies to QM Reports as well and similar footnotes were added to tables discussing QM Reports
43	5	5.1	N/A	Table 5-5	Table 5-5 iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Quarter End Date (See Appendix for full-page excerpt)	Removed redundant table.

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44	5	5.2	19	N/A	<ul style="list-style-type: none"> i. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.05) j. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.01) <p>3. The illustration of reporting timeline for the monthly iQIES-QM Reports is provided in <u>Table 5-7</u> for the following measure:-</p> <ul style="list-style-type: none"> a. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.05) 	Adjusted this section to account for table removals in Chapter 5.
45	5	5.2	19	N/A	<u>Table 5-4</u> below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each calendar requested quarter end date.	Language edit to introduce Table 5-4.
46	5	5.2	N/A	N/A	<u>Table 5-7: iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 Months) for Each Requested Report End Date</u> (See Appendix for full-page excerpt)	Removed redundant table.
47	5	5.3	21	N/A	For LTCH stays that span October 1, 2024 2022 , that is with an admission prior to October 1, 2024 2022 and a discharge on or after October 1, 2024 2022 , the measure calculations will use the V5.0 3.1 QM User's Manual measure specifications ²⁶ for items related to the Admission assessment and will use the V6.0 5.0 QM User's Manual measure specifications for items related to the Discharge assessment. Two examples below illustrate this instruction:	Updated Section 5.3 to provide instructions for LTCH stays that span October 1, 2024, where LCDS 5.0 and QM User's Manual V5.0 are used at admission and LCDS V5.1 and QM User's manual V6.0 are used at discharge.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
47	5	5.3	21	N/A	<p>a. Patient admitted to LTCH on September 1, 2024 2022 and discharged on October 15, 2024 2022</p> <ul style="list-style-type: none"> - Admission assessment would will be LCDS V5.0 4.00 - Discharge assessment would will be LCDS V5.1 5.0 - Specifications would will be based on QM specifications in both the QM User's Manual V5.0 3.1 for references to the admission assessment and QM User's Manual V6.0 5.0 for references to the discharge assessment. <ul style="list-style-type: none"> o Rationale: The patient was admitted on September 1, 2024 2020 using LCDS V5.0 4.00 which is associated with the QM User's Manual V5.0 3.1 instructions and discharged using LCDS V5.1 5.0, <u>which is associated with the QM User's Manual V6.0 5.0 instructions.</u> <p>b. Patient admitted to LTCH on October 1, 2024 2022 and discharged on October 15, 2024 2022</p> <ul style="list-style-type: none"> - Admission assessment would will be LCDS V5.1 5.0 - Discharge assessment would will be LCDS V5.1 5.0 - Specifications would will be based on QM specifications in the QM User's Manual V6.0 5.0 for references to the admission and discharge assessments. <ul style="list-style-type: none"> o Rationale: Both the admission and discharge assessments use LCDS V5.1 5.0 and the specifications refer to QM User's Manual V6.0 5.0 <p>For the iQIES reports, measure calculations are based on the discharge date. These examples would be included in Quarter 4, 2024 2022 since the discharge dates are between October 1 and December 31, 2024 2022.</p> <p>A copy of the LTCH CARE Data Set Version 5.1 5.0 is available for download on the CMS LCDS and LTCH QRP Manual website.</p>	<p>(continued)</p> <p>Updated Section 5.3 to provide instructions for LTCH stays that span October 1, 2024, where LCDS 5.0 and QM User's Manual V5.0 are used at admission and LCDS V5.1 and QM User's manual V6.0 are used at discharge.</p>

