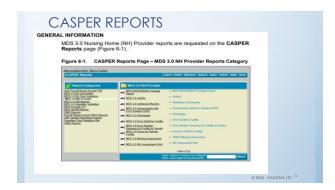


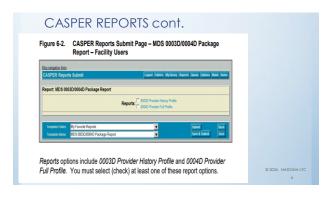
Objectives

- 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.

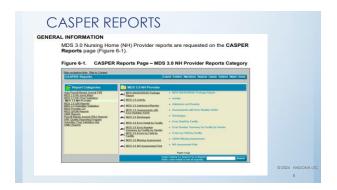
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Types of Reports





J10-# 1	H 11/18 1382764							SPER Report vider History Nevada			Lest Spoke: 11/10/2014 Page 1 of 4	
SOULD State's	MIS SO ER CITY Region	W CARE O ULEVARD NV 8800 Code: LV	5			Perticipa	omber den De	(702)290-5151 (#) 00:01:2001		Provider Beds Total: 67 Certified: 67	Provider Category: SNE/SE (DUAL) Type Astient RECERTIFICATION Type Ownership: FOR PROFIT - CORPORATION	
Limbi		1044.71000	00.724	ii reguesi	1400	ander (et an ar		ooram Require				
Curren	Survey	Revisit D	ates - 0	4952014								
	Code	Prior 2 Survey 03/2012		Prior 1 Survey 63/2013	S/S Code	Current Survey 02/21/2014	S/S Code	Plan/Date of Correction		Requirement		
				×	D				REQ		ENCY & TIMEL INESS OF PHYSICIAN VISIT SAL VISITS BY PHYSICIAN ALTERNATE PANP	
×	D					X C	D	94/05/2014	REG	F0411-ROUTE	E-ENERGENCY CENTAL SERVICES IN SIMPS IN GENTRAL REPORT IRREGULAR, ACT ON	
×	0	×	0			xc	D	64 05 2014		F0431-DRUG R	ECORDS, LABELSTORE DRUGS & DW.CORDS, LABELSTORE DRUGS &	
x	D	×	0	*	ε	хc		64/05/2014	REQ	F0514-RES RE	ION CONTROL, PREVENT SPREAD, LINENS CORDS-COMPLETE ACCURATE ACCESSIBLE ABUTTEE MEMBERSAMEET QUARTERLY PLANS	
							- 9	LSC Deficient				
Edition	of LSC	Applied										
Prior 3 Survey 03/2911	5/5 Code	Prior 2 Survey 63/2012	5/5	Prior 1 Survey (S)2013	5/5	Current Survey (0)212014	5.5	Plan/Date of Correction		LSC Deficienci	ns - Blidg # 01	
×	D			x	E				STD STD STD STD	K0004-GMCKE	INS G OF FIRE ALARM DETECTOR MAINTENANCE	
		×	D	×	0	x c	0	84/05/2014			ATIC SPRINGLER SYSTEM LER SYSTEM MAINTENANCE	
		×	0		p				STD		PING AND DECORATIONS ICAL IDRING AND EQUIPMENT	
									OID		COLUMN TO CONTRACT	
				×	D						MAY VISITS - REVIEW CAREMOTES ORDERS	



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.



Quality	Measures
• The c	current nursing home quality measures are:
- Sh	ort 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*

Quality Measures cont.

Discharge Function Score

- . 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 Who Received the Seasonal Influenza Vaccine
 Percent of Residents Who Received the Seasonal Influenza Vaccine

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. © 2024 NADONALIC 13	
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. © 2024 NADONALIC 14	
Some Common Coding Errors	
Using a dash instead of answering the question	
Submitting a Medicare 5 day MDS in error when the resident was an Medicare Advantage and then not submitting a PPS Discharge assessment. [Medicare Advantage requires a 5 day but it is not submitted, but the admission assessment is.	
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	

