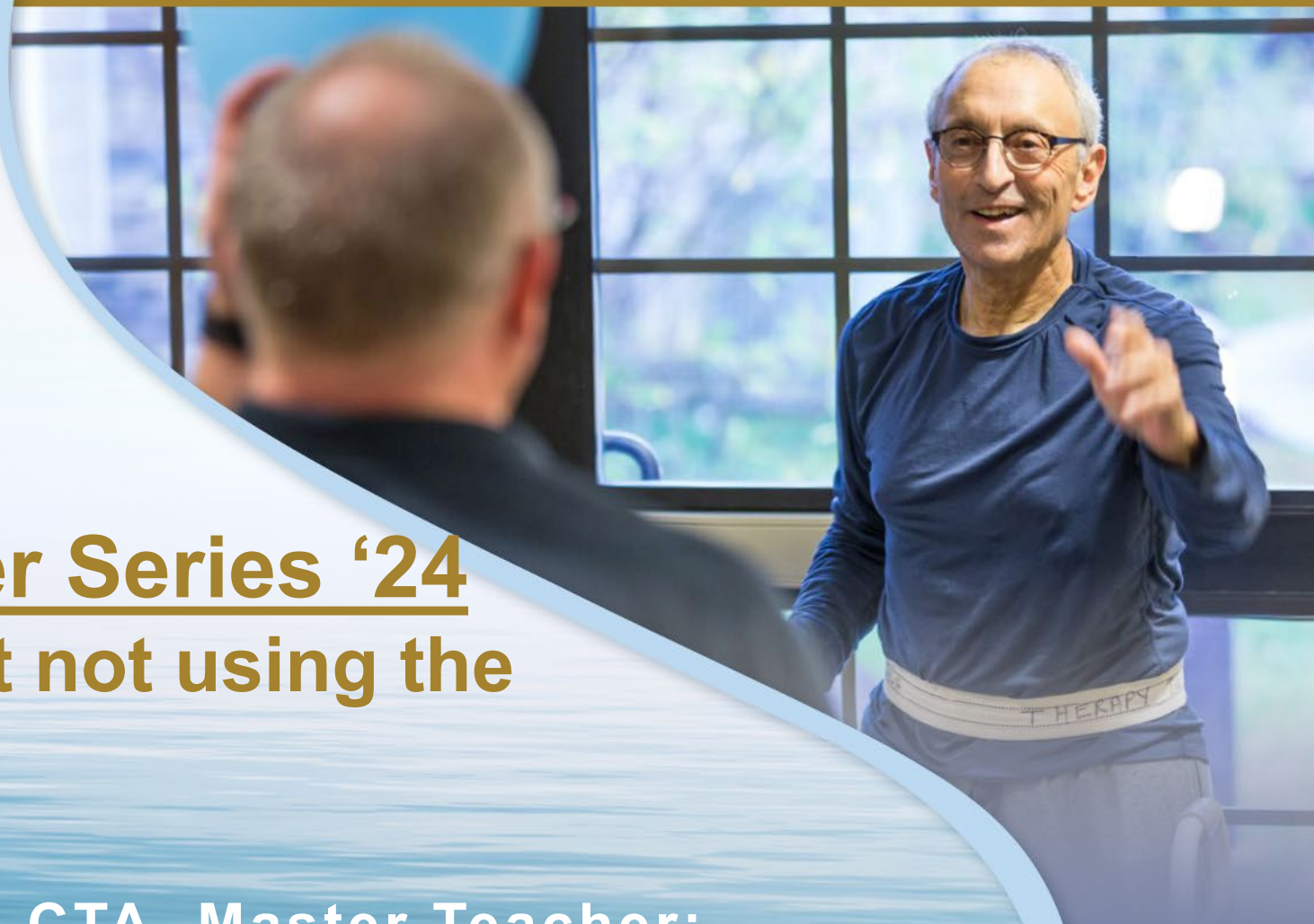
"A ***Knowledgeable*** and ***Compassionate*** partner"



BROAD RIVER REHAB

BRR Insiders™ Summer Series '24

Documentation to support not using the dash related to SNF QRP

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ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days

Learning Objectives

Not using the dash related to SNF QRP

- Understand which MDS items are QRP sensitive.
- Identify the financial impact of placing dashes in QRP sensitive items
- Apply documentation principles to prevent dash filling QRP sensitive items
- Recognize documentation pitfalls that lead to dashes

