

# **Data Dictionary for Care Compare: Long-Term Care Hospital (LTCH) Quality Reporting Program**

Version 2.0

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## **Introduction**

The Centers for Medicare & Medicaid Services (CMS) Care Compare website provides a single user-friendly interface that consumers can use to understand information about doctors, hospitals, long-term care hospitals, and other health care services instead of searching through multiple tools. Care Compare enables patients and caregivers to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Information about the quality measures on Care Compare are presented similarly and clearly across all provider types and care settings. Consumers can select multiple facilities and compare their performance on various quality metrics. To access the Care Compare website, please visit <https://www.medicare.gov/care-compare/>.

This document provides information about the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) data on Care Compare. Care Compare provides data on over 340 LTCHs. More information about the LTCH QRP measures displayed on Care Compare can be found by visiting the LTCH QRP Measures Information Page at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information>.

Care Compare information about LTCHs is typically updated or refreshed quarterly in March, June, September, and December; however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See Appendix A: Care Compare Anticipated LTCH Refreshes and Data Collection Timeframes for the full list of LTCH measures contained in the downloadable data found on the Provider Data Catalog website, along with information about reporting cycles for each measure.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the Provider Data Catalog website. When archived data becomes available, it will also be provided in the Provider Data Catalog. To access the Provider Data Catalog, please visit: <https://data.cms.gov/provider-data/>.

Care Compare and the Provider Data Catalog are publicly accessible websites. As works of the U.S. government, the data on these websites are in the public domain and permission is not required to reuse them. An attribution to the Centers for Medicare & Medicaid Services as the source is appreciated. However, Care Compare data should not be construed as an endorsement by the U.S. Department of Health and Human Services of any health care provider's products or services. Conveying a false impression of government approval, endorsement or authorization of products or services is forbidden. See 42 U.S.C.1320b-10.

## **Document Purpose**

The purpose of this document is to describe the information contained within the LTCH downloadable databases found on the Provider Data Catalog website.

**Table 1: Acronym Index**

<b>Acronym</b>	<b>Meaning</b>
CAUTI	Catheter-associated urinary tract infections
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDI	Clostridium difficile infection
CLABSI	Central line-associated bloodstream infections
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
HAI	Healthcare associated infection
LTCH	Long-term care hospital
LCDS	LTCH CARE (Continuity Assessment Record and Evaluation) Data Set
MSPB	Medicare spending per beneficiary
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
PAC	Post-acute care
QRP	Quality Reporting Program
SIR	Standardized infection ratio
ZIP Code	Zone Improvement Plan (ZIP) Code

## Table 2: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable databases. The CSV column names and file names mirror the datasets found on <https://data.cms.gov/provider-data/>.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields that may include leading zeroes (e.g., provider numbers).

Users can follow these instructions to add back the leading zeroes. First, after you download a dataset from the Provider Data Catalog, open a new spreadsheet in Excel. Next, on the excel navigation pane, click **Data > From Text**. Within the “Import Text File” window, locate the file you downloaded from PDC and click **Import**.

- For users with an older version of Excel, when the “Text Import Wizard – Step 1 of 3” window opens, select Delimited > Next. For “Step 2 of 3,” deselect Tab and select Comma > Next. For “Step 3 of 3,” select Text > Finish. Finally, when “Import Data” window appears, click OK.
- For users with a newer version of Excel, select Delimiter > Comma, then select Data Type Detection > Based on the Entire Dataset. Finally, click Transform Data.

After completing these steps, you should be able to see leading zeros within the dataset.

File Name*	Description
Long-Term_Care_Hospital-General_Information_mmmmyyyy.csv	A list of LTCHs with information such as address, phone number, ownership data, and more.
Long-Term_Care_Hospital-National_Data_mmmmyyyy.csv	National data on the LTCH quality of patient care measures shown on Care Compare.
Long-Term_Care_Hospital_Provider_Data_mmmmyyyy.csv	A list of LTCHs with data on the LTCH quality of patient care measures shown on Care Compare.
LTCH-Data-Dictionary.pdf	Data dictionary
readme.txt**	Information about viewing the data dictionary PDF file

\*Note: File names will be updated with each refresh of Care Compare to include the corresponding month and year of the refresh (mmmyyyy) as noted in the *File Name* column.

