



Report Overload

Cindy Fronning RN-BC, CDONA, FCDONA, RAC-Ct, IP-BC, AS-BC
Director of Education
NADONA

© 2024 National Association of Directors of Nursing Administration in Long Term Care, Inc. (NADONA LTC). All rights reserved.

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.

© 2024 NADONA LTC 2



Types of Reports

Review of QMs

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

© 2024 NADONA, LLC 10



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.

© 2024 NADONA, LLC 11

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*

© 2024 NADONA, LLC 12

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 or Worsened Bowel or Bladder Incontinence
- * These measures are not publicly reported but available for provider preview.

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 58th Integrity Post-Acute Care: Pressure Ulcer/Injury
- SNF QRP Measure #4: Application of IIR Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- SNF QRP Measure #5: Application of IIR 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.

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 if 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

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
 Page 3 of 16

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 AD1000-[01]	Part A PPS Discharge AD1000-[11]	Q1-Q2-Q3 2023 MDS 3.0 Version 1.17.2	Q4 2023 MDS 3.0 Version 1.18.11
A1000*	Ethnicity	X	X	X	X
A1010*	Race	X	X	X	X
A1110A	Language: What is your preferred language?	X	X	X	X
A1110B	Language: Used or wants an interpreter to communicate with a doctor or health care staff?	X	X	X	X
A1200	Temperature	X	X	X	X
A2100*	Discharge Status	X	X	X	X
A2121*	Presence of Current Recommended Medication List to Subsequent Provider at Discharge	X	X	X	X
A2122*	Route of Current Recommended Medication List Transmission to Subsequent Provider	X	X	X	X
A2123*	Presence of Current Recommended Medication List to Resident at Discharge	X	X	X	X
A2124*	Route of Current Recommended Medication List Transmission to Patient	X	X	X	X
B0100	Hearing	X	X	X	X
B0100	Vision	X	X	X	X
B0300	Health Literacy	X	X	X	X
C0100	Should Brief Interviews for Mental Status (CSD00-C0500) be Conducted?	X	X	X	X
C0200	Repetition of Three Words	X	X	X	X
C0300A	Temporal Orientation: Able to report correct year	X	X	X	X
C0300B	Temporal Orientation: Able to report correct month	X	X	X	X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X	X	X
C0300	BIMH Summary Score	X	X	X	X

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
 Page 4 of 16

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 AD1000-[01]	Part A PPS Discharge AD1000-[11]	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-ICU): Acute Onset Mental Status Change	X	X	X	X
C1310B	Signs and Symptoms of Delirium (from CAM-ICU): Inattention	X	X	X	X
C1310C	Signs and Symptoms of Delirium (from CAM-ICU): Disorganized Thinking	X	X	X	X
C1310D	Signs and Symptoms of Delirium (from CAM-ICU): Altered Level of Consciousness	X	X	X	X
D0150A1	Symptom Presence: Little interest or pleasure in doing things	X	X	X	X
D0150A2	Symptom Frequency: Little interest or pleasure in doing things	X	X	X	X
D0150B1	Symptom Presence: Feeling down, depressed, or hopeless	X	X	X	X
D0150B2	Symptom Frequency: Feeling down, depressed, or hopeless	X	X	X	X
D0150C1	Symptom Presence: Trouble falling or staying asleep, or sleeping too much	X	X	X	X
D0150C2	Symptom Frequency: Trouble falling or staying asleep, or sleeping too much	X	X	X	X
D0150D1	Symptom Presence: Feeling tired or having little energy	X	X	X	X
D0150D2	Symptom Frequency: Feeling tired or having little energy	X	X	X	X
D0150E1	Symptom Presence: Poor appetite or overeating	X	X	X	X
D0150E2	Symptom Frequency: Poor appetite or overeating	X	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	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	X
D0150G1	Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X	X

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
 Page 5 of 16

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 AD1000-[01]	Part A PPS Discharge AD1000-[11]	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	X
D0150H1	Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fast or restless that you have been moving around a lot more than usual	X	X	X	X
D0150H2	Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fast or restless that you have been moving around a lot more than usual	X	X	X	X
D0150I1	Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X	X
D0150I2	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X	X
D0200	Final Review Score	X	X	X	X
D0200	Social Isolation	X	X	X	X
GG0130A1	Eating (Admission Performance)	X	X	X	X
GG0130A2	Eating (Discharge Goal)	X	X	X	X
GG0130A3	Eating (Discharge Performance)	X	X	X	X
GG0130B1	Oral Hygiene (Admission Performance)	X	X	X	X
GG0130B2	Oral Hygiene (Discharge Goal)	X	X	X	X
GG0130B3	Oral Hygiene (Discharge Performance)	X	X	X	X
GG0130C1	Toileting Hygiene (Admission Performance)	X	X	X	X