Resources

- SNF QRP
- SNF QRP Technical Specifications
- Reporting tables for FY 2026
- SNF QRP Data Submission Deadlines
- Health Equity Confidential Feedback Report educational Material
- RAI User's Manual ('24 and '25 Versions)

IMPACT Act

- On October 6, 2014, the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act) was signed into law.
- The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), **Skilled Nursing Facilities (SNFs)**, Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).
- Standardized data are to be collected by the commonly used assessment instruments: The Long-Term Care Hospital CARE Data Set (LCDS) for LTCHs, **the Minimum Data Set (MDS) for SNFs**, the Outcome and Assessment Information Set (OASIS) for HHAs, and the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) for IRFs.
- The IMPACT Act requires the reporting of standardized patient assessment data with regard to quality measures and standardized patient assessment data elements (SPADEs).
- The Act also requires the submission of data pertaining to measure domains pertaining to resource use, and other domains.
- In addition, the IMPACT Act requires assessment data to be standardized and interoperable to allow for exchange of the data among post-acute providers and other providers.
- The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning.

IMPACT Act QMs

TABLE 28: Quality Measures Currently Adopted for the SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set (Assessment-Based)	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
TOH-Provider	Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)
TOH-Patient	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)
DC Function	Discharge Function Score
Patient/Resident COVID-19 Vaccine	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
National Healthcare Safety Network	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (HCP)

SNF Quality Reporting Program (QRP)

- The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires CMS to develop, implement, and maintain standardized patient assessment data elements (SPADEs) for PAC settings (SNF, HH, LTCH, IRF).
- The goals of implementing cross-setting SPADEs are to facilitate care coordination and interoperability and to improve Medicare beneficiary outcomes.
- The IMPACT Act further requires that the assessment instruments for each PAC setting (MDS, OASIS, LCDS, IRF PAI) be modified to include core data elements on health assessment categories and that such data be standardized and interoperable. HH, IFF and LTCH tools have already been modified to report these SPADEs. **MDS 3.0 v1.18.11 contains the data elements necessary to comply with this mandate.**
- CMS has adopted SPADEs for five categories specified in the IMPACT Act:
  - **Cognitive function** (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
  - **Special services, treatments, and interventions** (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
  - **Medical conditions and comorbidities** (e.g., diabetes, heart failure, and pressure ulcers)
  - **Impairments** (e.g., incontinence; impaired ability to hear, see, or swallow)
  - **Other categories** as deemed necessary by the Secretary (Social Determents of Health)

SNF Quality Reporting Program (QRP)

- **Example: Cognitive Function**:
  - **C0100** Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
  - **C0200** Repetition of Three Words
  - **C0300** Temporal Orientation
  - **C0400** Recall
  - **C0500** BIMS Summary Score
  - **C1310** Signs and Symptoms of Delirium (from CAM©)
  - **C1310 A.** Acute Onset Mental Status Change
  - **C1310 B.** Inattention
  - **C1310 C.** Disorganized Thinking
  - **C1310 A.** Altered Level of Consciousness
  - **D0150** Resident Mood Interview (PHQ-2 to 9) (Replaces D0200)
  - **D0160**. Total Severity Score (Replaces D0300)

SNF Quality Reporting Program (QRP)

- **Example: Special Services, Treatments, and Interventions**:
  - **O0110A1**. Chemotherapy (A2. IV, A3. Oral, A10. Other),
  - **O0110B1**. Radiation,
  - **O0110C1**. Oxygen therapy (C2. Continuous, C3. Intermittent, C4. High-concentration oxygen delivery system)
  - **O0110D1**. Suctioning (D2. Scheduled, D3. As needed),
  - **O0110E1**. Tracheostomy Care,
  - **O0110F1**. Invasive mechanical ventilator
  - **O0110G1**. Non-invasive mechanical ventilator (G2. BiPAP, G3. CPAP)
  - **O0110H1**. IV medications (H2. vasoactive medications, H3. antibiotics, H4. anticoagulants, H5. other)
  - **O0110I1**. Transfusions
  - **O0110J1**. Dialysis (J2. hemodialysis, J3. peritoneal dialysis)
  - **O0110O1**. IV access (O2. peripheral IV, O3. midline, O4. central line)

SNF Quality Reporting Program (QRP)

- **Example: Special Services, Treatments, and Interventions**:
  - **K0520A**. Parenteral/IV feeding
  - **K0520B**. Feeding tube
  - **K0520C**. Mechanically altered diet (not coded while not a resident)
  - **K0520D**. Therapeutic diet (not coded while not a resident)
  - **N0415A**. Antipsychotic
  - **N0415B**. Antianxiety
  - **N0415C**. Antidepressant
  - **N0415D**. Hypnotic
  - **N0415E**. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
  - **N0415F**. Antibiotic
  - **N0415G**. Diuretic
  - **N0415H**. Opioid
  - **N0415I**. Antiplatelet (new item)
  - **N0415J**. Hypoglycemic (including insulin) (new item).