\*\*Note: The readme.txt file is only included in the archived datasets.

**Table 3: General Information Variables**

<b>Variable Name</b>	<b>Variable Type</b>	<b>Description</b>
<b>CMS Certification Number (CCN)</b>	Character	The CMS Certification Number (CCN) is used to identify the LTCH listed
<b>Facility Name</b>	Character	Name of the facility
<b>Address Line 1</b>	Character	The first line of the address of the facility
<b>Address Line 2</b>	Character	The second line of the address of the facility
<b>City</b>	Character	The name of the city where the facility is located
<b>State</b>	Character	The two-character postal code where the facility is located
<b>Zone Improvement Plan (ZIP) Code</b>	Numeric	The five-digit postal ZIP code where the facility is located
<b>County Name</b>	Character	The name of the county where the facility is located
<b>Phone Number</b>	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz.

Variable Name	Variable Type	Description
<b>CMS Region</b>	Numeric	<p>The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region:</p> <p>1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>
<b>Ownership Type</b>	Character	Indicates the facility's ownership type: For Profit, Non-profit, Government, Physician, Tribal
<b>Certification Date</b>	Date	The initial Medicare certification or recertification date of the facility

Variable Name	Variable Type	Description
Total Number of Beds	Numeric	The total number of beds in the facility



**Table 4: National Data Variables**

<b>Variable Name</b>	<b>Variable Type</b>	<b>Description</b>
<b>CMS Certification Number (CCN)</b>	Character	The CMS certification number (CCN) is used to identify the LTCH listed. However, since this is the national data set, the CCN is listed as “Nation.”
<b>Measure Code</b>	Character	<p>The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= L_001_01_ADJ_RATE</p> <p>Prefix: L_001_01 Suffix: ADJ_RATE</p> <p>See Table 6 for a complete listing of national data measure codes.</p>
<b>Score</b>	Character	The measure score for the corresponding measure code
<b>Footnote</b>	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
<b>Start Date</b>	Date	The start date of the reporting period for the corresponding measure code and score
<b>End Date</b>	Date	The end date of the reporting period for the corresponding measure code and score

**Table 5: Provider Data Variables**

<b>Variable Name</b>	<b>Variable Type</b>	<b>Description</b>
<b>CMS Certification Number (CCN)</b>	Character	The CMS certification number (CCN) is used to identify the LTCH listed
<b>Facility Name</b>	Character	Name of the facility
<b>Address Line 1</b>	Character	The first line of the address of the facility
<b>Address Line 2</b>	Character	The second line of the address of the facility
<b>City</b>	Character	The name of the city where the facility is located
<b>State</b>	Character	The two-character postal code used to identify the state where the facility is located
<b>ZIP Code</b>	Numeric	The five-digit postal ZIP code where the facility is located
<b>County Name</b>	Character	The name of the county where the facility is located
<b>Phone Number</b>	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz.

Variable Name	Variable Type	Description
<b>CMS Region</b>	Numeric	<p>The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region:</p> <p>1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>

Variable Name	Variable Type	Description
Measure Code	Character	<p>The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= L_001_01_ADJ_RATE</p> <p>Prefix: L_001_01 Suffix: ADJ_RATE</p> <p>See Table 7 for a complete listing of provider data measure codes.</p>
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	<p>Indicates the relevant footnote.</p> <p>1 = The number of cases/patient stays is too small to report.</p> <p>2 = Data not available for this reporting period.</p> <p>3 = Results are based on a shorter time period than required.</p> <p>4 = Data suppressed by CMS for one or more quarters.</p> <p>5 = Data not submitted for this reporting period.</p> <p>6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.</p> <p>7 = Results cannot be calculated for this reporting period.</p> <p>8 = This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.</p> <p>See Table 8 for more information on how each footnote is used.</p>
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

