Report Overload

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Objectives

- The participant will be able to:
  - Identify five public quality reporting measures that can be utilized within the QAPI program.
  - List three important reports that vendors can provide to enhance facility reports and public reporting.
  - Describe the MDS assessment's value to quality reports and its limitations.

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Types of Reports

Types of Reports

- Public / Government
  - Casper Reports
  - Quality Measures
    - Short Stay
    - Long Stay
  - 5 Star Report
    - Overall
    - Survey
    - QMs
    - Staffing
  - SNF Value Based Purchasing Program (Incentive and reductions are at risk)
      - SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510)
      - The SNFRM measures the rate of all-cause unplanned hospital readmissions for SNF residents within 30 days of discharge from a prior hospital stay.
  - QRP Reporting
  - 2567 Survey Deficiency Report

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CASPER REPORTS

GENERAL INFORMATION

MDS 3.0 Nursing Home (NH) Provider reports are requested on the **CASPER Reports** page (Figure 6-1).

Figure 6-1.   CASPER Reports Page – MDS 3.0 NH Provider Reports Category

CASPER REPORTS cont.

Figure 6-2. CASPER Reports Submit Page – MDS 0003D/0004D Package Report – Facility Users

Reports options include *0003D Provider History Profile* and *0004D Provider Full Profile*. You must select (check) at least one of these report options.

## Figure 6-3. CASPER Report 0003D – Provider History Profile (Page 1)

Run Date: 11/18/2014	CASPER Report 0003D	Last Update: 11/10/2014
Job # 18382764	Provider History Profile	Page 1 of 4
	Nevada	

MOUNTAIN VIEW CARE CENTER	CCN: 295080	**Provider Beds** Provider Category: SNF/NF (DUAL)
601 ADAMS BOULEVARD	Phone Number: (702)293-5151	**Total:** 87
BOULDER CITY, NV 89005	Participation Date: 08/01/2001	**Certified:** 87 Type Action: RECERTIFICATION
State's Region Code: LV		Type Ownership: FOR PROFIT - CORPORATION
Compliance Status: Provider meets requirements based on an acceptable plan of correction		

Program Requirements

Current Survey/Revisit Dates - 04/05/2014

Prior 3 Survey 03/2011	S/S Code	Prior 2 Survey 03/2012	S/S Code	Prior 1 Survey 03/2013	S/S Code	Current Survey 02/21/2014	S/S Code	Plan/Date of Correction		Requirement
				X	D				REQ	F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
									REQ	F0388-PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP
						X C	D	04/05/2014	REQ	F0411-ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS
X	D					X C	D	04/05/2014	REQ	F0428-DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON
		X	D						REQ	F0431-DRUG RECORDS, LABEL/STORE DRUGS &
X	D	X	D						REQ	F0441-INFECTION CONTROL, PREVENT SPREAD, LINENS
				X	E	X C	B	04/05/2014	REQ	F0514-RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE
									REQ	F0520-QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS

LSC Deficiencies

Edition of LSC Applied

2000 EXIST Prior 3 Survey 03/2011	S/S Code	2000 EXIST Prior 2 Survey 03/2012	S/S Code	2000 EXIST Prior 1 Survey 03/2013	S/S Code	2000 EXIST Current Survey 02/21/2014	S/S Code	Plan/Date of Correction		LSC Deficiencies - Bldg # 01
									STD	K0039-CORRIDOR WIDTH
X	D								STD	K0047-EXIT SIGNS
				X	E				STD	K0052-TESTING OF FIRE ALARM
				X	F				STD	K0054-SMOKE DETECTOR MAINTENANCE
		X	D						STD	K0056-AUTOMATIC SPRINKLER SYSTEM
				X	D	X C	D	04/05/2014	STD	K0062-SPRINKLER SYSTEM MAINTENANCE
		X	C						STD	K0072-FURNISHING AND DECORATIONS
				X	D				STD	K0147-ELECTRICAL WIRING AND EQUIPMENT
				X	D				REQ	F0386-PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS

t = Past Non-compliance   C = Date of Correction   N = No Date Given   P = Plan of Correction   R = Refused to Correct   W = Waived   F = FSES   X = Deficient
* = Regional Office Flag (Includes COPs)   ELE = Element   STD = Standard   COP = Condition   REQ = Requirement

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CASPER REPORTS

GENERAL INFORMATION

MDS 3.0 Nursing Home (NH) Provider reports are requested on the **CASPER Reports** page (Figure 6-1).

Figure 6-1.   CASPER Reports Page – MDS 3.0 NH Provider Reports Category

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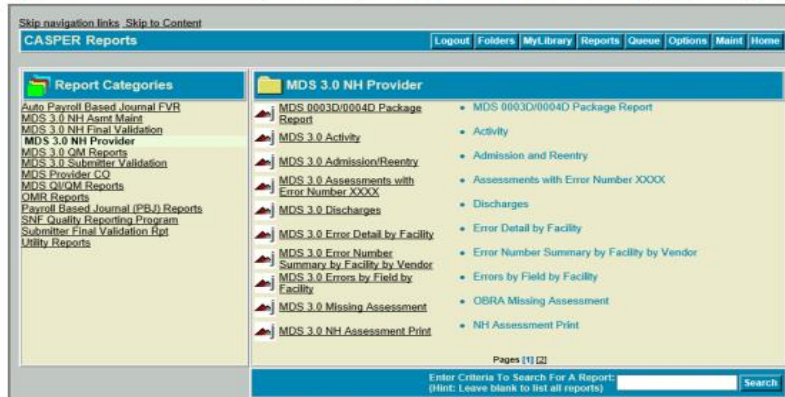
Short Stay & Long Stay

- Short Stay Definition
  - The short stay resident quality measures show the average quality of resident care in a nursing home for those who stayed in a nursing home for 100 days or less or are covered under the Medicare Part A Skilled Nursing Facility (SNF) benefit.
  - Short-stay residents often are those recovering from surgery or being discharged from a hospital stay.
  - Many short-stay residents get care in a nursing home until they're able to go back home or to the community.