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

Page 4 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-011	Part A PPS Discharge AD10H-011	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	
GG0130C7	Toileting hygiene (Discharge Performance)		X	X	X
GG0130E1	Showers/bathe self (Admission Performance)	X		X	X
GG0130E2+	Showers/bathe self (Discharge Goal)	X		X	
GG0130E3	Showers/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

© 2024 NADONA LLC

22
updated September 2023

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

Page 7 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-011	Part A PPS Discharge AD10H-011	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	Transfer transfer (Admission Performance)	X		X	X
GG0170F2+	Transfer transfer (Discharge Goal)	X		X	
GG0170F3	Transfer 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
GG0170H1	Walk 10 feet (Admission Performance)	X		X	X
GG0170H2+	Walk 10 feet (Discharge Goal)	X		X	
GG0170H3	Walk 10 feet (Discharge Performance)		X	X	X
GG0170I1	Walk 50 feet with two turns (Admission Performance)	X		X	X
GG0170I2+	Walk 50 feet with two turns (Discharge Goal)	X		X	

© 2024 NADONA LLC

23
updated September 2023

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

Page 8 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-011	Part A PPS Discharge AD10H-011	Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2	Q4 2023 MDS 3.0 Version 1.18.11
GG0170J1	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 (Admission Performance)	X		X	X
GG0170M2+	1 step (Discharge Goal)	X		X	
GG0170M3	1 step (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

© 2024 NADONA LLC

24
updated September 2023

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
 Page 9 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-[H]	Part A PPS Discharge AD10H-[H]	Q1-Q3 2023 MDS 3.0 Version 1.1K.11	Q4 2023 MDS 3.0 Version 1.1K.11
GG017N02	Does the resident use a wheelchair and/or walker? (Discharge)		X	X	X
GG017N01	Wheel 50 feet with two turns (Admission/Performance)	X	X	X	X
GG017N02+	Wheel 50 feet with two turns (Discharge Goal)	X	X	X	X
GG017N01+	Wheel 50 feet with two turns (Discharge Performance)	X	X	X	X
GG017N01	Indicate the type of wheelchair or scooter used (Admission)	X	X	X	X
GG017N03	Indicate the type of wheelchair or scooter used (Discharge)	X	X	X	X
GG017N01	Wheel 150 feet (Admission/Performance)	X	X	X	X
GG017N02+	Wheel 150 feet (Discharge Goal)	X	X	X	X
GG017N01+	Wheel 150 feet (Discharge Performance)	X	X	X	X
GG017N01	Indicate the type of wheelchair or scooter used (Admission)	X	X	X	X
GG017N03	Indicate the type of wheelchair or scooter used (Discharge)	X	X	X	X
H000	Bowel incontinence	X	X	X	X
H000	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X	X	X	X
D900	Diabetes mellitus (DM)	X	X	X	X
R100	Pain Effect on Sleep	X	X	X	X
R100	Pain Interference with Therapy Activities	X	X	X	X
R100	Pain Interference with Day-to-Day Activities	X	X	X	X
R100C	Number of falls since admission/entry or prior assessment. Major injury	X	X	X	X
K0200A	Height (in inches)	X	X	X	X
K0200B	Weight (in pounds)	X	X	X	X