**Table 6: National Data Measure Codes**

**L\_006\_01: Catheter-associated urinary tract infections (CAUTI)**

<b>National Variables</b>	<b>Description</b>
L_006_01_SIR	Catheter-associated urinary tract infections (CAUTI) in nation; Standardized infection ratio (SIR)

**L\_007\_01: Central line-associated bloodstream infections (CLABSI)**

<b>National Variables</b>	<b>Description</b>
L_007_01_SIR	Central-line associated bloodstream infections (CLABSI) in nation

**L\_009\_02: Percentage of patients whose activities of daily living and thinking skills were assessed and related goals were included in their treatment plan**

<b>National Variables</b>	<b>Description</b>
L_009_02_OBS_RATE	National rate

**L\_010\_02: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan**

<b>National Variables</b>	<b>Description</b>
L_010_02_OBS_RATE	National rate

**L\_011\_04: Change in ability to move around for patients admitted on a ventilator**

<b>National Variables</b>	<b>Description</b>
L_011_04_OBS_RATE	National rate

**L\_012\_01: Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay**

<b>National Variables</b>	<b>Description</b>
L_012_01_OBS_RATE	National rate

**L\_014\_01: Clostridium difficile infection (CDI)**

<b>National Variables</b>	<b>Description</b>
L_014_01_SIR	Clostridium difficile infections (CDI) in nation

**L\_015\_01: Influenza vaccination coverage among healthcare personnel**

<b>National Variables</b>	<b>Description</b>
L_015_01_OBS_RATE	National rate of flu vaccination

**L\_017\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH**

National Variables	Description
L_017_01_PPR_PD_N_BETTER_NAT	Number of LTCHs in the nation that performed better than the national rate
L_017_01_PPR_PD_N_NO_DIFF_NAT	Number of LTCHs in the nation that performed no different than the national rate
L_017_01_PPR_PD_N_TOO_SMALL	Number of LTCHs too small to report
L_017_01_PPR_PD_N_WORSE_NAT	Number of LTCHs in the nation that performed worse than the national rate
L_017_01_PPR_PD_OBS	National unadjusted average potentially preventable readmission rate

**L\_018\_02: Rate of successful return to home or community from an LTCH**

National Variables	Description
L_018_02_DTC_N_BETTER_NAT	Number of LTCHs in the nation that performed better than the national rate
L_018_02_DTC_N_NO_DIFF_NAT	Number of LTCHs in the nation that performed no different than the national rate
L_018_02_DTC_N_TOO_SMALL	Number of LTCHs too small to report
L_018_02_DTC_N_WORSE_NAT	Number of LTCHs in the nation that performed worse than the national rate
L_018_02_DTC_OBS_RATE	National observed discharge to community rate

**L\_019\_01: Medicare Spending Per Beneficiary (MSPB) for patients in LTCHs**

National Variables	Description
L_019_01_MSPB_SCORE	MSPB Score (National)

**L\_020\_01: Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified**

National Variables	Description
L_020_01_OBS_RATE	National rate

**L\_021\_01: Percentage of patients with pressure ulcers/pressure injuries that are new or worsened**

National Variables	Description
L_021_01_OBS_RATE	National rate

**L\_022\_01: Percentage of patients on ventilators assessed for readiness to begin breathing trials without a ventilator within the first 2 days of their LTCH stay (component 1). Percentage of patients who appropriately received breathing trials within the first 2 days of their LTCH stay (component 2).**

<b>National Variables</b>	<b>Description</b>
<b>L_022_01_OBS_RATE_C1</b>	National rate – component 1
<b>L_022_01_OBS_RATE_C2</b>	National rate – component 2

**L\_023\_01: Percentage of patients that were successfully weaned from the ventilator during their LTCH stay.**

<b>National Variables</b>	<b>Description</b>
<b>L_023_01_OBS_RATE</b>	National rate

**Table 7: Provider Data Measure Codes**

**L\_006\_01: Catheter-associated urinary tract infections (CAUTI)**

<b>Provider Variables</b>	<b>Description</b>
L_006_01_CI_LOWER	Standardized infection ratio (SIR) 95% confidence interval - lower limit
L_006_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_006_01_COMP_PERF	Comparative performance category
L_006_01_DOPC_DAYS	Catheter days
L_006_01_ELIGCASES	Predicted number of infections (B)
L_006_01_NUMERATOR	Number of infections reported (A)
L_006_01_SIR	SIR (A/B)