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
48	5	5.3	N/A	N/A	Footnote ²⁶ The LTCH Measure Calculations and Reporting User's Manual V3.1.2 Addendum should be used with the LTCH V3.1-QM User's Manual for admissions/discharges between October 1, 2020 and September 30, 2022. The V3.1.2 Addendum can be found at the following link:- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information	Removed footnote as it no longer applies.
49	6	N/A	22	N/A	Prior to the measure specifications steps in Chapter 6, please refer to Chapter 1, Section 1.2 on instructions to define the LTCH stay for the QM sample and Chapter 4 for the record- LTCH stay selection criteria.	Language edit to improve clarity.
50	6	6.1	22	1.2	1.2 LTCH stay is excluded if the patient died during the LTCH stay; i.e., (A0250 = [12])	Minor formatting edit.
51	6	6.1	25	4	4. Calculate the mean facility-level expected score. Once LTCH stay-level expected scores have been calculated, calculate the mean facility-level expected quality measure score as the mean of the facility's LTCH stay-level expected scores. 4. (Step 4.1): Once LTCH stay-level expected scores have been calculated, calculate the mean facility-level expected quality measure score as the mean of the facility's LTCH stay-level expected scores.	Minor formatting change to improve readability.
52	6	6.1	25-26		5.3 Facility-level recoding instructions 5.3.1 If the facility-level observed score (Step 1) equals 0, then the facility level observed percent and the facility-level risk-adjusted percent values are set to 0.00. 5.3.2 If the facility-level observed score (Step 1) equals 1, then the facility-level observed percent and the facility-level risk adjusted percent values are set to 100.00.	Language edits to improve clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
53	6	6.9	46	2.4.4	The admission function values scores are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values.	Language change to improve clarity.
54	6	6.9	46-47	3	<p>3. Calculate the expected discharge function score. For each LTCH stay: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:</p> <p>3.1 For each LTCH stay: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:</p>	Minor formatting edits to improve readability.
55	6	6.10	48-49	N/A	<p>Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.01)(CM ID: L027.01)</p> <p>(See Appendix for full-page excerpt)</p>	Added chapter 6.10 to describe the measure calculation for the Patient/Resident COVID-19 Vaccine measure.
56	7	N/A	64, 65	Table 7-7 and Table 7-8	The measure is calculated by reviewing a patient's LCDS planned/unplanned discharge assessment items for provision of a current reconciled medication list to the subsequent provider at the time of discharge.	Language edits to improve clarity.
57	7	N/A	64	Table 7-7	<p>Numerator</p> <p>The numerator is the number of LTCH stays for which the LCDS discharge assessment indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]).</p>	Language edits to improve clarity.
58	7	N/A	64	Table 7-7	<p>Denominator</p> <p>The denominator is the total number of LTCH stay level LCDS stays with a planned/unplanned discharge records with a discharge date in the measure target period, ending in discharge to a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility....</p>	Language edits to improve clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
59	7	N/A	65	Table 7-8	<p>Numerator</p> <p>The numerator is the number of LTCH stays for which the LCDS discharge assessment indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the patient, family, and/or caregiver (A2123 = [1]).</p>	Language edits to improve clarity.
60	7	N/A	65	Table 7-8	<p>Denominator</p> <p>The denominator is the total number of LTCH stay-level LCDS stays with a planned/unplanned discharge records with a discharge date in the measure target period, ending in discharge to a private home/apartment, board/care, assisted living, group home, transitional living, or other residential care arrangements.</p>	Language edits to improve clarity.
61	7	N/A	66	Table 7-9	<ul style="list-style-type: none"> GG0170J3: Walk 50 Feet with 2 Turns two turns* GG0170R3: Wheel 50 Feet with 2 Turns two turns* <p>* Count Wheel 50 Feet with 2 Turns two turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 Feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 Feet with 2 Turns two turns (GG0170R) or Wheel 150 Feet (GG0170S) has a code between 1 and 6 at either admission or discharge. The remaining stays use Walk 10 Feet (GG0170I) + Walk 50 Feet with 2 Turns two turns (GG0170J) to calculate the total observed discharge function score.</p> <p>In either case, 10 items are used to calculate a resident's the total observed discharge function score for a stay and scores range from 10 – 60</p>	Language edits to align with LCDS.
62	7	N/A	67	Table 7-9	<ul style="list-style-type: none"> 07 – Resident Patient refused 	Language edits to align with LCDS.
63	7	N/A	70	Table 7-10	<p>Table 7-10</p> <p>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMD ID: L028.01)</p> <p>(See Appendix for full-page excerpt)</p>	Addition of table for Patient/Resident COVID-19 Vaccine measure.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
64	Appendix A	N/A	74	Table A-2	Table A-2 Effective Dates of LTCH Quality Measures User's Manual Versions (See Appendix for full-page excerpt)	Updated the effective dates of Version 5.0 of the manual and added a row for Version 6.0 of the manual.
65	Appendix B	Section B.1	76	-	<u>National Average</u> : This document tab provides a national average observed score for each Risk Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Compare Website may vary from the national average observed score provided by this document. <u>Quality Measure Specific Covariate Definition Tabs</u> : Lists each covariate and its coding definition. Note that information on these tabs were previously included as covariate definition tables in Apendic A of this Manual.	Language edits to improve clarity.
66	Appendix B	Section B.2	77-78	Example (Steps 4-6)	LCDS-assessment LTCH stay had a discharge date of 06/15/2017 06/15/2025 <ul style="list-style-type: none"> In the Schedule tab of the Risk-Adjustment Appendix File, refer to the Change in Mobility measure. The discharge date of 06/15/2025 2017 is within the discharge date range for Risk-Adjustment Update ID 18 8 (04/01/201610/01/2024 – 09/30/2025 2018). Therefore, the user should use the information provided in the Risk-Adjustment ID 18 8 column. Select the Change in Mobility tab and apply the intercept and coefficient values in the Risk-Adjustment ID 18 8 column for each covariate. Select the National Average tab and use the Risk-Adjustment Update ID 18 8 column for the Change in Mobility national average observed score. 	Updated the example in the risk adjustment procedure to include recent dates, and the current version of the measure.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
67	Appendix B	Section B.3	79	-	<p><u>Overview:</u> Brief description of the file document and its content.</p> <p><u>Schedule:</u> The imputation schedule for the Discharge Function Score measure.</p> <ul style="list-style-type: none"> <i>Quality Measure Name:</i> Full measure name as referenced throughout the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual V6.0 5.0. A Centers for Medicare & Medicaid Services Measure Inventory Tool (CMIT) Measure identification number is provided with the quality measure name, as applicable. 	Language edits to improve clarity.

