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## 42 C.F.R. § 412.560

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### Requirements under the Long-Term Care Hospital Quality Reporting Program (LTCH QRP).

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- (a) *Participation in the LTCH QRP.* A long-term-care hospital must begin submitting data on measures specified under sections 1886(m)(5)(D), 1899B(c)(1), and 1899B(d)(1) of the Act, and standardized patient assessment data required under section 1899B(b)(1) of the Act, under the LTCH QRP by no later than the first day of the calendar quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter.
- (b) *Data submission requirements and payment impact.* (1) Except as provided in paragraph (c) of this section, a long-term care hospital must submit to CMS data on measures specified under sections 1886(m)(5)(D), 1899B(c)(1) and 1899B(d)(1) of the Act, and standardized patient assessment data required under section 1899B(b)(1) of the Act. Such data must be submitted in a form and manner, and at a time, specified by CMS.
- (2) A long-term care hospital that does not submit data in accordance with sections 1886(m)(5)(C) and 1886(m)(5)(F) of the Act with respect to a given fiscal year will have its annual update to the standard Federal rate for discharges for the long-term care hospital during the fiscal year reduced by 2 percentage points.
- (3) CMS may remove a quality measure from the LTCH QRP based on one or more of the following factors:
- (i) Measure performance among long-term care hospitals is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.
- (ii) Performance or improvement on a measure does not result in better patient outcomes.
- (iii) A measure does not align with current clinical guidelines or practice.
- (iv) The availability of a more broadly applicable (across settings, populations, or conditions) measure for the particular topic.

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