**L\_007\_01: Central line-associated bloodstream infections (CLABSI)**

<b>Provider Variables</b>	<b>Description</b>
L_007_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_007_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_007_01_COMP_PERF	Comparative performance category
L_007_01_DOPC_DAYS	Central line days
L_007_01_ELIGCASES	Predicted number of infections (B)
L_007_01_NUMERATOR	Number of infections reported (A)
L_007_01_SIR	Standardized infection ratio (SIR) (A/B)

**L\_009\_02: Percentage of patients whose activities of daily living and thinking skills were assessed and related goals were included in their treatment plan**

<b>Provider Variables</b>	<b>Description</b>
L_009_02_NUMERATOR	Numerator
L_009_02_DENOMINATOR	Denominator
L_009_02_OBS_RATE	Facility rate

**L\_010\_02: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan**

<b>Provider Variables</b>	<b>Description</b>
L_010_02_NUMERATOR	Numerator
L_010_02_DENOMINATOR	Denominator
L_010_02_OBS_RATE	Facility rate



**L\_011\_04: Change in ability to move around for patients admitted on a ventilator**

Provider Variables	Description
L_011_04_ADJ_CHG_MOBL_SCORE	Adjusted change in mobility score
L_011_04_DENOMINATOR	Denominator
L_011_04_OBS_CHG_MOBL_SCORE	Observed change in mobility score

**L\_012\_01: Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay**

Provider Variables	Description
L_012_01_NUMERATOR	Numerator
L_012_01_DENOMINATOR	Denominator
L_012_01_OBS_RATE	Facility rate

**L\_014\_01: Clostridium difficile infection (CDI)**

Provider Variables	Description
L_014_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_014_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_014_01_COMP_PERF	Comparative performance category
L_014_01_DOPC_DAYS	Patient days
L_014_01_ELIGCASES	Predicted number of infections (B)
L_014_01_NUMERATOR	Number of infections reported (A)
L_014_01_SIR	Standardized infection ratio (SIR) (A/B)

**L\_015\_01: Influenza vaccination coverage among healthcare personnel**

Provider Variables	Description
L_015_01_NUMERATOR	Number of health care workers vaccinated
L_015_01_DENOMINATOR	Number of health care workers
L_015_01_OBS_RATE	Rate of flu vaccination

**L\_017\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH**

Provider Variables	Description
L_017_01_PPR_PD_OBS_READM	Number of potentially preventable readmissions following discharge
L_017_01_PPR_PD_VOLUME	Number of eligible stays
L_017_01_PPR_PD_OBS	Unadjusted potentially preventable readmission rate
L_017_01_PPR_PD_RSRR	Risk-standardized potentially preventable readmission rate (RSRR)
L_017_01_PPR_PD_RSRR_2_5	Lower limit of the 95% confidence interval on the RSRR
L_017_01_PPR_PD_RSRR_97_5	Upper limit of the 95% confidence interval on the RSRR
L_017_01_PPR_PD_COMP_PERF	Comparative performance category

**L\_018\_02: Rate of successful return to home or community from an LTCH**

Provider Variables	Description
L_018_02_DTC_NUMBER	Observed number of discharges to community
L_018_02_DTC_VOLUME	Number of eligible stays
L_018_02_DTC_OBS_RATE	Observed discharge to community rate
L_018_02_DTC_RS_RATE	Risk-standardized discharge to community rate
L_018_02_DTC_RS_RATE_2_5	Lower limit of the 95% confidence interval on the risk-standardized discharge to community rate
L_018_02_DTC_RS_RATE_97_5	Upper limit of the 95% confidence interval on the risk-standardized discharge to community rate
L_018_02_DTC_COMP_PERF	Comparative performance category