	Final	Data Collection	Public Reporting
IDS Assessment Based Measures	Rute	Began Nationa	Began 10/24/2018
NF QRP Measure #1: Application of Percent of Residents speriencing One or More Falls with Major Injury (Long Stay) [CMIT leasure IID #00520 (CBE-endorsed)] NF QRP Measure #2: Drug Regimen Review Conducted with ollow-Up for Identified Issues—PAC SNF QRP (CMIT Measure ID)			
NF QRP Measure #2: Drug Regimen Review Conducted with oilow-Up for identified issues—PAC SNF QRP [CMIT Measure ID 100225 (not endorsed)]	2017	10/1/2016	10/28/2020
NF QRP Measure #3: Changes in Skin Integrity Post-Acute Care: hressure Ulcer/Injury [CMIT Measure ID #00121 (not endorsed)]	2018	10/1/2018	10/26/2020
JUNIOZ (INCERDOISSE) BY QIPP Measure #1: Changes in Skin Integrity Post-Acute Care: ressure Ulcer/injury (CMIT Measure ID #00121 (not endorsed)) BY QIPP Measure #8. Expilication of IRF Functional Outcome fleasure: Discharge Self-Care Score for Medical Rehabilitation allients (CMIT Measure ID #00404 (not endorsed))	2018	10/1/2018	10/26/2020
tients (CMIT Measure ID #00404 (not endorsed)) IF QRP Measure #5: Application of IRF Functional Outcome passure: Discharge Mobility Score for Medical Rehabilitation	2018	10/1/2018	10/26/2020
WF QRP Measure #St. Application of IRF Functional Outcome leasure: Discharge Mobility Score for Medicial Rehabilitation sitents (CMIT Measure ID #00403 (not endorsed)) WF QRP Measure #6t Transfer of Health Information to the rowider Post-Acute Care (PAC) [CMIT Measure ID #00728 (not make the control of the control	2020	10/1/2023	
	2020	10/1/2023	
In Figure 47: Transfer of Health Information to the halfent-Post-Acute Care (PAC) [CMIT Measure ID #00727 (not endorsed)]	2020	10/1/2023	
QRP Measure #8: Discharge Function Score [CMIT Measure ID 698 (not endorsed)]	2024	10/1/2023	
1698 (not endorsed)]			
	2024 1	NADONA LTC	
	10	I Brown C. C.	In an a
SNF QRP Measures	Final Rute	Data Collection Began	Public Reporting Began
MDS Assessment Based Measures cont. SNF QRP Measure #9: COVID-19 Vaccine: Percent of			- Congress
SNF QRP Measure #9: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMIT Measure ID #01699	2004	10/1/2024	
(not endorsed))			
CDC NHSN Measures			
NF QRP Measure #10: COVID-19 Vaccination Coverage among fealthcare Personnel (HCP) [CMIT Measure ID #00180 (not	2022 2024 M	10/1/2023 od	
endorsed)] endorsed()]			
endorsedij SNF QRP Measure #11: Influenza Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00390 (CBE- endorsedij	2023	10/1/2022	
Medicare Fee-For-Service Claims-Rased Measures	2017		10/24/2018
SNF QRP Measure #12: Medicare Spending Per Beneficiary (MSPB) Post-Acute Care (PAC) SNF QRP (CMIT Measure ID #00434 (not			
ndorsed]] NF QRP Measure #13: Discharge to Community - PAC SNF QRP	2017		10/24/2018
T Measure ID #00210 (CBE-endorsed)) QRP Measure #14: Potentially Preventable 30-Day Post- harge Readmission Measure – SNF QRP (CMIT Measure ID	2017		10/24/2019
charge Readmission Measure – SNF QRP (CMIT Measure ID 1575 (not endorsed)) F QRP Measure #15: SNF Healthcare-Associated Infections (HAI	1		6/29/2022
NF QRP Measure #15: SNF Healthcare-Associated Infections (HAI equiring Hospitalization [CMIT Measure ID #00680 (not endorsed	2002		e/29/2022
		nical information last up	skired 3/28/2024
	/2024 /	NADONA LTC	
Skilled Narning Facility (bash	y Report	ing Program (SNF	QRP)
Skilled Nursing Pacility Qualit Elements Used for Reporting Assessment Based Quality Measures	y Report and Stame) Determ	ing Program (SNF lardized Patient As function	QRP) sessment Data Elemen
Skilled Narsing Pacific (Juni Elements Used for Reporting Assessment Smed Quesley Selectors (Julies CAV			
for SNF QRP quality measures and standardized patient assessment dat tute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
for SNF QRP quality measures and standardized patient assessment dat tute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
for SNF QRP quality measures and standardized patient assessment dat tute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
for SNF QRP quality measures and standardized patient assessment dat tute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
or SNF QRP quality measures and standardized patient assessment dat te-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
or SNF QRP quality measures and standardized patient assessment dat te-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
or SNF QRP quality measures and standardized patient assessment dat te-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
for SNF QRP quality measures and standardized patient assessment datate-Care-Quality-Initiatives/IMPACT-Act-0f-2014/IMPACT-Act-Down	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In
Skilled Narsing Facility Quality a Elements Used for Reporting Assessment Based Quality Measures (Facility Control of Con	a elements nloads-and	https://www.cms.g l-Videos.html	ov/Medicare/Quality-In

