| Item No. | Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection |
|----------|---------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------|---------|--------------------------------------------------------------------------------|
| A0050 | Type of Record | R | R | R | R | System cannot accept record without response |
| A0100A | Facility National Provider Identifier (NPI) | V | V | V | V | _ |
| A0100B | Facility CMS Certification Number (CCN) | RC-V | RC-V | RC-V | RC-V | _ |
| A0100C | State provider number | V | V | V | V | _ |
| A0200 | Type of provider | R | R | R | R | System cannot accept record without response |
| A0210 | Assessment Reference Date | R | R | R | R | System cannot accept record without response |
| A0220 | Admission Date | R | R | R | R | System cannot accept record without response |
| A0250 | Reason for Assessment | R | R | R | R | System cannot accept record without response |
| A0270 | Discharge Date (Date of Death on Expired form) | N/A | R | R | R | System cannot accept record without response |
| A0500A | Patient first name | R¹ | R¹ | R¹ | R¹ | Required, however, system accepts default response of hyphen or dash |
| A0500B | Patient middle initial | V | V | V | V | _ |
| A0500C | Patient last name | R | R | R | R | System cannot accept record without response |
| A0500D | Patient name suffix | V | V | V | V | _ |
| A0600A | Social Security Number | R¹ | R¹ | R¹ | R¹ | Required, however, system accepts default response of hyphen or dash |
| A0600B | Patient Medicare/railroad insurance number | V | V | V | V | _ |
| A0700 | Patient Medicaid number | V | V | V | V | _ |
| A0800 | Gender | R | R | R | R | System cannot accept record without response |
| A0900 | Birth date | R(BYR) | R(BYR) | R(BYR) | R(BYR) | Birth year required |
| A1000A | Race/Ethnicity: American Indian or Alaska Native | V-DR | V-DR | V-DR | V-DR | |
| A1000B | Race/Ethnicity: Asian | V-DR | V-DR | V-DR | V-DR | |
| A1000C | Race/Ethnicity: Black or African American | V-DR | V-DR | V-DR | V-DR | _ |
| A1000D | Race/Ethnicity: Hispanic or Latino | V-DR | V-DR | V-DR | V-DR | _ |
| A1000E | Race/Ethnicity: Native Hawaiian/Pacific Islander | V-DR | V-DR | V-DR | V-DR | _ |
| A1000F | Race/Ethnicity: White | V-DR | V-DR | V-DR | V-DR | _ |
| A1100A | Does the Patient need or want an interpreter | V-DR | N/A | N/A | N/A | _ |
| A1100B | Preferred language | V | N/A | N/A | N/A | _ |
| A1200 | Marital status | V-DR | N/A | N/A | N/A | _ |
| A1400A | Payer Information: Current Payment Source(s): Medicare (traditional FFS) | V-DR | V-DR | V-DR | V-DR | |
| A1400B | Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage) | V-DR | V-DR | V-DR | V-DR | _ |
| A1400C | Payer Information: Current Payment Source(s): Medicaid (traditional FFS) | V-DR | V-DR | V-DR | V-DR | |
| A1400D | Payer Information: Current Payment Source(s): Medicaid (managed care) | V-DR | V-DR | V-DR | V-DR | _ |
| A1400E | Payer Information: Current Payment Source(s): Workers' compensation | V-DR | V-DR | V-DR | V-DR | |
| A1400F | Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX) | V-DR | V-DR | V-DR | V-DR | |
| A1400G | Payer Information: Current Payment Source(s): Other government (TRICARE, VA) | V-DR | V-DR | V-DR | V-DR | |

APPENDIX A: LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 2.00 - DRAFT

| Item No. | Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection |
|----------|------------------------------------------------------------------------------------------|-----------|----------------------|------------------------|---------|--------------------------------------------------------------------------------|
| A1400H | Payer Information: Current Payment Source(s):Private insurance/Medigap | V-DR | V-DR | V-DR | V-DR | _ |
| A1400I | Payer Information: Current Payment Source(s): Private managed care | V-DR | V-DR | V-DR | V-DR | |
| A1400J | Payer Information: Current Payment Source(s): Self-pay | V-DR | V-DR | V-DR | V-DR | _ |
| A1400K | Payer Information: Current Payment Source(s): No Payor Source | V-DR | V-DR | V-DR | V-DR | _ |
| A1400X | Payer Information: Current Payment Source(s): Unknown | V-DR | V-DR | V-DR | V-DR | _ |
| A1400Y | Payer Information: Current Payment Source(s): Other | V-DR | V-DR | V-DR | V-DR | _ |
| A1802 | Admitted from | V-DR | N/A | N/A | N/A | _ |
| A2110 | Discharge location | N/A | V-DR | V-DR | N/A | _ |
| A2500 | Program Interruption(s) | N/A | V | V | N/A | |
| A2510 | Number of program interruptions during this stay in this facility | N/A | V | V | N/A | |
| A2520A1 | Most Recent Interruption Start Date | N/A | V | V | N/A | _ |
| A2520A2 | Most Recent Interruption End Date | N/A | V | V | N/A | _ |
| A2520B1 | Second Most Recent Interruption Start Date | N/A | V | V | N/A | _ |
| A2520B2 | Second Most Recent Interruption End Date | N/A | V | V | N/A | _ |
| A2520C1 | Third Most Recent Interruption Start Date | N/A | V | V | N/A | _ |
| A2520C2 | Third Most Recent Interruption End Date | N/A | V | V | N/A | _ |
| B0100 | Comatose | V-DR | N/A | N/A | N/A | _ |
| GG0160A | Functional mobility: Roll left and right | V-DR | N/A | N/A | N/A | _ |
| GG0160B | Functional mobility: Sit to lying | V-DR | N/A | N/A | N/A | _ |
| GG0160C | Functional mobility: Lying to sitting on side of bed | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| H0400 | Bowel Continence | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| 10900 | Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD) | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| 12900 | Active diagnosis: Diabetes mellitus (DM) | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| 15600 | Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition | V-DR | N/A | N/A | N/A | |
| K0200A | Height (in inches) | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| K0200B | Weight (in pounds) | M-R | N/A | N/A | N/A | Part of covariate calculation for PU measure |
| M0210 | Unhealed pressure ulcer(s) | R | R | R | N/A | System cannot accept record without response |
| M0300A | Stage 1: Number of stage 1 pressure ulcers | RC-V | RC-V | RC-V | N/A | |
| M0300B1 | Stage 2: Number of stage 2 pressure ulcers | M-R | M-R | M-R | N/A | Used for PU Measure consistency checks |
| M0300B2 | Stage 2: Number of these stage 2 pressure ulcers that were present upon admission | RC-V | RC-V | RC-V | N/A | |
| M0300C1 | Stage 3: Number of stage 3 pressure ulcers | M-R | M-R | M-R | N/A | Used for PU Measure consistency checks |
| M0300C2 | Stage 3: Number of these stage 3 pressure ulcers that were present upon admission | RC-V | RC-V | RC-V | N/A | |
| M0300D1 | Stage 4: Number of stage 4 pressure ulcers | M-R | M-R | M-R | N/A | Used for PU Measure consistency checks |
| M0300D2 | Stage 4: Number of these stage 4 pressure ulcers that were present upon admission | RC-V | RC-V | RC-V | N/A | |