- Long Stay Definition
  - The long stay resident quality measures show the average quality of care for certain care areas in a nursing home for those who stayed in a nursing home for 101 days or more.
  - Residents in a nursing home for a long-stay are usually not healthy enough to leave a nursing home and can't live at home or in a community setting.
  - These residents may be older and have more serious health issues.

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Review of QMs

It is important to know these are current as of May 2024.

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Quality Measures

- **The current nursing home quality measures are:**
  - **Short Stay Quality Measures - 13**
    - Percent of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission
    - Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit
    - Percent of Residents Who Newly Received an Antipsychotic Medication
    - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
    - Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine
    - Percent of Residents Who Received the Seasonal Influenza Vaccine*
    - Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine*
    - Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine*
    - Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine
    - Percent of Residents Who Received the Pneumococcal Vaccine*
    - Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine*
    - Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine*
    - Discharge Function Score

  *= These measures are not publicly reported but available for provider preview.

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Quality Measures cont.

- Long Stay Quality Measures - 22
    - Number of Hospitalizations per 1,000 Long-Stay Resident Days
    - Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days
    - Percent of Residents Who Received an Antipsychotic Medication
    - Percent of Residents Experiencing One or More Falls with Major Injury
    - Percent of High-Risk Residents with Pressure Ulcers
    - Percent of Residents with a Urinary Tract Infection
    - Percent of Residents Who Have or Had a Catheter Inserted and Left in Their Bladder
    - Percent of Residents Whose Ability to Walk Independently Worsened
    - Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased
    - Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine
    - Percent of Residents Who Received the Seasonal Influenza Vaccine*

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Long Term QM cont.

- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine*

- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine*

- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine

- Percent of Residents Who Received the Pneumococcal Vaccine*

- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine*

- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine*

- Percent of Residents Who Were Physically Restrained

- Percent of Low-Risk Residents Who Lose Control of Their Bowels or Bladder

- Percent of Residents Who Lose Too Much Weight

- Percent of Residents Who Have Depressive Symptoms

- Percent of Residents Who Used Antianxiety or Hypnotic Medication

- Percent of Residents with Pressure Ulcers

- Percent of Residents with New ore Worsened Bowel or Bladder Incontinence

- * These measures are not publicly reported but available for provider preview.

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Types of Reports cont.

SNF Quality Reporting Program (QRP) 2% of rates are at risk

MDS Based

- SNF QRP Measure #1: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
- SNF QRP Measure #2: Drug Regimen Review Conducted with Follow-Up for Identified Issues
- SNF QRP Measure #3: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- SNF QRP Measure #4: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- SNF QRP Measure #5: Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- SNF QRP Measure #6: Transfer of Health Information to the Provider Post-Acute Care
- SNF QRP Measure #7: Transfer of Health Information to the Patient Post-Acute Care
- SNF QRP Measure #8: Discharge Function Score
- **SNF QRP Measure #9: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date**

CDC NHSN Measures:

- SNF QRP Measure #10: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
- SNF QRP Measure #11: Influenza Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00390

Claims based

- SNF QRP Measure #12: Medicare Spending Per Beneficiary
- SNF QRP Measure #13: Discharge to Community
- SNF QRP Measure #14: Potentially Preventable 30-Day Post-Discharge Readmission Measure
- SNF QRP Measure #15: SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization.

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Some Common Coding Errors

- Using a dash instead of answering the question

- Submitting a Medicare 5 day MDS in error when the resident was on Medicare Advantage and then not submitting a PPS Discharge assessment, (Medicare Advantage requires a 5 day but it is not submitted, just the admission assessment is submitted).

- Not having at least one goal in section GG.

- Coding a major injury from a fall when it really wasn't

- Coding an increase in staging of a pressure ulcer when not accurate

- Statistically there are 60-70% coding errors.