**L\_019\_01: Medicare Spending Per Beneficiary (MSPB) for patients in LTCHs**

Provider Variables	Description
L_019_01_MSPB_SCORE	MSPB Score
L_019_01_MSPB_NUMB	Number of Eligible Episodes

**L\_020\_01: Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified**

Provider Variables	Description
L_020_01_NUMERATOR	Numerator
L_020_01_DENOMINATOR	Denominator
L_020_01_OBS_RATE	Facility rate

**L\_021\_01: Percentage of patients with pressure ulcers/pressure injuries that are new or worsened**

Provider Variables	Description
L_021_01_NUMERATOR	Numerator
L_021_01_DENOMINATOR	Denominator
L_021_01_OBS_RATE	Facility observed rate
L_021_01_ADJ_RATE	Facility adjusted rate

**L\_022\_01: Percentage of patients on ventilators assessed for readiness to begin breathing trials without a ventilator within the first 2 days of their LTCH stay (component 1). Percentage of patients who appropriately received breathing trials within the first 2 days of their LTCH stay (component 2).**

<b>Provider Variables</b>	<b>Description</b>
L_022_01_NUMERATOR_C1	Numerator-component 1
L_022_01_DENOMINATOR_C1	Denominator-component 1
L_022_01_OBS_RATE_C1	Facility observed rate-component 1
L_022_01_NUMERATOR_C2	Numerator-component 2
L_022_01_DENOMINATOR_C2	Denominator-component 2
L_022_01_OBS_RATE_C2	Facility observed rate-component 2

**L\_023\_01: Percentage of patients that were successfully weaned from the ventilator during their LTCH stay.**

<b>Provider Variables</b>	<b>Description</b>
L_023_01_NUMERATOR	Numerator
L_023_01_DENOMINATOR	Denominator
L_023_01_OBS_RATE	Facility observed rate
L_023_01_ADJ_RATE	Facility adjusted rate

**Table 8: Footnote Descriptions**

The footnote numbers below are associated with the Care Compare LTCH quality measures:

Footnote number	Footnote as displayed on Care Compare	Footnote details
1	The number of cases/patient stays is too small to report.	<ul style="list-style-type: none"> <li>• Minimum denominator to publicly report for assessment-based measures and MSPB claims-based measure is 20 (denominator is between 1-19), and/or</li> <li>• Minimum denominator to publicly report for the PPR and DTC claims-based measures is 25 (denominator is between 1-24), and/or</li> <li>• Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold</li> </ul>
2	Data not available for this reporting period.	<ul style="list-style-type: none"> <li>• Provider has been open for less than 6 months, and/or</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met (denominator is 0 because of measure exclusion), and/or</li> <li>• There were zero device days or procedures (CDC NHSN CAUTI, CLABSI, and CDI measures only), and/or</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion)</li> </ul>

Footnote number	Footnote as displayed on Care Compare	Footnote details
3	Results are based on a shorter time period than required.	<ul style="list-style-type: none"> <li>Results were based on data reported from less than the maximum possible time period used to collect data for the measure, and/or</li> <li>Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold, and/or</li> <li>Minimum denominator to publicly report for assessment-based and claims-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion)</li> </ul>
4	Data suppressed by CMS for one or more quarters.	<ul style="list-style-type: none"> <li>Data suppressed by CMS for one or more quarters (provider-specific), or</li> <li>Data suppressed by CMS for one or more quarters (all providers)</li> </ul>
5	Data not submitted for this reporting period.	<ul style="list-style-type: none"> <li>There was no data (assessment, CDC, claims) to submit for this measure because there were no patients admitted and discharged from the facility</li> </ul>
6	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	<ul style="list-style-type: none"> <li>Applies to CDC/NHSN measures CDI, CAUTI, and CLABSI only</li> <li>Lower limit of the confidence interval cannot be calculated because the number of infections was zero, and/or</li> <li>Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked</li> </ul>

Footnote number	Footnote as displayed on Care Compare	Footnote details
7	Results cannot be calculated for this reporting period.	<ul style="list-style-type: none"> <li>• Applies to CDC/NHSN measures CDI, CAUTI, and CLABSI only</li> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked, and/or</li> <li>• Predicted number of infections was less than 1 therefore SIR is masked</li> </ul>
8	This LTCH isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.	<ul style="list-style-type: none"> <li>• Facility is not required to submit quality data to Medicare because it is paid under a Medicare waiver program</li> </ul>