Appendix

Appendix Contents

This appendix provides excerpts from the [LTCH QRP Measure Calculations and Reporting User's Manual, V5.0](#) to contextualize the information that has been substantially changed and included in the change table of this manual version, V6.0 (i.e., the appendix provides the updates to the tables from V5.0 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V6.0 and the updates to the pages have been marked in red font.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V6.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V6.0. Please note, the footnote numbering in this appendix differs from the footnote numbering in Version 6.0 of the manual. Additionally, due to marked changes, page breaks between and within tables do not align exactly with QM User's Manual V6.0.

Appendix Table of Contents

V6.0 Change Table #	V6.0 Chapter	V6.0 Page Number	LTCH QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Updated Section/Table
15, 17, 18	1	3-7	Section 1.4: QRP Measures	Table 1-1 LTCH QRP Measures: Tables 1-1 through 1-3
32 through 42, 44, 45	5	16-20	Section 5.1: iQIES Review and Correct Reports`	Section 5.1: iQIES Review and Correct Reports: Tables 5-1 through 5-4
51	6	48-49	Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date	Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date
69	7	70	Table 7-10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date	Table 7-10 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date
63	Appendix A	74	Appendix A: Measure Specification History	Table A-2 Effective Dates of LTCH Quality Measures User's Manual Versions

Section 1.4: QRP Measures

Table 1-1 provides a list of the measures included in the LTCH QRP, ~~the corresponding CMS the measure IDs, the measure type, and the reference name (short name), and measure type~~ for each measure.

Table 1-1
LTCH QRP Quality Measures: CMIT Measure ID, CMS ID ~~Number~~, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # ¹	CMS ID ²	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	00459 (CBE-endorsed)	L006.01	Outcome	CAUTI
National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLASBI) Outcome Measure	00460 (CBE-endorsed)	L007.01	Outcome	CLASBI
National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	00462 (CBE-endorsed)	L014.01	Outcome	CDI
Influenza Vaccination Coverage Among Healthcare Personnel	00390 (CBE-endorsed)	L015.01	Process	HCP Influenza Vaccine
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) ³	00180 (CBE not -endorsed)	L024.02	Process	HCP COVID-19 Vaccine

(continued)

¹ Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://cmit.cms.gov/cmit/#/>) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled *CMS CBE Endorsement and Maintenance* (<https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf>).

² Reflects changes in CMS measure identifiers based on updated measure specifications.