Skilded Nursing Facility Quality Reporting Fregram (NNF) (RP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Paymer

Update (APU) Determination

MD	S Data Elements Used for FY 2025 SNF QRP APU Determination	MDS 3.0 Ass	essment Type	Data Collection Periods (CY 2023)		
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B-[01]	Part A PPS Discharge A031001-[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	
AHIBA	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			х	
A1250	Transportation	X	X		X	
A2105*	Discharge Status		X		X	
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		х		х	
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 Throe 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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19 updated September 2023

Skilled Narsing Facility Quality Reporting Program (NSV QRF)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardined Patient Assessment Data Elements Affecting FY 2025 Annual Payme

Epdate (APV) Determination

Page 4 of 15

MDS Data Elements Used for FY 2025 SNF QRP APU Determination			essment 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 had about yourself – or that you are a failure or have let yourself or your family down	x	x		х	
D0150F2	Symptom Frequency: Feeling had 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		х	

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updated September 202

Skilled Nursing Facility Quality Reporting Program (NNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Assessd Psy
Ophtic (AFS) Determination

MD	S Data Elements Used for FY 2025 SNF QRP APU Determination	MDS 3.0 Ass	essment 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		х
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		х
D0150E2	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	x	x		х
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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21 pdated September 2023 Skilled Naming Facility Quality Reporting Program (NNF QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Psymer

Update (AFU) Determination

From 6 of 15

MD	S Data Elements Used for FY 2025 SNF QRP APU Determination	MDS 3.0 Ass	essment Type	Data Collection Periods (CY 2023)		
MDS Section & Number	Duta 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+	Showen bathe self (Discharge Goal)	X		X		
GG0130E3	Showen 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 Iving (Discharge Goal)	X		X		
GG0170B3	Sit to Iving (Discharge Performance)		X	X	X	

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Skilled Narsing Facility Quality Reporting Program (NNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardior Patient Assessment Data Elements Affecting FY 2025 Annual Payment
Update (AFT) Determination

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Ass	essment 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 bod (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	Chain bed-to-chair transfer (Admission Performance)	X		X	X	
GG0170E2+	Chain bed-to-chair transfer (Discharge Goal)	X		X		
GG0170E3	Chain 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	
GG0170II	Walk 10 feet (Admission Performance)	X		X	X	
GG017082+	Walk 10 feet (Discharge Goal)	X		X		
GG017083	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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Skilled Nursing Facility Quality Reporting Program (NNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Payme

MD	MDS Data Elements Used for FY 2025 SNF QRP APU Determination		essment 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	
GG017033	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	
GG017002+	12 steps (Discharge Goal)	X		X		
GG017003	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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24 plated September 202 Sallido Varning Faellity Quality Reporting Program (NNF QRF)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardised Patient Assessment Data Elements Affecting FV 2025 Annual Paym

Update (APU) Determination

Fage 4:155

MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Ass	essment 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	
190400	Bowel continence	X		X	X	
10900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X		X	X	
12900	Diabetes mellitus (DM)	X		X	X	
30510	Pain Effect on Sleep	X	X		X	
J0520	Pain Interference with Therapy Activities	X	X		X	
20530	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		Y.	X	

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Skilled Nursing Facility Quality Reporting Program (NNY QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measurers and Standardized Parliest Assessment Data Elements Affecting FY 2025 Annual Paymen
Update (APU) Determination

MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Ass	essment Type	Data Collection Periods (CY 2023)		
MDS Section & Number	Data Element Labeli Description		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 fooding (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 sicers 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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26 updated September 20