SNF Quality Reporting Program (QRP)

- **Example: Medical Conditions and Co-Morbidities**:
  - **J0400** Pain Frequency
  - **J0510**. Pain Effect on Sleep
  - **J0520**. Pain Interference with Therapy Activities
  - **J0530**. Pain Interference with Day-to-Day Activities
- **Example: Impairments**
  - **B0200** Hearing
  - **B1000** Vision

SNF QRP Updates – New MDS Items

- CMS has finalized a requirement to require SNFs to collect and submit four new items in the MDS as standardized patient assessment data elements under the SDOH category because these items would collect information not already captured by the current SDOH items.
- These items will begin to be collected for residents admitted on October 1, 2025 through December 31, 2025 for purposes of the FY 2027 SNF QRP, **excluding any SNF residents who, immediately prior to their hospitalization that preceded a new SNF stay, resided in a NF for at least 366 continuous days**.
- SNFs will be required to submit the Living Situation, Food, and Utilities items as standardized patient assessment data elements under the SDOH category at admission only (and not at discharge) because it is unlikely that the assessment of those items at admission would differ from the assessment of the same item at discharge.
- SNFs will also collect and submit the modified standardized patient assessment data element, Transportation, at admission only.

SNF QRP Updates – New MDS Items Timing

- SNFs will be required to report these new SDOH items and the modified Transportation item using the MDS beginning with residents admitted on October 1, 2025 through December 31, 2025 for purposes of the FY 2027 SNF QRP.
- Starting in CY 2026, SNFs would be required to submit data for the entire calendar year for each program year.
- SNFs will be required to submit the Living Situation, Food, and Utilities items as standardized patient assessment data elements under the SDOH category at admission only (and not at discharge) because it is unlikely that the assessment of those items at admission would differ from the assessment of the same item at discharge.
- SNFs will be required to collect and submit the modified standardized patient assessment data element, Transportation, at admission only.

SNF Quality Reporting Program (QRP)

- **Example: Social Determinants of Health**:
  - **Ethnicity** – MDS item A1005
  - **Race** – MDS item A1010
  - **Preferred Language** – MDS item A1110
  - **Interpreter Services** – MDS item A1110
  - **Transportation** – MDS item A1250
  - **Health Literacy** – MDS item B1300
  - **Social Isolation** – MDS item D0700
  - New FY 2026 – **Living Situation**
  - New FY 2026 – **Food (x 2 items)**
  - New FY 2026 – **Utilities**
  - Revised FY 2026 – **Transportation**

SNF QRP Updates – Measures Under Consideration

TABLE 29: Future Measure Concepts Under Consideration for the SNF QRP

Quality Measure Concepts
Vaccination Composite
Pain Management
Depression
Patient Experience of Care/Patient Satisfaction

- The FY 2025 final rule contained comments and suggestions for future measure development based on the RFI. CMS indicate that they will use input from this RFI to inform future measure development efforts.

SNF Quality Reporting Program (QRP)

- **Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP) FY 2024: MDS Reporting Requirements**
  - In the FY 2024 Final Rule CMS increased the SNF QRP Data Completion thresholds for the Minimum Data Set (MDS) Data Items beginning with the FY 2026 SNF QRP.
  - SNFs now need to report 100% of the required quality measure data and standardized patient assessment data elements collected using the MDS on at least 90% of the assessments they submit to CMS.
  - **Starting with data collected in CY 2024, any SNF that does not meet the requirement that 90% of all MDS assessments submitted contain 100% of required data items, will be subject to a reduction of 2 percentage points to the applicable FY annual payment update beginning with FY 2026**.

