## LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD & EVALUATION DATA SET, ITEM MATRIX, Version 1.0, January 2012 Items Required Administrative Included **Mandatory Items** to calculate for Items Required on Oct 2012 for Oct 2012 PU (Short-Stay) for Data LTCH Item Set Measure Submission Discharge Unplanned Discharge Unplanned Discharge Unplanned Discharge Planned Discharge Planned Discharge Planned Discharge Planned Discharge Unplanned Admission Admission Admission Admission Rationale for I Expired Expired Rationale for Inclusion as a Mandatory Item for Item No. Description Χ Х Χ Χ A0050 Х X Required administrative item for data submission Type of Record Χ Х A0055 Correction Number Χ Χ X Required administrative item for data submission Χ Х Χ Х Х Х A0100A Facility National Provider Identifier (NPI) X Required administrative item for data submission A0100B Facility CMS Certification Number (CCN) Χ Χ Χ Χ Χ Χ Χ Χ X Required administrative item for data submission A0100C Χ Χ Χ Χ State provider number Χ A0200 Type of provider Χ X Required administrative item for data submission Χ Х A0210 Assessment Reference Date Χ Required administrative item for data submission <u>A0</u>220 Admission Date Χ Χ Χ Χ Χ Χ Χ X X Required administrative item for data submission Part of PU denominator calculation, Required Χ Χ Χ Χ Χ Χ Χ Х Х Χ Χ X X administrative item A0250 Reason for Assessment A0270 Discharge Date (Expired Date for Expired form) Χ Χ Χ Χ Χ Χ X X Required administrative item ХХ A0500A Patient first name Χ Χ Χ XX Х X X Required administrative item Χ A0500B Patient middle initial Χ Χ Χ Χ Χ Χ Χ Х Χ Χ Χ Required administrative item A0500C Patient last name ХХ Х A0500D Patient name suffix A0600A Χ Χ Χ Х Х Χ Χ Χ X | X | Required administrative item Social Security Number Х Χ Χ Χ A0600B Patient Medicare/railroad insurance number Χ A0700 Patient Medicaid number Χ Χ Χ Χ 0080A Gender Χ Χ Required administrative item, Gender Disparities Required administrative item (year only), Age-based A0900 Χ Χ Χ X disparities Birth date Χ Χ Χ A1000A Race/Ethnicity: American Indian or Alaska Native Χ Χ Χ Χ A1000B Race/Ethnicity: Asian Race/Ethnicity: Black or African American Χ Χ Х A1000C Χ ХХ Χ A1000D Race/Ethnicity: Hispanic or Latino X X X Χ A1000E Race/Ethnicity: Native Hawaiian/Pacific Islander A1000F X X X Х Race/Ethnicity: White A1050 Highest degree/level of school

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Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge		Rationale for Inclusion as a Mandatory Item for January 2012
A1100A	Does the Patient need or want an interpreter	X	-	_	ш		-	-		_	-	_		1	ш.	_	ш	bandary 2012
A1100B	Preferred language	X																
A1200	Marital status	Х																
A1300C	Lifetime occupation(s)	X																
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item, Type of Insurance affects Quality Outcomes
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item, Type of Insurance affects Quality Outcomes
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item, Type of Insurance affects Quality Outcomes
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	Χ	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400H	Payer Information: Current Payment Source(s):Private insurance/Medigap	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400I	Payer Information: Current Payment Source(s): Private managed care	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400J	Payer Information: Current Payment Source(s): Self-pay	Χ	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400K	Payer Information: Current Payment Source(s): No Payor Source	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400X	Payer Information: Current Payment Source(s): Unknown	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Χ	Required administrative item, Type of Insurance affects Quality Outcomes
A1400Y A1800	Payer Information: Current Payment Source(s): Other Admitted from	X	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item, Type of Insurance affects Quality Outcomes
A1810A	Past 2 months: Short-stay acute hospital (IPPS)	X	<b>-</b>	<b>-</b>						<del>                                     </del>	<del>                                     </del>			<del>                                     </del>		<b>-</b>		
A1810B	Past 2 months: Short-stay acute hospital (IPPS)  Past 2 months: Community residential setting (private home, assisted living, etc.)	X																
A1810C	Past 2 months: Long-term care facility	X									1			<u> </u>				
A1810D	Past 2 months: Skilled nursing facility	Х																
A1810E	Past 2 months: Hospital emergency department	Х																
A1810F	Past 2 months: Long-term care hospital	Х											1					
A1810G	Past 2 months: Inpatient rehabilitation hospital or unit	Х																
A1810H	Past 2 months: Home health agency	Χ																