Salled Norsing Feeling Outsile Reporting Pragram (NN QRP)
Overview of Data Elements Used for Reporting Assessment Stated Quality, Measure and State Induction Deploid Assessment State Elements Affecting FY 2025 Annual Psys

MDS Data Elements Used for FY 2025 SNF QRP APU Determination			essment 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-nemovable dressing/device that were present upon admission/entry or reentry		x	x	х	
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or exchar	х	х	x	Х	
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or exchar that were present upon admission/entry or reentry		х	x	Х	
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 adminion/entry or recentry		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 - Anticoogulant: 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	
N041512	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		Х	

27 updated September 2023 Skilled Varning Facility Quality Reporting Program (NNP QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Psymo

Update (APL) Determination

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Asse	ssment Type	Data Collection Periods (CV 2023)		
MDS Section & Number	Data Element Label/Description		Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2023 MD8 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 invalin)	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	
O0110ATc	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X		X	
O0110A2a	Special Treatments, Procedures, and Programs: TV (On Admission)	X			X	
O0110A2c	Special Treatments, Procedures, and Programs: TV (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	
00110034	Special Treatments Procedures and Programs: Continuous (At Discharge)					

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Orieview of Data Elements Used for Reporting Assessment-Based Qualify Resporting Program (NN) QMF)

Orieview of Data Elements Used for Reporting Assessment-Based Qualify Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Paymen

Update (APU) Determination

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MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Ass	essment 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
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
O0110C4e	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			х
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		х		х
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	x			х
O0110G1e	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		x		х
O0110G2s	Special Treatments Broandens and Broanness BiRAR (The Administrat)	v			v

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Skilled Nazziag Facility Quality Reporting Fregram (NNF QRF)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Payme

Update (APU) Determination

MDS Data Elements Used for FY 2025 SNF QRP APU Determination			essment 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
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
O01108He	Special Treatments, Procedures, and Programs: IV Medications (At Discharge)		X		X
O0110H2a	Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)	X			X
O01108I2c	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
O011084a	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
O0110IIa	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X			X
O011001e	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X		X
O011001a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X			X
0011001c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X		X
O011002a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X			X
O011002c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		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 Paymen
Update (APU) Determination	

MDS Data Elements Used for FY 2025 SNF QRP APU Determination		MDS 3.0 Ass	essment Type	Data Collection Periods (CY 2023)		
MDS Section & Number	Data Element Label/Description		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	
00110J3a	Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)	X			X	
D0110J3c	Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)		X		X	
00110O1a	Special Treatments, Procedures, and Programs: IV Access (On Admission)	X			X	
00110O1c	Special Treatments, Procedures, and Programs: IV Access (At Discharge)		X		X	
0011002a	Special Treatments, Procedures, and Programs: Peripheral (On Admission)	X			X	
0011002c	Special Treatments, Procedures, and Programs: Peripheral (At Discharge)		X		X	
00110O3a	Special Treatments, Procedures, and Programs: Midline (On Admission)	X			X	
0011003c	Special Treatments, Procedures, and Programs: Midline (At Discharge)		X		X	
00110O4a	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission)	x			x	
00110O4c	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge)		х		X	
00110Z1a	Special Treatments, Procedures, and Programs: None of the Above (On Admission)	X			X	
00110Z1c	Special Treatments, Procedures, and Programs: None of the Above (At Discharge)		X		X	

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

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updated September 2025

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.

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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.

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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 allcause, unplanned hospital readmissions for Medicare fee-forservice 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 seasure 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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Manager and Link to Yantomat Report	Program Year	Fregram Year	Program Year	FY 2027 Fragram Year	Programs Vent	Upcoming V
SMFRM (POF)	741	791	790	Yes		
Saling Parting Facility Insufficace, Associated infantoria (Colf Toky Financing Hangdalastine)			780	2000	Yes	Based
And the self-street and the self-self-self-self-self-self-self-self-			Yes	See	Yes	Purchasing
TeleLitecory Neth Servers (1981)			Yes	Nex.	See	Measures by
San San Street Street Street				Yes	Yes	Fiscal Years
Concern of the control of speciments from the state of the state of the large state of the state of the large state of the large state of large state of larg				(900)	794	riscai reais
Disable gas Faculties Sance So. Shifts (Fig.)				Ven	Yes	
Stunder of Incommissations per LODO LODE STAY, Section 1 (Sept. 1997)				700	790	
Control of the Contro					Yes	
Company INFO Technology Information Management Secretary Advisory And Company And Company Information Secretary And Company Information Informati	M. MOPAL M. MOPAL M. MOPAL M. MOPAL M. M	Manager of Control of	of a (O(A)) Considering (O(A) Constanting (O(A)	Committee of the state of the s	II. Distances Total Tetal Tetal	Last update 3/1/2024
	THOSE PROPERTY	one per 1,000 I	Long Stay Tree			3/1/2024