- **Must submit at least 80% accurately coded MDS' in these areas to prevent the 2% take away**

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SNF QRP Measures	Final Rule	Data Collection Began	Public Reporting Began
MDS Assessment Based Measures			
SNF QRP Measure #1: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) [CMIT Measure ID #00520 (CBE-endorsed)]	2016	10/1/2016	10/24/2018
SNF QRP Measure #2: Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC SNF QRP [CMIT Measure ID #00225 (not endorsed)]	2017	10/1/2016	10/28/2020
SNF QRP Measure #3: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not endorsed)]	2018	10/1/2018	10/28/2020
SNF QRP Measure #4: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients [CMIT Measure ID #00404 (not endorsed)]	2018	10/1/2018	10/28/2020
SNF QRP Measure #5: Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients [CMIT Measure ID #00403 (not endorsed)]	2018	10/1/2018	10/28/2020
SNF QRP Measure #6: Transfer of Health Information to the Provider-Post-Acute Care (PAC) [CMIT Measure ID #00728 (not endorsed)]	2020	10/1/2023	
SNF QRP Measure #7: Transfer of Health Information to the Patient-Post-Acute Care (PAC) [CMIT Measure ID #00727 (not endorsed)]	2020	10/1/2023	
SNF QRP Measure #8: Discharge Function Score [CMIT Measure ID #01698 (not endorsed)]	2024	10/1/2023	

SNF QRP Measures	Final Rule	Data Collection Began	Public Reporting Began
MDS Assessment Based Measures cont.			
SNF QRP Measure #9: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date [CMIT Measure ID #01699 (not endorsed)]	2024	10/1/2024	
CDC NHSN Measures			
SNF QRP Measure #10: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00180 (not endorsed)]	2022 2024 Mod	10/1/2023	
SNF QRP Measure #11: Influenza Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00390 (CBE-endorsed)]	2023	10/1/2022	
Medicare Fee-For-Service Claims-Based Measures			
SNF QRP Measure #12: Medicare Spending Per Beneficiary (MSPB)–Post-Acute Care (PAC) SNF QRP [CMIT Measure ID #00434 (not endorsed)]	2017		10/24/2018
SNF QRP Measure #13: Discharge to Community - PAC SNF QRP [CMIT Measure ID #00210 (CBE-endorsed)]	2017		10/24/2018
SNF QRP Measure #14: Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP [CMIT Measure ID #00575 (not endorsed)]	2017		10/24/2019
SNF QRP Measure #15: SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization [CMIT Measure ID #00680 (not endorsed)]	2022		4/29/2022

https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information   last updated 3/28/2024

Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Payment Update (APU) Determination

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Final Specifications for SNF QRP quality measures and standardized patient assessment data elements: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Downloads-and-Videos.html

MDS 3.0 RAI Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

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Skilled Nursing Facility Quality Reporting Program (SNF QRP)
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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
A1005*	Ethnicity	X			X
A1010*	Race	X			X
A1110A	Language: What is your preferred language?	X			X
A1110B	Language: Need or want an interpreter to communicate with a doctor or health care staff?	X			X
A1250	Transportation	X	X		X
A2105*	Discharge Status		X		X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X		X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X		X
A2123*	Provision of Current Reconciled Medication List to Resident at Discharge		X		X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X		X
B0200	Hearing	X			X
B1000	Vision	X			X
B1300	Health Literacy	X	X		X
C0100	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	X	X		X
C0200	Repetition of Three Words	X	X		X
C0300A	Temporal Orientation: Able to report correct year	X	X		X
C0300B	Temporal Orientation: Able to report correct month	X	X		X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X		X
C0500	BIMS Summary Score	X	X		X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
C1310A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change	X	X		X
C1310B	Signs and Symptoms of Delirium (from CAM ©): Inattention	X	X		X
C1310C	Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking	X	X		X
C1310D	Signs and Symptoms of Delirium (from CAM ©): Altered Level of Consciousness	X	X		X
D0150A1	Symptom Presence: Little interest or pleasure in doing things	X	X		X
D0150A2	Symptom Frequency: Little interest or pleasure in doing things	X	X		X
D0150B1	Symptom Presence: Feeling down, depressed, or hopeless	X	X		X
D0150B2	Symptom Frequency: Feeling down, depressed, or hopeless	X	X		X
D0150C1	Symptom Presence: Trouble falling or staying asleep, or sleeping too much	X	X		X
D0150C2	Symptom Frequency: Trouble falling or staying asleep, or sleeping too much	X	X		X
D0150D1	Symptom Presence: Feeling tired or having little energy	X	X		X
D0150D2	Symptom Frequency: Feeling tired or having little energy	X	X		X
D0150E1	Symptom Presence: Poor appetite or overeating	X	X		X
D0150E2	Symptom Frequency: Poor appetite or overeating	X	X		X
D0150F1	Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X		X
D0150F2	Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X		X
D0150G1	Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television	X	X		X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
D0150G2	Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television	X	X		X
D0150H1	Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X		X
D0150H2	Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X		X
D0150I1	Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X		X
D0150I2	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X		X
D0160	Total Severity Score	X	X		X
D0700	Social Isolation	X	X		X
GG0130A1	Eating (Admission Performance)	X		X	X
GG0130A2+	Eating (Discharge Goal)	X		X	
GG0130A3	Eating (Discharge Performance)		X	X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X	X
GG0130B2+	Oral hygiene (Discharge Goal)	X		X	
GG0130B3	Oral hygiene (Discharge Performance)		X	X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X	X