## Appendix A: Care Compare December 2021 – December 2022 Anticipated LTCH Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for LTCH quality measures displayed on the Care Compare website. The first column displays the plain-language measure name used on the Care Compare website, the second column displays the full technical measure name, the third column displays the reporting cycle which describes the collection period and refresh frequency, and the last columns contain the timeframe for each quarterly Care Compare website refresh. Periods of performance are subject to change.

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data Collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare				
			December 2021	April 2022	June 2022	September 2022	December 2022
Percentage of patients with pressure ulcers/pressure injuries that are new or worsened	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022
Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674, CMS ID: L012.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022
Change in ability to move around for patients admitted on a ventilator	Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (NQF #2632, CMS ID: L011.04)	Collection period: Eight rolling quarters (24 months). Refreshed quarterly.	Q2 2019 – Q4 2019; Q3 2020 - Q1 2021	Q3 2019 – Q4 2019; Q3 2020 – Q2 2021	Q4 2019; Q3 2020 – Q3 2021	Q4 2019; Q3 2020 – Q4 2021	Q4 2019; Q3 2020 – Q1 2022

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data Collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare				
			December 2021	April 2022	June 2022	September 2022	December 2022
Percentage of patients whose activities of daily living and thinking skills were assessed and related goals were included in their treatment plan	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631 <sup>2</sup> , CMS ID: L009.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022
Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan	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 <sup>3</sup> , CMS ID: L010.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022
Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified	Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC LTCH QRP (CMS ID: L020.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2020 – Q1 2021	Q3 2020 - Q2 2021*	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022



Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data Collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare				
			December 2021	April 2022	June 2022	September 2022	December 2022
Percentage of patients on ventilators assessed for readiness to begin breathing trials without a ventilator within the first 2 days of their LTCH stay (component 1). Percentage of patients who appropriately received breathing trials within the first 2 days of their LTCH stay (component 2)	Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	Care Compare and Provider Data Catalog <sup>4</sup> : Q3 2020 - Q2 2021  Provider Data Catalog Only Performance Periods <sup>4</sup> : 1) Q3 2018 - Q2 2019; 2) Q4 2018- Q3 2019; 3) Q1 2019 – Q4 2019	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data Collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare				
			December 2021	April 2022	June 2022	September 2022	December 2022
Percentage of patients that were successfully weaned from the ventilator during their LTCH stay	Ventilator Liberation Rate (CMS ID: L023.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	Care Compare and Provider Data Catalog <sup>4</sup> : Q3 2020 - Q2 2021  Provider Data Catalog Only Performance Periods <sup>4</sup> : 1) Q3 2018 - Q2 2019; 2) Q4 2018- Q3 2019; 3) Q1 2019 – Q4 2019	Q4 2020 - Q3 2021	Q1 2021 - Q4 2021	Q2 2021 - Q1 2022
Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: L006.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2019 – Q4 2019	Q2 2019 – Q4 2019; Q3 2020	Q3 2020 – Q2 2021*	Q4 2020 – Q3 2021	Q1 2021 – Q4 2021
Central line-associated bloodstream infections (CLABSI)	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139, CMS ID: L007.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2019 – Q4 2019	Q2 2019 – Q4 2019; Q3 2020	Q3 2020 – Q2 2021*	Q4 2020 – Q3 2021	Q1 2021 – Q4 2021