	QM	QRP	VBP	S Star	Care	Casper
SHORT-STAY Percent of Residents Who Newly Received an	×			¥	×	Х
Antipaychotic Medication	^					
Percent of Residents Who Made Improvements in	v			Frozen 2/24-		~
Function (Benjaced with the SNF ORP measure				10/24		
Discharge Function Score in IQIES Oct. 1, 2023 and will	- 1					
replace this measure in Five-Star with the October 2024	- 1					
refresh)						
Percent of Residents Who Were Assessed and	×				×	
Appropriately Given the Sessonal Influenza Vaccine						
Percent of Residents Who Were Assessed and	×				×	
Appropriately Given the Pneumococcel Vaccine						
Percent of Residents Experiencing One or More Falls	Х			×	×	×
With Major Injury	^			^	_ ^	_ ^
Percent of Residents with Pressure Ulcers	×			From 4/24	- 1	×
				1/20		
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 With New or Worsened Bowel or	×				×	×
Bladder Incontinence	_					
Percent of Residents Who Were Physically Restrained	×				×	×
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased	×			X X	×	×
				3/256		
Percent of Residents Who Lose Too Much Weight	×				×	×
Percent of Residents Who Have Symptoms of Depression	×				×	×
Percent of Residents Who Received an Antipsychotic	×			×	×	×
Medication Percent of Residents Whose Ability to Walk	v		_	Frozen 4/24	-	-
Independently Worsened	^			1/26	· ×	- ×
Prevalence of Falls	×					×
Percent of Residents Who Used Antianxiety or Hypnotic	÷				×	×
Medication						
Prevalence of Antianxiety/Hypnotic Use	×				×	×
Prevalence of Behavior Symptoms Affecting Others	×					×
Percent of Residents Assessed and Appropriately Given	×				×	
the Seasonal Influenza Vaccine	_					
Percent of Residents Assessed and Appropriately Given	×				×	
the Pneumococcal Vaccine Claims Based Measures						
Percent of Short-Stay Residents Who Have Had an				×	¥	
Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit	- 1		1 1	*	. ×	
Percent of Short-Stay Residents Who Were Re-	_				×	
Hospitalized after a Nursing Home Admission	- 1			^	^	
Number of Hospitalizations per 1,000 Long-Stay			Starte	×	×	
Resident Days	- 1		FY 2027		ı ^	
Number of Outpatient Emergency Department Visits per				×	×	
			1 1			

Claims Based Measures Cont.	_					
Discharge to Community-PAC SNF QRP (Rate of		×	Starts	×	×	
Successful Return to Home and Community from a SNF)			FY 2027			
Potentially Preventable 30-Day Post-Discharge		×			×	
Readmission—SNF QRP Medicare Spending Per Beneficiary—PAC SNF QRP	-	×			×	_
SNE Healthcare-Associated Infections (HAI) Requiring	_	- x	Marria		Ŷ	_
Hospitalization—SNF QRP		l ^	FY 2026		^	
Skilled Nursing Facility 30-Day Alt-Cause Readmission			×		×	
Measure—SNFRM						
MDS Based Measures						
Application of Percent of Residents Experiencing One or		×			×	
More Falls with Major Injury (Medicare stays) Drug Regimen Review Conducted with Follow-Up for	-	×	_		×	
Identified Issues—PAC SNF ORP		. ^			^	
Changes in Skin Integrity Post-Acute Care: Pressure	×	×		×	×	
Ulcer/Injury						
Application of the Inpatient Rehab Facility (IRF)		×			×	
Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients						
Application of the Inpatient Rehab Facility (IRF)	-	×			×	
Functional Outcome Measure: Discharge Mobility Score		l ^			^	
for Medical Behabilitation Patients						
Discharge Function Score	_	Starte	Starts	Storts 10/24	Storte 10/24	
Transfer of Health Information to the Provider Post-Acute	_	PY 2020	FY 2027		TBD	_
Care		PY 2025			100	
Transfer of Health Information to the Patient Post-Acute	_	Starts FY 9899			TBD	
Care		FY 9095				
Other Data Source Measures						
Influenza Vaccination Coverage among Healthcare Personnel (HCP) Note: (NHSN)		Starts			×	
Personnel (HCP) Note: (NHSN)		990ar 9994				
Total Nursing Hours Per Resident Day Staffing Measure		2000	Starta		TBD	
Payroll-Based Journal Database			Paugram			
•	_					
Total Nurse Turnover Measure Payroti-Based Journal Database			Bearing		×	
Database			2026 Year			
COVID-19 Vaccination Measure Among Healthcare	_	×	2020		×	
Personnel (HCP) (NHSN)						