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MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
GG0130C2+	Toileting hygiene (Discharge Goal)	X		X	
GG0130C3	Toileting hygiene (Discharge Performance)		X	X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X	X
GG0130E2+	Shower/bathe self (Discharge Goal)	X		X	
GG0130E3	Shower/bathe self (Discharge Performance)		X	X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X	X
GG0130F2+	Upper body dressing (Discharge Goal)	X		X	
GG0130F3	Upper body dressing (Discharge Performance)		X	X	X
GG0130G1	Lower body dressing (Admission Performance)	X		X	X
GG0130G2+	Lower body dressing (Discharge Goal)	X		X	
GG0130G3	Lower body dressing (Discharge Performance)		X	X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X	X
GG0130H2+	Putting on/taking off footwear (Discharge Goal)	X		X	
GG0130H3	Putting on/taking off footwear (Discharge Performance)		X	X	X
GG0170A1	Roll left and right (Admission Performance)	X		X	X
GG0170A2+	Roll left and right (Discharge Goal)	X		X	
GG0170A3	Roll left and right (Discharge Performance)		X	X	X
GG0170B1	Sit to lying (Admission Performance)	X		X	X
GG0170B2+	Sit to lying (Discharge Goal)	X		X	
GG0170B3	Sit to lying (Discharge Performance)		X	X	X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X		X	X
GG0170C2+	Lying to sitting on side of bed (Discharge Goal)	X		X	
GG0170C3	Lying to sitting on side of bed (Discharge Performance)		X	X	X
GG0170D1	Sit to stand (Admission Performance)	X		X	X
GG0170D2+	Sit to stand (Discharge Goal)	X		X	
GG0170D3	Sit to stand (Discharge Performance)		X	X	X
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	X		X	X
GG0170E2+	Chair/bed-to-chair transfer (Discharge Goal)	X		X	
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X	X	X
GG0170F1	Toilet transfer (Admission Performance)	X		X	X
GG0170F2+	Toilet transfer (Discharge Goal)	X		X	
GG0170F3	Toilet transfer (Discharge Performance)		X	X	X
GG0170G1	Car transfer (Admission Performance)	X		X	X
GG0170G2+	Car transfer (Discharge Goal)	X		X	
GG0170G3	Car transfer (Discharge Performance)		X	X	X
GG0170I1	Walk 10 feet (Admission Performance)	X		X	X
GG0170I2+	Walk 10 feet (Discharge Goal)	X		X	
GG0170I3	Walk 10 feet (Discharge Performance)		X	X	X
GG0170J1	Walk 50 feet with two turns (Admission Performance)	X		X	X
GG0170J2+	Walk 50 feet with two turns (Discharge Goal)	X		X	

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MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X	X	X
GG0170K1	Walk 150 feet (Admission Performance)	X		X	X
GG0170K2+	Walk 150 feet (Discharge Goal)	X		X	
GG0170K3	Walk 150 feet (Discharge Performance)		X	X	X
GG0170L1	Walk 10 feet on uneven surfaces (Admission Performance)	X		X	X
GG0170L2+	Walk 10 feet on uneven surfaces (Discharge Goal)	X		X	
GG0170L3	Walk 10 feet on uneven surfaces (Discharge Performance)		X	X	X
GG0170M1	1 step (curb) (Admission Performance)	X		X	X
GG0170M2+	1 step (curb) (Discharge Goal)	X		X	
GG0170M3	1 step (curb) (Discharge Performance)		X	X	X
GG0170N1	4 steps (Admission Performance)	X		X	X
GG0170N2+	4 steps (Discharge Goal)	X		X	
GG0170N3	4 steps (Discharge Performance)		X	X	X
GG0170O1	12 steps (Admission Performance)	X		X	X
GG0170O2+	12 steps (Discharge Goal)	X		X	
GG0170O3	12 steps (Discharge Performance)		X	X	X
GG0170P1	Picking up object (Admission Performance)	X		X	X
GG0170P2+	Picking up object (Discharge Goal)	X		X	
GG0170P3	Picking up object (Discharge Performance)		X	X	X
GG0170Q1	Does the resident use a wheelchair and/or scooter? (Admission)	X		X	X

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Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Payment Update (APU) Determination