³ ~~This measure, “Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel,” received CBE endorsement on July 26, 2022, based on its specifications depicted under FY 2022 IPPS/LTCH PPS final rule (86 FR 45428-45434). This endorsed version of the measure does not capture information about whether HCP are up to date with their COVID-19 vaccinations, including booster doses. This measure was replaced by the COVID-19 Vaccination Coverage Among Healthcare Personnel effective October 1, 2023 (FY 2024 IPPS/LTCH PPS final rule). The CDC will pursue CBE endorsement for this modified version of the measure and is considering an expedited review process of the measure.~~

Table 1-1 (continued)
LTCH QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Medicare Claims-Based Measures				
Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00575 (not endorsed)	L017.01	Outcome	PPR
Discharge to Community (DTC) – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00210 (CBE-endorsed)	L018.02	Outcome	DTC
Medicare Spending Per Beneficiary (MSPB) Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00434 (CBE-endorsed)	L019.01	Cost/Resource	MSPB-LTCH Medicare Spending Per Beneficiary
Assessment-Based Measures				
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	L021.01	Outcome	Pressure Ulcer/Injury
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)-	00520 ⁴ (CBE -not endorsed)	L012.01	Outcome	Application of Falls
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support	00275 (CBE-endorsed)	L011.05	Outcome	Change in Mobility

⁴ This measure is Consensus Based Entity (CBE)-endorsed for long-stay residents in nursing homes (<https://p4qm.org/measures/0674><https://www.qualityforum.org/QPS/0674>). An application of this quality measure was finalized for reporting by LTCHs under the FY 2014 IPPS/LTCH PPS final rule (78 FR 50874 through 50877) and was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49736 through 49739). The use of the words “resident” and “long stay” in the title of this measure refer to the use of this measure in the SNF/NH setting. CMS’s use of these words does not imply that the LTCH patient is a “resident” or that a stay in an LTCH is a “long stay.”

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	00513 (not endorsed) ⁵	L009.03	Process	Functional Assessment

**Table 1-1 (continued)
LTCH QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk**

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Assessment-Based Measures (cont.)				
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	00513 (not endorsed) ⁶	L010.03	Process	Application of Functional Assessment
Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00225 (not endorsed)	L020.01	Process	DRR
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	00143 (not endorsed)	L022.02	Process	Compliance with SBT
Ventilator Liberation Rate	00759 (not endorsed)	L023.02	Outcome	Ventilator Liberation
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	00728 (not endorsed)	L025.01	Process	TOH - Provider
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	00727 (not endorsed)	L026.02	Process	TOH - Patient

⁵ This measure is finalized for removal beginning with the FY 2025 LTCH QRP.

⁶ This measure (L010.03) is an application of measure L009.03 and is finalized for removal beginning with the FY 2025 LTCH QRP (FY 2024 IPPS/LTCH PPS final rule).

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Discharge Function Score	1698 (not endorsed)	L027.01	Outcome	Discharge Function Score DC-Function
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	01699 (not endorsed)	L028.01	Process	Patient/Resident COVID-19 Vaccine

~~Table 1-2 and Table 1-3 provide an overview of the quality measures added and removed from the LTCH QRP with the FY 2025 LTCH QRP, respectively. Table 1-2 shows when new measures added to the LTCH QRP will be included in reports and released on Care Compare and the Provider Data Catalog. Table 1-3 shows when measures retired from the LTCH QRP will be removed from reports and removed from Care Compare and the Provider Data Catalog.~~

Table 1-2
Quality Measures Added to the LTCH QRP⁷

Quality Measure	Planned Initial Release Date		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Transfer of Health Information to the Provider Post Acute Care (PAC)	January 2023	October 2023	September 2024
Transfer of Health Information to the Patient Post Acute Care (PAC)	January 2023	October 2023	September 2024
Discharge Function Score	January 2024	January 2024	September 2024
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	January 2025	October 2025	September 2025

Table 1-3

⁷ Planned initial release dates are based on the [FY 2024 IPPS/LTCH PPS final rule](#).

Quality Measures Removed/Retired from the LTCH QRP

Quality Measure	Planned Removal Date ⁸		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 2024	January 2024	September 2024
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 2024	January 2024	September 2024

⁸ Planned removal dates are based on the FY2024 IPPS/LTCH PPS final rule.