How Important is	the MDS?
 Diagnosis ADLs Vaccinations Discharges Bowel & Bladder Catheters Ulcers Medications Falls Infections Restraints Weight 	ine ivids y
 Depressive Symptoms 	© 2024 NADONA LTC

A	ATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDE	VIDER/SUPPLIER/CLI VTIFICATION NUMBER	A BULDING B. WING	(X3) DATE SURV	EY COMPLETED
NAME OF FAC	ILITY	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEPICIENCES (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA-	FULL	ID PREFIX TAG	PLAN OF CORRE (EACH CORRECTIVE ACT) CROSS-REFERRED TO THE APPR	ON SHOULD BE	COMPLETION DATE
	attement anding with an asteriak (*) derectes a deficiency wh erse for further instructions.) Except for running homes, the fireforgs and plans of correction are disclosuled 14 days foll					
	DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTAT	TVE'S SIGNA	TURE TI	ITLE	(00) DJ	ATE

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5 STAR	
-Survey -Tags scope/severity	
-QMs - Accuracy	
-Staffing - Payroll Based Journal reporting (Who is monitoring that for accuracy)	<u> </u>
-Overall- Ranking - Affects census, reputation, staffing,	<u> </u>
finances	
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ypes of Reports cont	
Internal Facility Driven	
- New Admissions	
- New Infections	
Antibiotic Usage (timeouts)Length of Stay	
- Return to Hospitalization	<u> </u>
- Weight loss	
- Pressure Injuries	
- Behaviors	
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Types of Reports cont.	

MDS ScrubbersAnalyticsQMs

Readmission ratesAssessmentsProgress NotesMedications

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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)

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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) - Behaviors (Weekly) - MDS Scrubbers (Daily/Weekly) - Analytics (Quarterly) - GMs - Readmission rates	
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	
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	
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Standard Sta	https://www.crrs.gov/Medicare/broider-Errollmert-and- Cartist-ator/purvo/cartis-atorisenth/fielics-and-Memos to States-and-Regions Cartist-ator/purvo/cartis-atorisenth/fielics-and-Memos to States-and-Regions Cartist-atori/purvo/cartis-atorisenth/fielics-and-Memos to States-and-Regions		
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	0001160 Interview amount in the U.S. In a Wild real and in Commerce Co.	55	

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/SNE-Quality-Reporting -Program-Measures-and-Technical-Information
- Reporting _-Program-Measures-and-Technical-In

 CMS Nursing Home Quality Initiative

 https://www.cms.gov/Medic.ore/Quality-Initiatives-PatientAssessment-Instruments/NursingHomeQualityInitiatives-PatientAssessment-Instruments/NursingHomeQuality-Initiatives-PatientAssessment-Instruments/Quality-Medicare/Quality-Initiatives-Patient-AssessmentInstruments/Quality-Medicare/Quality-Initiatives-Patient-AssessmentInstruments/Quality-Medicare/Quality-Initiatives-PatientInstruments/Quality-Medicare/Quality-Initiatives-PatientInstruments/Quality-AssessmentInstruments/Quality-AssessmentInstruments/Quality-Initiatives-PatientInitiatives-Patients/Quality-Initiatives-PatientInitiatives-Patients/Quality-Initiatives-PatientInitiatives-PatientsInitiative