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
GG0170Q3	Does the resident use a wheelchair and/or scooter? (Discharge)		X	X	X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X		X	X
GG0170R2+	Wheel 50 feet with two turns (Discharge Goal)	X		X	
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X	X	X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
GG0170S1	Wheel 150 feet (Admission Performance)	X		X	X
GG0170S2+	Wheel 150 feet (Discharge Goal)	X		X	
GG0170S3	Wheel 150 feet (Discharge Performance)		X	X	X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
H0400	Bowel continence	X		X	X
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X		X	X
I2900	Diabetes mellitus (DM)	X		X	X
J0510	Pain Effect on Sleep	X	X		X
J0520	Pain Interference with Therapy Activities	X	X		X
J0530	Pain Interference with Day-to-Day Activities	X	X		X
J1900C	Number of falls since admission/entry or prior assessment: Major injury	X	X	X	X
K0200A	Height (in inches)	X		X	X
K0200B	Weight (in pounds)	X		X	X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
K0520A1	Nutritional Approaches: Parenteral/IV feeding (On Admission)	X			X
K0520A4	Nutritional Approaches: Parenteral/IV feeding (At Discharge)		X		X
K0520B1	Nutritional Approaches: Feeding tube (On Admission)	X			X
K0520B4	Nutritional Approaches: Feeding tube (At Discharge)		X		X
K0520C1	Nutritional Approaches: Mechanically altered diet (On Admission)	X			X
K0520C4	Nutritional Approaches: Mechanically altered diet (At Discharge)		X		X
K0520D1	Nutritional Approaches: Therapeutic diet (On Admission)	X			X
K0520D4	Nutritional Approaches: Therapeutic diet (At Discharge)		X		X
K0520Z1	Nutritional Approaches: None of the above (On Admission)	X			X
K0520Z4	Nutritional Approaches: None of the above (At Discharge)		X		X
M0300B1	Number of Stage 2 pressure ulcers	X	X	X	X
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300C1	Number of Stage 3 pressure ulcers	X	X	X	X
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300D1	Number of Stage 4 pressure ulcers	X	X	X	X
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	X	X	X	X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission/entry or reentry		X	X	X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	X	X	X	X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission/entry or reentry		X	X	X
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	X	X	X	X
M0300G2	Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission/entry or reentry		X	X	X
N0415A1	High-Risk Drug Classes: Use and Indication - Antipsychotic: Is taking	X	X		X
N0415A2	High-Risk Drug Classes: Use and Indication - Antipsychotic: Indication noted	X	X		X
N0415E1	High-Risk Drug Classes: Use and Indication - Anticoagulant: Is taking	X	X		X
N0415E2	High-Risk Drug Classes: Use and Indication - Anticoagulant: Indication noted	X	X		X
N0415F1	High-Risk Drug Classes: Use and Indication - Antibiotic: Is taking	X	X		X
N0415F2	High-Risk Drug Classes: Use and Indication - Antibiotic: Indication noted	X	X		X
N0415H1	High-Risk Drug Classes: Use and Indication - Opioid: Is taking	X	X		X
N0415H2	High-Risk Drug Classes: Use and Indication - Opioid: Indication noted	X	X		X
N0415I1	High-Risk Drug Classes: Use and Indication - Antiplatelet: Is taking	X	X		X
N0415I2	High-Risk Drug Classes: Use and Indication - Antiplatelet: Indication noted	X	X		X
N0415J1	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Is taking (including insulin)	X	X		X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
N0415J2	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Indication noted (including insulin)	X	X		X
N0415Z1	High-Risk Drug Classes: Use and Indication - Use and Indication – Is taking: None of the above	X	X		X
N2001	Drug Regimen Review	X		X	X
N2003	Medication Follow-up	X		X	X
N2005	Medication Intervention		X	X	X
O0110A1a	Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)	X			X
O0110A1c	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X		X
O0110A2a	Special Treatments, Procedures, and Programs: IV (On Admission)	X			X
O0110A2c	Special Treatments, Procedures, and Programs: IV (At Discharge)		X		X
O0110A3a	Special Treatments, Procedures, and Programs: Oral (On Admission)	X			X
O0110A3c	Special Treatments, Procedures, and Programs: Oral (At Discharge)		X		X
O0110A10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X			X
O0110A10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X		X
O0110B1a	Special Treatments, Procedures, and Programs: Radiation (On Admission)	X			X
O0110B1c	Special Treatments, Procedures, and Programs: Radiation (At Discharge)		X		X
O0110C1a	Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)	X			X
O0110C1c	Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)		X		X
O0110C2a	Special Treatments, Procedures, and Programs: Continuous (On Admission)	X			X
O0110C2c	Special Treatments, Procedures, and Programs: Continuous (At Discharge)		X		X

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MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
O0110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X			X
O0110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X		X
O0110C4a	Special Treatments, Procedures, and Programs: High-concentration (On Admission)	X			X
O0110C4c	Special Treatments, Procedures, and Programs: High-concentration (At Discharge)		X		X
O0110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X			X
O0110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X		X
O0110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X			X
O0110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X		X
O0110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X			X
O0110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X		X
O0110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X			X
O0110E1c	Special Treatments, Procedures, and Programs: Tracheostomy (At Discharge)		X		X
O0110F1a	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission)	X			X
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X		X
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	X			X
O0110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		X		X
O0110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X			X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
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O0100G2c	Special Treatments, Procedures, and Programs: BiPAP (At Discharge)		X		X
O0110G3a	Special Treatments, Procedures, and Programs: CPAP (On Admission)	X			X
O0110G3c	Special Treatments, Procedures, and Programs: CPAP (At Discharge)		X		X
O0110H1a	Special Treatments, Procedures, and Programs: IV Medications (On Admission)	X			X
O0110H1c	Special Treatments, Procedures, and Programs: IV Medications (At Discharge)		X		X
O0110H2a	Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)	X			X
O0110H2c	Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge)		X		X
O0110H3a	Special Treatments, Procedures, and Programs: Antibiotics (On Admission)	X			X
O0110H3c	Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)		X		X
O0110H4a	Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)	X			X
O0110H4c	Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)		X		X
O0110H10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X			X
O0110H10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X		X
O0110I1a	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X			X
O0110I1c	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X		X
O0110J1a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X			X
O0110J1c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X		X
O0110J2a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X			X
O0110J2c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		X		X

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2**	**Q4 2023 MDS 3.0 Version 1.18.11**
O0110J3a	Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)	X			X
O0110J3c	Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)		X		X
O0110O1a	Special Treatments, Procedures, and Programs: IV Access (On Admission)	X			X
O0110O1c	Special Treatments, Procedures, and Programs: IV Access (At Discharge)		X		X
O0110O2a	Special Treatments, Procedures, and Programs: Peripheral (On Admission)	X			X
O0110O2c	Special Treatments, Procedures, and Programs: Peripheral (At Discharge)		X		X
O0110O3a	Special Treatments, Procedures, and Programs: Midline (On Admission)	X			X
O0110O3c	Special Treatments, Procedures, and Programs: Midline (At Discharge)		X		X
O0110O4a	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission)	X			X
O0110O4c	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge)		X		X
O0110Z1a	Special Treatments, Procedures, and Programs: None of the Above (On Admission)	X			X
O0110Z1c	Special Treatments, Procedures, and Programs: None of the Above (At Discharge)		X		X

* Dash (–) is not an allowable response value for this item.