Table 5-2
Measure Types by User Requested Year for all Assessment-Based (LCDS) Quality Measures

Quality Measure	Measure Type by User Requested Year			
	2019	2020-2022	2023	2024
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	New	Existing	Existing	Existing
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)	Existing	Existing	Existing	Existing
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (CMS ID: L011.05)	Existing	Existing	Existing	Existing
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L009.03)	Existing	Existing	Existing	Removed
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L010.03)	Existing	Existing	Existing	Removed
Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality-Reporting Program (QRP) (CMS ID: L020.01)	New	Existing	Existing	Existing
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	New	Existing	Existing	Existing
Ventilator Liberation Rate (CMS ID: L023.02)	New	Existing	Existing	Existing
Transfer of Health Information to the Provider Post-Acute Care (PAC) (CMS ID: L025.01)	—	—	New	Existing
Transfer of Health Information to the Patient Post-Acute Care (PAC) (CMS ID: L026.02)	—	—	New	Existing
Discharge Function Score (CMS ID: L027.01)	—	—	—	New

Table 5-3 Table 5-2 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:

- For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2024 2025 (end date of March 31st), the four quarters of data provided in this request

- include Q2 ~~2023~~ 2024 (April – June), Q3 ~~2023~~ 2024 (July – September), Q4 ~~2023~~ 2024 (October – December), and Q1 ~~2024~~ 2025 (January – March).
- For a new measure, ~~typically~~, if the requested calendar year quarter end date is Q1 ~~2024~~ 2025 (end date of March 31st), the ~~only quarter of~~ data provided in this request includes Q4 2024 (October-December) and Q1 ~~2024~~ 2025 (January – March).⁹

**Table 5-2
iQIES Review and Correct Reports: Quarterly Rates Included in Each
Requested Quarter End Date¹⁰**

Requested Calendar Year Quarter End Date ¹¹	Measure Type	Quarter(s) Included from Previous Year ¹²	Quarter(s) Included from User-Requested Year ¹³
Quarter 1, YYYY	New	Quarter 4	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	Quarter 4	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	Quarter 4	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3

⁹ Because the Discharge Function Score measure calculations utilize data that were already collected, quarterly rates will capture four quarters of data collected as early as Q1 2023. ~~Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.~~

¹⁰ See [Table 5-1](#) for discharge dates included for each quarter ~~and table 5-2 to determine the measure type for each quality measure.~~

¹¹ YYYY = User-Requested Year

¹² Calendar year prior to the User-Requested Year

¹³ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Requested Calendar Year Quarter End Date ¹⁴	Measure Type	Quarter(s) Included from Previous Year ¹⁵	Quarter(s) Included from User-Requested Year
Quarter 4, YYYY	New	--	Quarter 1 Quarter 2 Quarter 3 Quarter 4
	Existing	--	Quarter 1 Quarter 2 Quarter 3 Quarter 4

Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.

**Table 5-3
iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date¹⁶**

Requested Calendar Year Quarter End Date ¹⁷	Measure Type	Data Included from Previous Year ¹⁸	Data Included from User-Requested Year ¹⁹
Quarter 1, YYYY	New	Quarter 4	Quarter 1
	Existing	Quarter 2 through Quarter 4	Quarter 1
Quarter 2, YYYY	New	Quarter 4	Quarter 1 through Quarter 2
	Existing	Quarter 3 through Quarter 4	Quarter 1 through Quarter 2
Quarter 3, YYYY	New	Quarter 4	Quarter 1 through Quarter 3
	Existing	Quarter 4	Quarter 1 through Quarter 3
Quarter 4, YYYY	New	--	Quarter 1 through Quarter 4
	Existing	--	Quarter 1 through Quarter 4

¹⁴ YYYY = User-Requested Year

¹⁵ Calendar year prior to the User-Requested Year

¹⁶ See [Table 5-1](#) for discharge dates included for each quarter ~~and table 5-2 to determine the measure type for each quality measure.~~

¹⁷ YYYY = User-Requested Year

¹⁸ Calendar year prior to the User-Requested Year

¹⁹ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Table 5-5
iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Quarter End Date²⁰

Requested Calendar Year-Quarter End Date ²¹	Data Included in the Cumulative Rate
Quarter 1, 2022	Quarter 2, 2020 through Quarter 1, 2022
Quarter 2, 2022	Quarter 3, 2020 through Quarter 2, 2022
Quarter 3, 2022	Quarter 4, 2020 through Quarter 3, 2022
Quarter 4, 2022	Quarter 1, 2021 through Quarter 4, 2022
Quarter 1, 2023	Quarter 2, 2021 through Quarter 1, 2023
Quarter 2, 2023	Quarter 3, 2021 through Quarter 2, 2023
Quarter 3, 2023	Quarter 4, 2021 through Quarter 3, 2023
Quarter 4, 2023	Quarter 1, 2022 through Quarter 4, 2023
Quarter 1, 2024	Quarter 2, 2022 through Quarter 1, 2024
Quarter 2, 2024	Quarter 3, 2022 through Quarter 2, 2024
Quarter 3, 2024	Quarter 4, 2022 through Quarter 3, 2024
Quarter 4, 2024	Quarter 1, 2023 through Quarter 4, 2024

²⁰ See [Table 5-1](#) for discharge dates included for each quarter and [Table 5-2](#) to determine the measure type for each quality measure.