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A1810I	Past 2 months: Hospice	X	а.		ш	⋖	а.		ш	٩		-	ш	۹	а.		ш	January 2012
A1810J	Past 2 months: Outpatient services	X																
A1810K	Past 2 months: Psychiatric hospital or unit	X																
A1810L	Past 2 months: MR/DD facility	X		<b> </b>	-							1	-					
	-																	
A1810Z	Past 2 months: none of the above	Х																
A1820	Primary Diagnosis in previous setting - ICD Code	Х																
A1955	Discharge Delay > 24 hours		Х															
A1960	Reason for Discharge Delay		X									-						
A1970	Discharge return status		Х	Х			Х	Х							Χ	Χ		Required administrative item
A2100	Discharge location		Χ	Χ														
		١.,	.,			.,	١.,								.,	.,		Critical to assess patient condition, risk factor for PU
B0100	Comatose	X	X	X		X	X	Х						Х	Χ	Χ		for LTCH patient population
GG0160A	Functional mobility: Roll left and right	X	X	X		X	X	X		X								Part of covariate calculation for PU measure
GG0160B	Functional mobility: Sit to lying	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
GG0160C	Functional mobility: lying to sitting on side of bed	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
H0400	Bowel continence	Χ	Χ	Χ		Χ	Χ	Χ		Χ	Χ	Х						Part of covariate calculation for PU measure
10000	Active diagnosis: Peripheral vascular disease (PVD) or	V	V	V		V	V	V		V	v							Dort of coveriate calculation for DLL managers
10900	Peripheral Arterial Disease (PAD)	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
12900	Active diagnosis: Diabetes mellitus (DM)	Х	Χ	X		Χ	Χ	Χ		Χ	Χ	Х						Part of covariate calculation for PU measure
	Active diagnosis: Malnutrition (protein or calorie) or at risk for																	
15600	malnutrition	Χ	Χ	Χ														risk factor for PU for LTCH patient population
K0200A	Height (in inches)	Х	Χ	Χ		Χ	Х	Χ		Χ	Х	Χ						Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	X	Χ	Χ		Χ	Х	Χ		Χ	Х	Χ						Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	Х	Χ	Χ		Χ	Х	Χ										Part of Skin Conditions Section
M0300A	Stage 1: Number of stage 1 pressure ulcers	Х	Х	Χ		Χ	Х	Χ										Part of Skin Conditions Section
M0300B1	Stage 2: Number of stage 2 pressure ulcers	Х	Χ	Χ		Χ	Χ	Χ		Χ	Х	Χ						Part of numerator calculation for PU measure
	Stage 2: Number of these stage 2 pressure ulcers that were																	
M0300B2	present upon admission/reentry	Х	Χ	Χ		Χ	Х	Χ										Part of Skin Conditions Section
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	X				,,	,,	,,			,,	.,						Part of Skin Conditions Section
M0300C1	Stage 3: Number of stage 3 pressure ulcers	Χ	Χ	Χ		Χ	Χ	Х		Χ	Χ	Χ						Part of numerator calculation for PU measure
14000000	Stage 3: Number of these stage 3 pressure ulcers that were	.,	.,	.,		,,	.,	.,										D ( (0): 0 19: 0 3
M0300C2	present upon admission/reentry	X	X	X		X	X	X				.,						Part of Skin Conditions Section
M0300D1	Stage 4: Number of stage 4 pressure ulcers	Х	Х	Х		Χ	Х	Χ		Χ	Χ	Χ						Part of numerator calculation for PU measure
Moncopo	Stage 4: Number of these stage 4 pressure ulcers that were			.,		.,	.,	.,										Deat of Ohio Occaditions Co. C
M0300D2	present upon admission/reentry	Χ	Х	Χ		Χ	Х	Χ				<b> </b>						Part of Skin Conditions Section
	Unstageable - Non-removable dressing: Number of																	
M0200E4	unstageable pressure ulcers due to non-removable dressing/device	V	~	Х		v	Х	v										Part of Skin Conditions Section
M0300E1	Turessing/device	Χ	X	X		Χ	X	Χ				]						ran of Skin Conditions Section

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	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon						_								_	_	_	
M0300E2	admission/reentry	Χ	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission/reentry	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission/reentry	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0610A	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0700	Most severe tissue type for any pressure ulcer	Х	Х	Х		Х	Х	Х										Part of Skin Conditions Section
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2		Х	Х			Х	Х			Х	Х						Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3 Worsening in Pressure Ulcer Status Since Prior Assessment:		Х	Х			Х	Х			Х	Х						Part of numerator calculation for PU measure
M0800C	Stage 4		Χ	Χ			Χ	Χ			Χ	Χ						Part of numerator calculation for PU measure
Z0400A	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400B	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Χ	Х	Χ	Required administrative item for data submission
Z0400C	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Χ	Х	Х	Required administrative item for data submission
Z0400D	Attestation signature, title, sections, date	Χ	Х	Х	Х	Χ	Χ	Х	Χ					Χ	Χ	Χ	Χ	Required administrative item for data submission

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Z0400E	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400F	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400G	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400H	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400I	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400J	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400K	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х	Х	Required administrative item for data submission
Z0400L	Attestation signature, title, sections, date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item for data submission
Z0500A	Attestation signature of coordinator verifying completion	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item for data submission
Z0500B	LTCH CARE Data Set Completion Date	Х	Х	Х	Х	Х	Х	Х	Х					Х	Х	Х		Required administrative item for data submission