+ For the GG0130, Self-care, and GG01070, Mobility, discharge goal items, at least one goal is required to be coded to fulfill requirements of the SNF QRP in Q1, Q2, and Q3 2023. A dash (–) is allowed for any remaining goal items, as long as at least one GG0130, Self-care, or GG0170, Mobility, discharge goal item is coded with a valid code (i.e., 01, 02, 03, 04, 05, 06, 07, 09, 10, or 88). Beginning October 1, 2023, a goal is not required to be coded to fulfill requirements of the SNF QRP. CMS plans to remove the Self-Care Discharge Goals (that is, GG0130, Column 2) and Mobility Discharge Goals (that is, GG0170, Column 2) with the next release of the MDS. However, SNFs will continue to receive an APU warning if a MDS is submitted to iQIES without at least one self-care or mobility discharge goal. **SNFs can ignore this warning and proceed with submitting their assessment.**

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Value Based Purchasing

– SNF VBP Program,

  – SNF 30-Day All-Cause Readmission Measure

  – The SNFRM measures the rate of all-cause, unplanned hospital readmissions for SNF residents within 30 days of discharge from a prior hospital stay.

  • Are scored on both improvement and achievement;

  • Receive quarterly confidential feedback reports containing information about their performance; and

  • Earn incentive payments based on their performance.

SNF VBP Program Funding

- CMS withholds 2% of SNFs' fee-for-service (FFS) Part A Medicare payments to fund the program. This 2% is referred to as the "withhold".

- CMS is required to redistribute between 50% and 70% of this withhold to SNFs as incentive payments. CMS redistributes 60% of the withhold to SNFs as incentive payments.

Things You Should Know about the Skilled Nursing Facilities Readmission Measure (SNFRM)

- The program ties portions of SNFs payments to their performance on this measure,
  - which is calculated by assessing the risk-standardized rate of all-cause, unplanned hospital readmissions for Medicare fee-for-service SNF patients
  - within 30 days of discharge from a prior proximal hospitalization.
- The SNFRM tracks **hospital readmissions**, not readmissions to the SNF.
  - Hospital readmissions are **identified through Medicare claims**, so no readmission data is collected from SNFs and there are no additional reporting requirements for the SNFRM.
- The SNFRM includes all Medicare fee-for-service Skilled Nursing Facility patients, with the exception of certain measure exclusions.

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Things to Know cont.

- The SNFRM tracks readmissions within 30-days after discharge from a prior hospitalization, not discharge from the SNF.

  - The readmission window starts on the day of or up to 24 hours after discharge from a prior hospitalization.

- A prior hospitalization for the SNFRM's calculation is defined as an admission to an inpatient prospective payment system (IPPS) hospital, critical access hospital (CAH), or psychiatric hospital

- The SNFRM does not assess the rate of readmission for SNF patients to a SNF following discharge.

  - The measure instead assesses the rate of readmission of SNF patients to an IPPS hospital or CAH, either before or after discharge from the SNF, within 30 days of discharge from a prior hospitalization.

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Things to Know cont.

- The SNFRM includes all unplanned readmissions.
  - Unplanned admissions are identified using a modified version of the CMS Planned Readmissions Algorithm.
  - Additional information on the measure's calculations may be found on the SNF VBP Program's website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html.

- The SNFRM is adjusted to account for patient differences, such as comorbidities, when comparing facility readmission rates.

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Things to Know cont.

- The SNFRM will form the basis for the SNF Performance Score for the SNF VBP Program.

  – Facilities' scores under the program will be based on performance on the measure, and value-based incentive payments will be determined by comparing all SNFs' performance scores.

- SNFRM performance information will be made available to each SNF through confidential quarterly feedback reports.

- As required by the SNF VBP Program's statute, CMS has proposed to adopt the SNF 30- Day Potentially Preventable Readmission Measure (SNFPPR).

  – CMS will propose to replace the SNFRM with the SNFPPR in future rulemaking

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Upcoming Value Based Purchasing Measures by Fiscal Years

Measure and Link to Technical Report	FY 2024 Program Year	FY 2025 Program Year	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year
SNFRM (PDF)	Yes	Yes	Yes	Yes	-
Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization	-	-	Yes	Yes	Yes
Total Nurse Staffing Hours per Resident Day (including Registered Nurse [RN], Licensed Practical Nurse [LPN], and Nurse Aide hours) (PDF)	-	-	Yes	Yes	Yes
Total Nursing Staff Turnover (PDF)	-	-	Yes	Yes	Yes
Discharge to Community — Post-Acute Care (DTC-PAC) Measure for SNFs (PDF)	-	-	-	Yes	Yes
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (PDF)	-	-	-	Yes	Yes
Discharge Function Score for SNFs (PDF)	-	-	-	Yes	Yes
Number of Hospitalizations per 1,000 Long Stay Resident Days (PDF)	-	-	-	Yes	Yes
Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure (PDF)	-	-	-	-	Yes

