Data Dictionary for Care Compare: Long-Term Care Hospital (LTCH)

Version 1.0

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Introduction

The Centers for Medicare & Medicaid Services (CMS) created Care Compare, a streamlined redesign of the original eight CMS healthcare compare tools. Care Compare 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. Like the original compare tools, consumers are able to select multiple facilities and directly compare their performance on quality measure information. To access the Care Compare website, please visit www.medicare.gov/care-compare/.

This document provides information about the Long-Term Care Hospital (LTCH) data on Care Compare. Care Compare provides data on over 350 LTCHs. More information about the LTCH quality measures displayed on Care Compare can be found by visiting the LTCH Quality Reporting 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, each quarter 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 2020 Anticipated LTCH Refreshes and Data Collection Timeframes for the full list of LTCH measures contained in the downloadable data found in the Provider Data Catalog, 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, Care Compare data are in the public domain and permission is not required to reuse them. An attribution to the Centers for Medicare and 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 provide a directory of material for use in the navigation of LTCH quality information contained within the Care Compare downloadable databases found on the Provider Data Catalog website.

Table 1: Acronym Index

Acronym	Meaning
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
LTCH	Long-term care hospital
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

Table 2: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable database. CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. The CSV column names and file names should mirror the datasets found on https://data.cms.gov/provider-data/.

File Name *	Description
Long- Term Care Hospital – General Information_mmmyyyy.csv	A list of long-term care hospitals with information such as address, phone number, ownership data and more.
Long- Term Care Hospital - National Data_ mmmyyyy.csv	National data on the LTCH quality of patient care measures shown on Care Compare.
Long- Term Care Hospital - Provider Data_ mmmyyyy.csv	A list of long-term care hospitals with data on the LTCH quality of patient care measures shown on Care Compare
LTCHQRP-DataDictionary.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 currently displayed *File Name* column.

Table 3: General Information Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. Note: Please add a leading zero for hospitals that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the hospital
Address Line 1	Character	The first line of the address of the hospital
Address Line 2	Character	The second line of the address of the hospital
City	Character	The name of the city where the hospital is located
State	Character	The two-character postal code used to identify the state where the hospital is located
Zip Code	Numeric	The five-digit postal zip code where the hospital is located. Note: Please add a leading zero for hospitals that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the hospital is located
Phone Number	Character	The ten-digit telephone number of the hospital. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number

Variable Name	Variable Type	Description
CMS Region	Numeric	The CMS region where the hospital is located. Below is a key to the location of the regional offices and the states covered by each CMS region:

1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands

3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

7 = Kansas City: Iowa, Kansas, Missouri, Nebraska

8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories

10 = Seattle: Alaska, Idaho, Oregon, Washington |
| **Ownership Type** | Character | Indicates the hospital's ownership type: For Profit, Non-profit, Government |
| **Certification Date** | Date | The initial Medicare certification or recertification date of the hospital |

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

Table 4: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. However, since this is the national data set, the CCN is listed as "Nation."
Measure Code	Character	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 Prefix: L_001_01 Suffix: ADJ_RATE See Table 7 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
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 5: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. Note: Please add a leading zero for hospitals that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the hospital
Address Line 1	Character	The first line of the address of the hospital
Address Line 2	Character	The second line of the address of the hospital
City	Character	The name of the city where the hospital is located
State	Character	The two-character postal code used to identify the state where the hospital is located
Zip Code	Numeric	The five-digit postal zip code where the hospital is located. Note: Please add a leading zero for providers that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the hospital is located
Phone Number	Character	The ten-digit telephone number of the hospital. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number.

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

Variable Name	Variable Type	Description
Measure Code	Character	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 Prefix: L_001_01 Suffix: ADJ_RATE See Table 9 for a complete listing of provider data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = The number of cases/patient stays is too small to report. 2 = Data not available for this reporting period. 3 = Results are based on a shorter time period than required. 4 = Data suppressed by CMS for one or more quarters. 5 = Data not submitted for this reporting period. 6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero. 7 = Results cannot be calculated for this reporting period. 8 = This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program. See Table 9 for more information on how each footnote is used.
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)

National Variables	Description
L_006_01_SIR	Catheter-associated urinary tract infections (CAUTI) in nation

L_007_01: Central line-associated bloodstream infections (CLABSI)

National Variables	Description
L_007_01_SIR	Central-line associated bloodstream infection (CLABSI) in nation

L_009_02: Percentage of patients whose activities of daily living and thinking skills were assessed and functional goals were included in their treatment plan

National Variables	Description
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

National Variables	Description
L_010_02_OBS_RATE	National rate

L_011_03: Patients admitted on a ventilator whose ability to move around changed between facility admission and discharge

National Variables	Description
L_011_03_OBS_RATE	National rate

L_012_01: Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay

National Variables	Description
L_012_01_OBS_RATE	National rate

L_014_01: Clostridium difficile Infection (CDI)

National Variables	Description
L_014_01_SIR	Clostridium difficile Infection (CDI) in nation

L_015_01: Influenza Vaccination Coverage Among Healthcare Personnel

National Variables	Description
L_015_01_OBS_RATE	National rate of flu vaccination

LTCH QRP Data Dictionary, updated: December, 2020

L_017_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH

Provider 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 and community from an LTCH

Provider 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) 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/injuries that are new or worsened

National Variables	Description
L_021_01_OBS_RATE	National rate

Table 7: Provider Data Measure Codes

L_001_01: Rate of pressure ulcers that are new or worsened

Provider Variables	Description
L_001_01_NUMERATOR	Numerator
L_001_01_DENOMINATOR	Denominator
L_001_01_OBS_RATE	Facility observed rate
L_001_01_ADJ_RATE	Facility adjusted rate