²¹ YYYY—User Requested Year

Table 5-7
iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months)
for Each Requested Report End Date

Requested Report End Date²²	iQIES QM Report Calculation Month	Data Included in the Requested Report End Date
03/31/2024 (Quarter 1, 2024)	February 2024	April 1, 2022 through January 31, 2024
	March 2024	April 1, 2022 through February 29, 2024
	April 2024	April 1, 2022 through March 31, 2024
06/30/2024 (Quarter 2, 2024)	May 2024	July 1, 2022 through April 30, 2024
	June 2024	July 1, 2022 through May 31, 2024
	July 2024	July 1, 2022 through June 30, 2024
09/30/2024 (Quarter 3, 2024)	August 2024	October 1, 2022 through July 31, 2024
	September 2024	October 1, 2022 through August 31, 2024
	October 2024	October 1, 2022 through September 30, 2024
12/31/2024 (Quarter 4, 2024)	November 2024	January 1, 2023 through October 31, 2024
	December 2024	January 1, 2023 through November 30, 2024
	January 2025	January 1, 2023 through December 31, 2024

²² YYYY—User Requested Year

Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.01)

iQIES Review and Correct Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.01)

Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM report measure calculation. Using the measure specifications from Table 7-10, the following steps are used to calculate the measure.

- 1. Determine the denominator count.** Determine the total number of LTCH stays with planned or unplanned Discharge Assessment or Expired Record (A0250 = [10, 11 or 12] in the measure target period.
- 2. Determine the numerator count.** Determine the total number of LTCH stays with a planned or unplanned Discharge assessment or Expired Record during measure target period in which patients were up to date with the COVID-19 vaccine; (O0350 = [1]).
- 3. Calculate the facility-level observed score.** Divide the facility's numerator count (Step 2) by its denominator count (Step 1) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.
- 4. Round the percent value to two decimal places.**
 - 4.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
 - 4.2 Drop all of the digits following the second decimal place.

iQIES QM Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.01)

As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculations for the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.01) measure.

National Average Calculation for Patient/Resident COVID-19 Vaccine (CMS ID: L028.01)

Use the following steps to calculate the LTCH stay-level (i.e. prevalence) national average.

1. Determine the total number of LTCH stays in the nation meeting the denominator criteria. This is the denominator for the national average
2. Identify LTCH stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.

3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.
 - 3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place, otherwise leave the second decimal place unchanged.
 - 3.2 Drop all of the digits following the second decimal place.

Table 7-10
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMD ID: L028.01)²³

Measure Description

This measure reports the percentage of LTCH stays in which patients are “up to date” with their COVID-19 vaccinations per the CDC’s latest guidance.²⁴

Measure Specifications²⁵

Numerator

The total number of LTCH stays in the denominator in which patients are up to date with the COVID-19 vaccine (O0350=[1]) during the target period.

Denominator

Any LTCH stays with a planned or unplanned Discharge assessment or Expired Record (A0250 = [10, 11, 12]) during the target period.

Exclusions

There are no denominator exclusions for this measure.

Covariates

1. None.

²³ This quality measure was finalized for reporting in the [FY 2024 LTCH PPS final rule](#) (88 FR 59250)

²⁴ The definition of “up to date” may change based on the CDC’s latest guidance, and can be found on the CDC webpage “Stay Up to Date with COVID-19 Vaccines Including Boosters,” <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html> (last accessed 4/4/2024).

²⁵ Effective on October 1, 2024, the LCDS 5.1 is used to collect and submit assessment data for the LTCH QRP. A copy of the LCDS Version 5.1 is available for download on the CMS LCDS and [LTCH QRP Manual website](#).

Table A-2
Effective Dates of LTCH Quality Measures User’s Manual Versions

Manual Version	Effective Dates
Manual V1.0	09/04/2015 – 06/26/2017
Manual V2.0	06/27/2017 – 06/30/2018
Manual V3.0	07/01/2018 – 09/30/2019
Addendum V3.1	10/01/2019 – 09/30/2020
Addendum V3.1.1/V3.1.2	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – 09/30/2024 Present
Manual V6.0	10/01/2024 – Present