Resources

- Original SNFRM Technical Report (PDF) and 2023 Measure Updates and Specifications Report: Skilled Nursing Facility 30-Day All-Cause Readmission Measure (PDF) (PDF)
- SNFRM Reliability Testing Memo (PDF)
- Specifications for the Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization Measure (PDF)
- Specifications for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program: Total Nursing Hours per Resident Day Measure (PDF)
- Specifications for the Total Nursing Staff Turnover Measure (PDF)
- Specifications for the Discharge to Community — Post-Acute Care (DTC-PAC) Measure for SNFs (PDF)
- Specifications for the Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) Measure (PDF)
- Specifications for the Discharge Function Score for SNFs Measure (PDF)
- Specifications for the Number of Hospitalizations per 1,000 Long Stay Resident Days Measure (PDF)
- Specifications for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program: SNF Within-Stay Potentially Preventable Readmission Measure (PDF)

Last updated 3/1/2024

https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing/measures

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QM, QRP, VBP, 5 Star and Casper Measures

Measures	QM	QRP	VBP	5 Star	Care Compare	Casper
SHORT-STAY						
Percent of Residents Who Newly Received an Antipsychotic Medication	X			X	X	X
Percent of Residents Who Made Improvements in Function (Replaced with the SNF QRP measure Discharge Function Score in iQIES Oct. 1, 2023 and will replace this measure in Five-Star with the October 2024 refresh)	X			Frozen 2/24-10/24	X	X
Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine	X				X	
Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine	X				X	
LONG STAY						
Percent of Residents Experiencing One or More Falls With Major Injury	X			X	X	X
Percent of Residents with Pressure Ulcers	X			Frozen 4/24-1/25	X	X
Percent of Residents with a Urinary Tract Infection	X			X	X	X
Percent of Residents Who Have or Had a Catheter Inserted and Left in Their Bladder	X			X	X	X
Percent of Residents With New or Worsened Bowel or Bladder Incontinence	X				X	X
Percent of Residents Who Were Physically Restrained	X				X	X
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased	X			X (Frozen 4/24-1/25)	X	X
Percent of Residents Who Lose Too Much Weight	X				X	X
Percent of Residents Who Have Symptoms of Depression	X				X	X
Percent of Residents Who Received an Antipsychotic Medication	X			X	X	X
Percent of Residents Whose Ability to Walk Independently Worsened	X			Frozen 4/24-1/25	X	X
Prevalence of Falls	X					X
Percent of Residents Who Used Antianxiety or Hypnotic Medication	X				X	X
Prevalence of Antianxiety/Hypnotic Use	X				X	X
Prevalence of Behavior Symptoms Affecting Others	X					X
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	X				X	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine	X				X	
Claims Based Measures						
Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit				X	X	
Percent of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission				X	X	
Number of Hospitalizations per 1,000 Long-Stay Resident Days		Starts FY 2027		X	X	
Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days				X	X	

Claims Based Measures Cont.						
Discharge to Community—PAC SNF QRP (Rate of Successful Return to Home and Community from a SNF)		X	Starts FY 2027	X	X	X
Potentially Preventable 30-Day Post-Discharge Readmission—SNF QRP		X			X	X
Medicare Spending Per Beneficiary—PAC SNF QRP		X			X	X
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization—SNF QRP		X	Starts FY 2026		X	
Skilled Nursing Facility 30-Day All-Cause Readmission Measure—SNFRM			X		X	X
MDS Based Measures						
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Medicare stays)		X			X	X
Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC SNF QRP		X			X	X
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	X	X		X	X	X
Application of the Inpatient Rehab Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients		X			X	X
Application of the Inpatient Rehab Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients		X			X	X
Discharge Function Score		Starts FY 2025	Starts FY 2027	Starts 10/24	Starts 10/24	X
Transfer of Health Information to the Provider Post-Acute Care		Starts FY 2025			TBD	
Transfer of Health Information to the Patient Post-Acute Care		Starts FY 2025			TBD	
Other Data Source Measures						
Influenza Vaccination Coverage among Healthcare Personnel (HCP) Note: (NHSN)		Starts Program year 2024			X	
Total Nursing Hours Per Resident Day Staffing Measure Payroll-Based Journal Database			Starts Program year 2025		TBD	
Total Nurse Turnover Measure Payroll-Based Journal Database			Starts Program year 2025		X	
COVID-19 Vaccination Measure Among Healthcare Personnel (HCP) (NHSN)		X			X	

1/1/24

How Important is the MDS?

- Diagnosis
- ADLs
- Vaccinations
- Discharges
- Bowel & Bladder
- Catheters
- Ulcers
- Medications
- Falls
- Infections
- Restraints
- Weight
- Depressive Symptoms

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	A. BUILDING _____ B. WING _____	

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete

If continuation sheet Page _____ of _____

5 STAR

- –Survey -Tags scope/severity

- –QMs - Accuracy

- –Staffing - Payroll Based Journal reporting (Who is monitoring that for accuracy)

- –Overall- Ranking - Affects census, reputation, staffing, finances

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Types of Reports cont..