L_006_01: Catheter-associated urinary tract infections (CAUTI)

Provider Variables	Description
L_006_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_006_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_006_01_COMP_PERF	Evaluation
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	Standardized infection ratio (SIR) (A/B)

L_007_01: Central line-associated bloodstream infections (CLABSI)

Provider Variables	Description
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	Evaluation
L_007_01_DOPC_DAYS	Central line days (CLDs)
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 functional goals were included in their treatment plan

Provider Variables	Description
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

Provider Variables	Description
L_010_02_NUMERATOR	Numerator
L_010_02_DENOMINATOR	Denominator
L_010_02_OBS_RATE	Facility rate

L_011_03: Patients admitted on a ventilator whose ability to move around changed between facility admission and discharge

Provider Variables	Description
L_011_03_ADJ_CHG_MOBL_SCORE	Adjusted change in mobility score
L_011_03_DENOMINATOR	Denominator
L_011_03_ 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	Evaluation
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
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 and 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 for DTC Measure
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) 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/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

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.	• When the number of cases/patients doesn't meet the required minimum amount for public reporting; • When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or • To protect personal health information.
2	Data not available for this reporting period.	• Provider has been open for less than 6 months. • There wasn't data to submit for this measure. • There were zero device days or procedures (CDC NHSN measures only). • When an LTCH had no claims data.
3	Results are based on a shorter time period than required.	• The results were based on data reported from less than the maximum possible time period used to collect data for the measure.
4	Data suppressed by CMS for one or more quarters.	• The results for these quality measures were excluded by CMS.
5	Data not submitted for this reporting period.	• The provider didn't submit required data for the quality reporting program. • The provider didn't submit CDC data to the NHSN system.
6	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	• No data to report (CDC NHSN measures only).
7	Results cannot be calculated for this reporting period.	• The predicted number of infections is less than 1 (CDC NHSN measures only).
8	This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.	

Appendix A: Care Compare 2020 Anticipated LTCH Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for LTCH quality measures displayed on the Care Compare website for Calendar Year (CY) 2020. 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 four columns contain the timeframe for each quarterly Care Compare website refresh.

Care Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Care Compare			
			March 2020	June 2020	September 2020*	December 2020
Rate of pressure ulcers that are new or worsened	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: L001.01)**	Collection period: Four quarters (12 months).	Q3 2017 – Q2 2018	Q3 2017 – Q2 2018	N/A	N/A**
Percentage of patients with pressure ulcers/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.	N/A	N/A	N/A	Q1 2019 – Q4 2019
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 (NQF #0674, CMS ID: L012.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	N/A	Q1 2019 – Q4 2019
Patients admitted on a ventilator whose ability to move around changed between facility admission and discharge	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632, CMS ID: L011.03 applies to discharge dates starting on Oct. 1, 2019)	Collection period: Eight rolling quarters (24 months). Refreshed quarterly.	N/A	N/A	N/A	Q1 2018 – Q4 2019

Care Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Care Compare			
			March 2020	June 2020	September 2020*	December 2020
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, CMS ID: L009.02 applies to discharge dates starting on Oct. 1, 2018)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	N/A	Q1 2019 – Q4 2019
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, CMS ID: L010.02 applies to discharge dates starting on Oct. 1, 2018)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2018 – Q2 2019	Q4 2018 – Q3 2019	N/A	Q1 2019 – Q4 2019
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.	N/A	N/A	N/A	Q1 2019 – Q4 2019
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.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	N/A	Q4 2018 – Q3 2019

Care Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Care Compare			
			March 2020	June 2020	September 2020*	December 2020
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.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	N/A	Q4 2018 – Q3 2019
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.	Q2 2018 – Q1 2019	Q3 2018 – Q2 2019	N/A	Q4 2018 – Q3 2019
Influenza Vaccination Coverage Among Healthcare Personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: L015.01)	Collection periods: March –June 2020: 12 months (July 1 through June 30). December 2020 onwards: 6 months (October 1 through March 31) Refreshed annually.	Q3 2017 – Q2 2018	Q3 2017 – Q2 2018	N/A	Q4 2017 – Q1 2018
Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (CMS ID: L017.01)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	N/A	Q4 2017 – Q3 2019

Care Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Care Compare			
			March 2020	June 2020	September 2020*	December 2020
Rate of successful return to home and community from an LTCH	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.01; L018.02 The new CMS ID update is being implemented starting with the December 2020 refresh per the FY 2020 IPPS/LTCH rule)	Collection period: 24 months. Refreshed annually.	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018	N/A	Q4 2017 – Q3 2019
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 2016 – Q3 2018	Q4 2016 – Q3 2018	N/A	Q4 2017 – Q3 2019

* Due to technical issues that affected the calculation of LTCH quality measures, CMS postponed the LTCH Care Compare September 2020 refresh to December 2020. The website continued to display June 2020 refresh data until the December 2020 refresh.

** The measure "Rate of pressure ulcers that are new or worsened" was removed from the LTCH QRP and replaced with the measure "Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury" beginning July 1, 2018. Consequently, the data for the measure "Rate of pressure ulcers that are new or worsened" were frozen starting with the September 2019 refresh. In the December 2020 refresh, the "Rate of pressure ulcers that are new or worsened" measure was removed and replaced with the new measure Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury on Care Compare.
Note: For Q1 2020 and Q2 2020, providers were exempted from data submissions. For this reason, CMS will hold the data constant (i.e., freeze the data) following the December 2020 refresh. The affected Care Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include: March 2021, June 2021, and September 2021. As a result, CMS will hold the December 2020 data constant until LTCH data refreshes on Care Compare in December 2021.