Care Compare Measure Name	Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)	Data Collection Periods and Reporting Frequency <sup>1</sup>	Data Collection Timeframes Displayed on Care Compare				
			December 2021	April 2022	June 2022	September 2022	December 2022
Clostridium difficile infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: L014.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2019 – Q4 2019	Q2 2019 – Q4 2019; Q3 2020	Q3 2020 – Q2 2021*	Q4 2020 – Q3 2021	Q1 2021 – Q4 2021
Influenza vaccination coverage among healthcare personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: L015.01)	Collection period: 6 months Refreshed annually.	Q4 2018 – Q1 2019	Q4 2018 – Q1 2019	Q4 2018 – Q1 2019	Q4 2018 – Q1 2019	Q4 2020 – Q1 2021*
TBD	COVID-19 vaccination coverage among healthcare personnel (HCP) (CMS ID: L024.01)	Collection period: 3 months. Refreshed quarterly.	N/A	N/A	N/A	Q4 2021	Q1 2022
Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH	Potentially Preventable 30-Day Post-Discharge Readmission Measure for LTCH (CMS ID: L017.01)	Collection period: 24 months. Refreshed annually.	Q4 2017 – Q3 2019**	Q4 2017 – Q3 2019**	Q4 2018 – Q4 2019; Q3 2020	Q4 2019; Q3 2020 – Q3 2021	Q4 2019; Q3 2020 – Q3 2021
Rate of successful return to home or community from an LTCH	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.02)	Collection period: 24 months. Refreshed annually.	Q4 2017 – Q3 2019**	Q4 2017 – Q3 2019**	Q4 2018 – Q4 2019; Q3 2020	Q4 2019; Q3 2020 – Q3 2021	Q4 2019; Q3 2020 – Q3 2021
Medicare Spending Per Beneficiary (MSPB) for patients in LTCHs	Medicare Spending Per Beneficiary Post-Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01)	Collection period: 24 months. Refreshed annually.	Q4 2017 – Q3 2019**	Q4 2017 – Q3 2019**	Q4 2018 – Q4 2019; Q3 2020	Q4 2019; Q3 2020 – Q3 2021	Q4 2019; Q3 2020 – Q3 2021

<sup>1</sup>Note: For Q1 2020 and Q2 2020, providers were exempted from data submissions due to the COVID-19 public health emergency (PHE). For this reason, CMS held the data constant (i.e., froze the data on Care Compare and the Provider Data Catalog) following the December 2020 refresh. LTCH data refreshes resume on Care Compare and the Provider Data Catalog starting with the December 2021 refresh for assessment-based measures and CDC/NHSN measures. Following the data freeze, the data reported on Care Compare will use fewer than the expected quarters of data for assessment-based and claims-based measures and will exclude Q1 and Q2 2020 data for all measures. Additional information on the COVID-19 Affected Reporting is available in the LTCH QRP Section of the FY 2022 IPPS/LTCH PPS Final Rule. (<https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>).

<sup>2</sup> The Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009) is no longer NQF endorsed as of 11/16/2021.

<sup>3</sup> This measure (L010) is an application of measure L009 and is not NQF endorsed.

<sup>4</sup>Beginning with the April 2022 release, two new assessment-based measures (*Compliance with Spontaneous Breathing Trial* and *Ventilator Liberation Rate*) will be publicly reported on Care Compare and PDC. As data collection for these measures began in Q3 2018, CMS has indicated which performance periods will be posted on both Care Compare and PDC and which performance periods will be available on PDC only for the April 2022 release:

- **Care Compare and PDC**
  - Quarter 3, 2020 through Quarter 2, 2021
  - Please note for the Q3 2020 – Q2 2021 data collection period, the Ventilator Liberation Rate measure’s risk-adjusted rate has been suppressed on Care Compare and PDC due to technical difficulties. However, the measure’s numerator, denominator, and observed rate for this period are available on PDC.
- **PDC Only**
  - Quarter 3, 2018 through Quarter 4, 2019
    - Q3 2018 – Q2 2019
    - Q4 2018 – Q3 2019
    - Q1 2019 – Q4 2019

\*Normal public reporting resumes with expected quarters of data.

\*\* CMS has decided to continue with the data freeze for claims-based measures for an additional six months. This decision will allow CMS more time to analyze the calculation of these measures, given the required comprehensive exclusion of claims data that occurred during Q1 2020 and Q2 2020, and the effect of that missing data on such aspects of measure calculation as lookback periods, and risk adjustment. CMS is targeting the June 2022 refresh of Care Compare for the resumption of claims-based measure updates on Care Compare.