- Internal Facility Driven
  - New Admissions
  - New Infections
  - Antibiotic Usage (timeouts)
  - Length of Stay
  - Return to Hospitalization
  - Weight loss
  - Pressure Injuries
  - Behaviors

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Types of Reports cont.

- Vendor / EHR
  - MDS Scrubbers
  - Analytics
    - QMs
    - Readmission rates
  - Assessments
  - Progress Notes
  - Medications

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- CONFUSION REIGNS!!!

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How To Use the Data

How To Use the Data

- Determine when you are reviewing each set of data
  - Set each Day of the Week for review of particular data
  - Some data is looked at each day.
  - Examples of timing:
    - Casper Reports (monthly Prior to QAA)
    - Quality Measures (monthly Prior to QAA)
    - 5 Star Report (monthly Prior to QAA)
    - SNF Quality Reporting Program (monthly Prior to QAA)
    - SNF Value Based Purchasing Program (monthly Prior to QAA)
    - 2567 Survey Deficiency Report Daily/weekly – depending on where you are in the process)

How to Use the Data cont.

- When to review data cont.
  - Examples Cont.
    - New Admissions (Daily)
    - New Infections (Daily)
    - Antibiotic Usage (timeouts) (Daily)
    - Length of Stay (Weekly)
    - Return to Hospital (Daily)
    - Weight loss (Weekly)
    - Pressure Injuries (Weekly)
    - Behaviors (Weekly)
    - MDS Scrubbers (Daily/Weekly)
    - Analytics (Quarterly)
      - QMs
      - Readmission rates

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How to Use the Data cont.

- When to review data cont.
  - Examples Cont.
    - Assessments (Daily/Weekly)
    - Progress Notes (Daily/Weekly)
    - Medications (Daily/Weekly)

- What do you look for?
  - Trends
  - Patterns
  - Changes that are cyclic

- What do you do with the data?
  - Look for Why – Root cause

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How to Use the Data cont.

- What do you need to do with the root cause
  - Review and Revise Policies / Procedures
  - Provide Education
  - Make additional decisions

QAA Involvement

So How is QAA Involved?

- DATA Conclusions need to be escalated up to Monthly QAA meetings
  - Three types of results
    - Positive
      - Getting better
    - Negative
      - Getting worse
    - Maintaining
      - Stable – which might be good (decline has stopped or at a good level)
      - Stable – might be poor (Should be improving)
  - Issues will need to have the following identified:
    - What you found /
    - What you did (implement)
    - Results after interventions

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"Data That Matters" — Organized Data!!

Skilled Facilities Relevant Websites

CMS	
Centers for Medicare & Medicaid Services. Nursing Homes: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/NHs	Centers for Medicare & Medicaid Services. Nursing Homes. Downloads: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes
Centers for Medicare & Medicaid Services. Data.COM.gov. Medicare Post-Acute Care & Hospice – by Provider and Services: https://data.cms.gov/provider-summary-by-type-of-service/medicare-post-acute-care-hospice/medicare-post-acute-care-hospice-by-provider-and-service	Centers for Medicare & Medicaid Services. QSO-20-38-NH. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements, Revised 09/10/2021: https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
Centers for Medicare & Medicaid Services. Policy & Memos to States and Regions: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions	Centers for Medicare & Medicaid Services. LTC Survey Pathways: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip
Centers for Medicare & Medicaid Services. List of Revised F-Tags: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf	Centers for Medicare & Medicaid Services. MDS 3.0 RAI Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual
Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf	Centers for Medicare & Medicaid Services. Five-Star Quality Rating System: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/fsqrs
Centers for Medicare & Medicaid Services. Medicare.gov. Care Compare Website: https://www.medicare.gov/care-compare/	Centers for Disease Control and Prevention. COVID-19 Data Tracker: https://covid.cdc.gov/covid-data-tracker/#county-view
US Dept of Health & Human Services Office of the Inspector General (OIG)	
U.S. Department of Health and Human Services Office of Inspector General (OIG) https://oig.hhs.gov/reports-and-publications/oei/subject_index.asp	U.S. Department of Health and Human Services Office of Inspector General (OIG). States' Backlogs of Standard Surveys of Nursing Homes Grew Substantially During the COVID-19 Pandemic. 07-27-2021, OEI-01-20-00431: https://oig.hhs.gov/oei/reports/OEI-01-20-00431.asp
U.S. Department of Health and Human Services Office of Inspector General (OIG). Skilled Nursing Facilities: https://oig.hhs.gov/reports-and-publications/oei/s.asp#skilled_nursing	U.S. Department of Health and Human Services Office of Inspector General (OIG). Skilled Nursing Facilities Often Fail to Meet Care Planning and Discharge Planning Requirements, 02-27-2013, Report (OEI-02-09-00201): https://oig.hhs.gov/oei/reports/oei-02-09-00201.asp

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Resources

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/SNF-VBP-Page

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting_-Program-Measures-and-Technical-Information

- CMS Nursing Home Quality Initiative https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures
- Defeating information overload in health surveillance using a metacognitive aid innovation from military combat systems." Journal of Defense Modeling and Simulation: Applications, Methodology, Technology 2017, Vol. 14(4) 371–388 The Author(s) 2016 DOI: 10.1177/1548512916667246
  journals.sagepub.com/home/dms
  https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information