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
 Page 10 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-[H]	Part A PPS Discharge AD10H-[H]	Q1-Q3 2023 MDS 3.0 Version 1.1K.11	Q4 2023 MDS 3.0 Version 1.1K.11
K02D01	Nutritional Approaches: Parenteral IV feeding (On Admission)	X	X	X	X
K02D04	Nutritional Approaches: Parenteral IV feeding (On Discharge)	X	X	X	X
K02D08	Nutritional Approaches: Feeding tube (On Admission)	X	X	X	X
K02D08	Nutritional Approaches: Feeding tube (On Discharge)	X	X	X	X
K02SC1	Nutritional Approaches: Mechanically altered diet (On Admission)	X	X	X	X
K02SC4	Nutritional Approaches: Mechanically altered diet (On Discharge)	X	X	X	X
K02D01	Nutritional Approaches: Therapeutic diet (On Admission)	X	X	X	X
K02D04	Nutritional Approaches: Therapeutic diet (On Discharge)	X	X	X	X
K02D07	Nutritional Approaches: None of the above (On Admission)	X	X	X	X
K02D07	Nutritional Approaches: None of the above (On Discharge)	X	X	X	X
M0300	Number of Stage 1 pressure ulcers	X	X	X	X
M0300	Number of these Stage 1 pressure ulcers that were present upon admission/entry or injury	X	X	X	X
M0300C1	Number of Stage 2 pressure ulcers	X	X	X	X
M0300C2	Number of these Stage 2 pressure ulcers that were present upon admission/entry or injury	X	X	X	X
M0300E1	Number of Stage 3 pressure ulcers	X	X	X	X
M0300E2	Number of these Stage 3 pressure ulcers that were present upon admission/entry or injury	X	X	X	X
M0300F1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/ulcer that were present upon admission/entry or injury	X	X	X	X

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
 Page 11 of 16

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2023)	
		PPS 5-Day AD10H-[H]	Part A PPS Discharge AD10H-[H]	Q1-Q3 2023 MDS 3.0 Version 1.1K.11	Q4 2023 MDS 3.0 Version 1.1K.11
M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/ulcer that were present upon admission/entry or injury	X	X	X	X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by drape and/or ocular	X	X	X	X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by drape and/or ocular that were present upon admission/entry or injury	X	X	X	X
M0300G1	Number of unstageable pressure ulcers presenting in deep tissue injury	X	X	X	X
M0300G2	Number of these unstageable pressure ulcers presenting in deep tissue injury that were present upon admission/entry or injury	X	X	X	X
N0415A1	High-Risk Drug Classes: Use and Indication - Antiepileptic: Is taking	X	X	X	X
N0415A2	High-Risk Drug Classes: Use and Indication - Antiepileptic: Indication noted	X	X	X	X
N0415F1	High-Risk Drug Classes: Use and Indication - Anticoagulant: Is taking	X	X	X	X
N0415F2	High-Risk Drug Classes: Use and Indication - Anticoagulant: Indication noted	X	X	X	X
N0415F3	High-Risk Drug Classes: Use and Indication - Antibiotic: Is taking	X	X	X	X
N0415F3	High-Risk Drug Classes: Use and Indication - Antibiotic: Indication noted	X	X	X	X
N0415H0	High-Risk Drug Classes: Use and Indication - Opioid: Is taking	X	X	X	X
N0415H2	High-Risk Drug Classes: Use and Indication - Opioid: Indication noted	X	X	X	X
N0415I1	High-Risk Drug Classes: Use and Indication - Antipsychotic: Is taking	X	X	X	X
N0415I2	High-Risk Drug Classes: Use and Indication - Antipsychotic: Indication noted	X	X	X	X
N0415J1	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Is taking (including insulin)	X	X	X	X

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

Page 12 of 15

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 AD1000-011	Part A PPS Discharge AD1000-011	Q1-Q3 2023 MDS 3.0 Version 1.1R.1.2	Q4 2023 MDS 3.0 Version 1.1R.1.1
NO4102	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Indication noted (excluding insulin)	X	X		X
NO41021	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
N2002	Medication Follow-up	X		X	X
N2005	Medication Intervention		X	X	X
OE110A1a	Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)	X		X	X
OE110A1c	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X		X
OE110A2a	Special Treatments, Procedures, and Programs: IV (On Admission)	X		X	X
OE110A2c	Special Treatments, Procedures, and Programs: IV (At Discharge)		X		X
OE110A3a	Special Treatments, Procedures, and Programs: Oral (On Admission)	X		X	X
OE110A3c	Special Treatments, Procedures, and Programs: Oral (At Discharge)		X		X
OE110A5a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X	X
OE110A5c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X		X
OE110B1a	Special Treatments, Procedures, and Programs: Radiation (On Admission)	X		X	X
OE110B1c	Special Treatments, Procedures, and Programs: Radiation (At Discharge)		X		X
OE110C1a	Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)	X		X	X
OE110C1c	Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)		X		X
OE110C2a	Special Treatments, Procedures, and Programs: Continuum (On Admission)	X		X	X
OE110C2c	Special Treatments, Procedures, and Programs: Continuum (At Discharge)		X		X