Planned Unplanned Rationale for Inclusion as a Required Item for Item No. Description Admission Discharge Discharge **Expired** January 1, 2014 Data Collection RC-V M0300E1 Unstageable - Nonremovable dressing: Number of RC-V RC-V N/A unstageable pressure ulcers due to nonremovable dressing/device M0300E2 Unstageable - Nonremovable dressing: Number of these RC-V RC-V RC-V N/A unstageable pressure ulcers that were present upon admission M0300F1 Unstageable - Slough and/or eschar: Number of unstageable RC-V RC-V RC-V N/A pressure ulcers due to coverage of wound bed by slough land/or eschar Unstageable - Slough and/or eschar: Number of these RC-V RC-V M0300F2 RC-V N/A unstageable pressure ulcers that were present upon admission M0300G1 Unstageable - deep tissue injury: Number of unstageable RC-V RC-V RC-V N/A pressure ulcers with suspected deep tissue injury in evolution M0300G2 Unstageable - deep tissue injury: Number of these RC-V RC-V RC-V N/A unstageable pressure ulcers that were present upon admission M0800A Worsening in Pressure Ulcer Status Since Prior Assessment: N/A M-R Part of numerator calculation for PU measure M-R N/A Stage 2 M0800B Worsening in Pressure Ulcer Status Since Prior Assessment: N/A M-R M-R N/A Part of numerator calculation for PU measure Stage 3 M0800C Worsening in Pressure Ulcer Status Since Prior Assessment: N/A M-R M-R N/A Part of numerator calculation for PU measure Stage 4 O0250A Influenza vaccine - did patient receive influenza vaccine in this M-R M-R M-R N/A Part of numerator calculation for Influenza facility for this year's influenza vaccination season vaccination measure O0250B Influenza vaccine - Date influenza vaccine received M-R M-R M-R N/A Part of numerator calculation for Influenza vaccination measure O0250C Influenza vaccine - if influenza vaccine not received, state M-R M-R M-R N/A Part of numerator calculation for Influenza reason vaccination measure Z0400A R R R R Attestation signature, title, sections, date RC-V Z0400B Attestation signature, title, sections, date RC-V RC-V RC-V Z0400C Attestation signature, title, sections, date RC-V RC-V RC-V RC-V RC-V Z0400D Attestation signature, title, sections, date RC-V RC-V RC-V RC-V Z0400E Attestation signature, title, sections, date RC-V RC-V RC-V Z0400F RC-V RC-V RC-V RC-V Attestation signature, title, sections, date Z0400G Attestation signature, title, sections, date RC-V RC-V RC-V RC-V Z0400H RC-V RC-V RC-V RC-V Attestation signature, title, sections, date Z0400I Attestation signature, title, sections, date RC-V RC-V RC-V RC-V

RC-V

RC-V

RC-V

RC-V

Z0400J

Attestation signature, title, sections, date

APPENDIX A: LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD EVALUATION DATA SET, ITEM MATRIX, Version 2.00 - DRAFT

| Item No. | Description | Admission | Planned Discharge | Unplanned Discharge | Expired | Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection |
|----------|--------------------------------------------------------------------------|-----------|----------------------|------------------------|---------|--------------------------------------------------------------------------------|
| Z0400K | Attestation signature, title, sections, date | RC-V | RC-V | RC-V | RC-V | _ |
| Z0400L | Attestation signature, title, sections, date | RC-V | RC-V | RC-V | RC-V | _ |
| Z0500A | Attestation signature of person verifying completion | R | R | R | R | _ |
| Z0500B | LTCH CARE Data Set Completion Date | R | R | R | R | System cannot accept record without response |
| | | | | | | |
| | Key: | | | | | |
| | N/A: Not Applicable | | | | | |
| | R: Required | | | | | |
| | M-R: Required for Measure Calculation | | | | | |
| | BYR: Birth Year Required | | | | | |
| | R1: Required, however, system accepts default response of hyphen or dash | | | | | |
| | V: Voluntary | | | | | |
| | RC-V: Recommended but Voluntary | | | | | |
| | V-DR: Voluntary, default response required | | | | | |