

LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD & EVALUATION DATA SET, ITEM MATRIX, Version 1.0, January 2012

Item No.	Description	Included on Oct 2012 LTCH Item Set				Mandatory Items for Oct 2012				Items Required to calculate for PU (Short-Stay) Measure				Administrative Items Required for Data Submission				Rationale for Inclusion as a Mandatory Item for January 2012
		Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge	Expired	Admission	Planned Discharge	Unplanned Discharge	Expired	
A0050	Type of Record	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0055	Correction Number	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0100A	Facility National Provider Identifier (NPI)	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0100B	Facility CMS Certification Number (CCN)	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0100C	State provider number	X	X	X	X													
A0200	Type of provider	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0210	Assessment Reference Date	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0220	Admission Date	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item for data submission
A0250	Reason for Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Part of PU denominator calculation, Required administrative item
A0270	Discharge Date (Expired Date for Expired form)		X	X	X		X	X	X						X	X	X	Required administrative item
A0500A	Patient first name	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item
A0500B	Patient middle initial	X	X	X	X													
A0500C	Patient last name	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item
A0500D	Patient name suffix	X	X	X	X													
A0600A	Social Security Number	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item
A0600B	Patient Medicare/railroad insurance number	X	X	X	X													
A0700	Patient Medicaid number	X	X	X	X													
A0800	Gender	X	X	X	X									X	X	X	X	Required administrative item, Gender Disparities
A0900	Birth date	X	X	X	X	X	X	X	X					X	X	X	X	Required administrative item (year only), Age-based disparities
A1000A	Race/Ethnicity: American Indian or Alaska Native	X	X	X	X													
A1000B	Race/Ethnicity: Asian	X	X	X	X													
A1000C	Race/Ethnicity: Black or African American	X	X	X	X													
A1000D	Race/Ethnicity: Hispanic or Latino	X	X	X	X													
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	X	X	X	X													
A1000F	Race/Ethnicity: White	X	X	X	X													
A1050	Highest degree/level of school	X																

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

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A1810I	Past 2 months: Hospice	X																
A1810J	Past 2 months: Outpatient services	X																
A1810K	Past 2 months: Psychiatric hospital or unit	X																
A1810L	Past 2 months: MR/DD facility	X																
A1810Z	Past 2 months: none of the above	X																
A1820	Primary Diagnosis in previous setting - ICD Code	X																
A1955	Discharge Delay > 24 hours		X															
A1960	Reason for Discharge Delay		X															
A1970	Discharge return status		X	X		X	X							X	X			Required administrative item
A2100	Discharge location		X	X														
B0100	Comatose	X	X	X		X	X	X						X	X	X		Critical to assess patient condition, risk factor for PU for LTCH patient population
GG0160A	Functional mobility: Roll left and right	X	X	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	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	X	X	X														risk factor for PU for LTCH patient population
K0200A	Height (in inches)	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	X	X	X		X	X	X		X	X	X						Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	X	X	X		X	X	X										Part of Skin Conditions Section
M0300A	Stage 1: Number of stage 1 pressure ulcers	X	X	X		X	X	X										Part of Skin Conditions Section
M0300B1	Stage 2: Number of stage 2 pressure ulcers	X	X	X		X	X	X		X	X	X						Part of numerator calculation for PU measure
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission/reentry	X	X	X		X	X	X										Part of Skin Conditions Section
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	X	X	X														Part of Skin Conditions Section
M0300C1	Stage 3: Number of stage 3 pressure ulcers	X	X	X		X	X	X		X	X	X						Part of numerator calculation for PU measure
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission/reentry	X	X	X		X	X	X										Part of Skin Conditions Section
M0300D1	Stage 4: Number of stage 4 pressure ulcers	X	X	X		X	X	X		X	X	X						Part of numerator calculation for PU measure
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission/reentry	X	X	X		X	X	X										Part of Skin Conditions Section
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	X	X	X		X	X	X										Part of Skin Conditions Section

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

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