© 2024 NADONA LLC

29 updated September 2023

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

Page 13 of 15

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 AD1000-011	Part A PPS Discharge AD1000-011	Q1-Q3 2023 MDS 3.0 Version 1.1R.1.2	Q4 2023 MDS 3.0 Version 1.1R.1.1
OE110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X		X	X
OE110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X		X
OE110C4a	Special Treatments, Procedures, and Programs: High concentration (On Admission)	X		X	X
OE110C4c	Special Treatments, Procedures, and Programs: High concentration (At Discharge)		X		X
OE110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X		X	X
OE110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X		X
OE110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X		X	X
OE110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X		X
OE110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X		X	X
OE110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X		X
OE110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X		X	X
OE110E1c	Special Treatments, Procedures, and Programs: Tracheostomy Care (At Discharge)		X		X
OE110F1a	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilation (ventilator or respirator) (On Admission)	X		X	X
OE110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilation (ventilator or respirator) (At Discharge)		X		X
OE110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	X		X	X
OE110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		X		X
OE110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X		X	X

© 2024 NADONA LLC

29 updated September 2023

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

Page 14 of 15

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 AD1000-011	Part A PPS Discharge AD1000-011	Q1-Q3 2023 MDS 3.0 Version 1.1R.1.2	Q4 2023 MDS 3.0 Version 1.1R.1.1
OE110H2a	Special Treatments, Procedures, and Programs: BiPAP (At Discharge)		X		X
OE110G3a	Special Treatments, Procedures, and Programs: CPAP (On Admission)	X		X	X
OE110G3c	Special Treatments, Procedures, and Programs: CPAP (At Discharge)		X		X
OE110H1a	Special Treatments, Procedures, and Programs: IV Medication (On Admission)	X		X	X
OE110H1c	Special Treatments, Procedures, and Programs: IV Medication (At Discharge)		X		X
OE110H2a	Special Treatments, Procedures, and Programs: Intravenous medication (On Admission)	X		X	X
OE110H2c	Special Treatments, Procedures, and Programs: Intravenous medication (At Discharge)		X		X
OE110H3a	Special Treatments, Procedures, and Programs: Antibiotics (On Admission)	X		X	X
OE110H3c	Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)		X		X
OE110H4a	Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)	X		X	X
OE110H4c	Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)		X		X
OE110H5a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X	X
OE110H5c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X		X
OE110I1a	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X		X	X
OE110I1c	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X		X
OE110I2a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X		X	X
OE110I2c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X		X
OE110I3a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X		X	X
OE110I3c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		X		X

© 2024 NADONA LLC

30 updated September 2023

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.

© 2024 NADONA LLC

34

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.

© 2024 NADONA LLC

35

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.

© 2024 NADONA LLC

36

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

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

Types of Reports cont.

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





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)

© 2024 NADONA LLC 48

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

© 2024 NADONA LLC

49

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

© 2024 NADONA LLC

50

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

© 2024 NADONA LLC

51



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

© 2024 NADONA LTC

53

"Data That Matters"		Organized Data															
Spearheaded Design by Frank Block Consulting, Inc.		Actual															
Performance Measure	Shift Measure	1st Sra	2nd Sra	3rd Sra	4th Sra	5th Sra	6th Sra	7th Sra	8th Sra	9th Sra	10th Sra	11th Sra	12th Sra	13th Sra	14th Sra	15th Sra	
"Log Day Check"		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
Kindergarten	Number of students recognized as "Log Day"	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
1st Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
2nd Grade		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
3rd Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
4th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
5th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
6th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
7th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
8th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
9th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
10th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
11th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
12th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
Great Behavior		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
Kindergarten	Percentage of students receiving a B or better	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
1st Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
2nd Grade		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
3rd Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
4th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
5th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
6th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
7th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
8th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
9th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
10th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
11th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
12th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
Always on Time!		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
Kindergarten	Number of tardies per student	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
1st Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
2nd Grade		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
3rd Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
4th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
5th Grade		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
6th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
7th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
8th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
9th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
10th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
11th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
12th Grade	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		

54