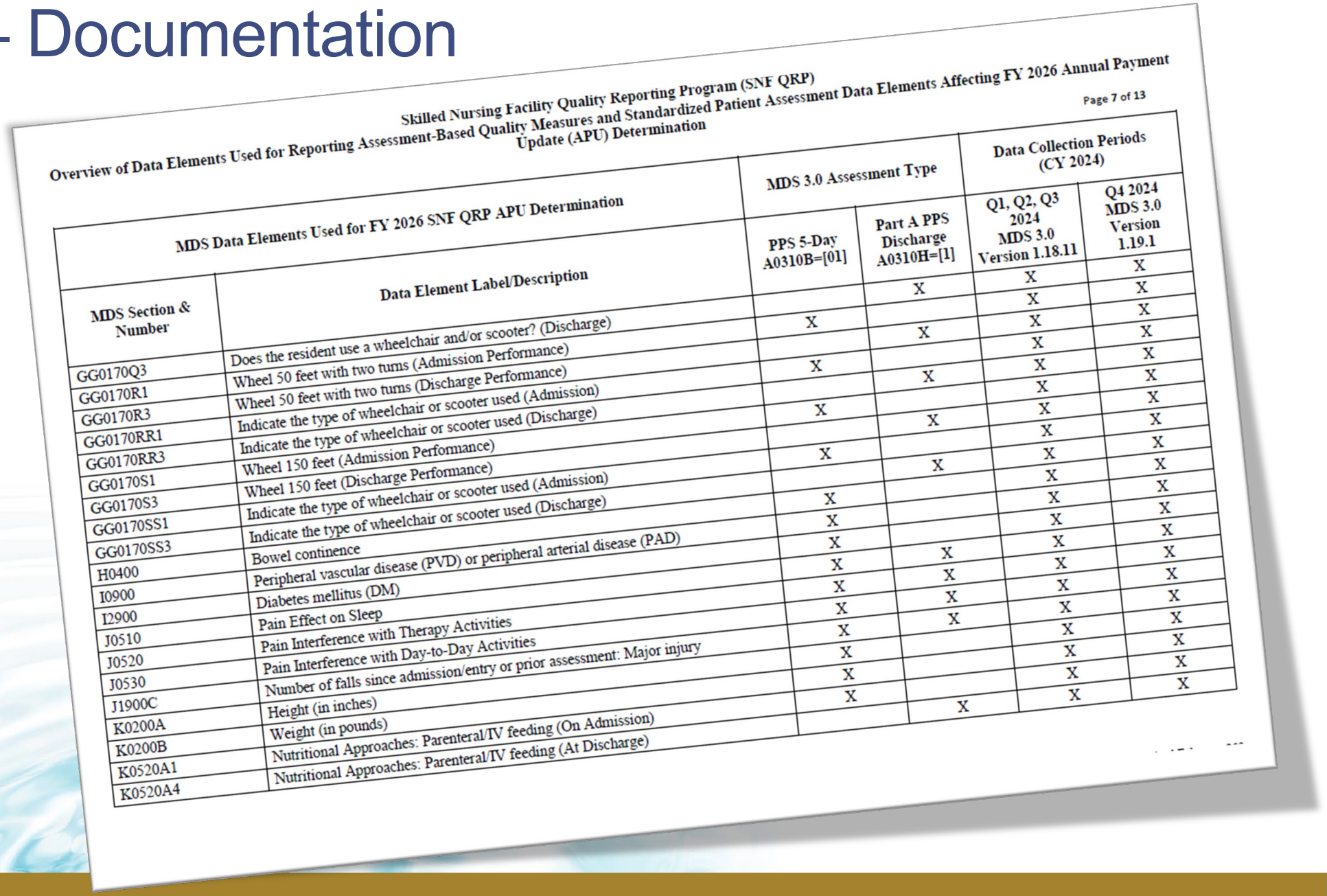
SNF QRP Updates – Validation

MDS-based Measures

- CMS is adopting a similar validation process for the SNF QRP that CMS has adopted for the SNF Value-Based Purchasing (VBP) program in the FY 2024 SNF PPS final rule beginning with the FY 2027 SNF QRP.
- CMS will require that the validation contractor would select, on an annual basis, up to 1,500 SNFs that submit at least one MDS record in the **fiscal year (FY) 2 years prior to the applicable FY SNF QRP**.
- SNFs that are selected to participate in the SNF QRP validation for a program year would be the same SNFs that are randomly selected to participate in the SNF VBP validation process for the corresponding SNF VBP program year.
- CMS will require that the validation contractor would request up to 10 medical records from each of the selected SNFs. The selected SNFs be required to submit the medical records within 45 days of the date of the request (as documented on the request).
- To decrease the burden for the selected SNF, the validation contractor will request that the SNFs submit the same medical records, at the same time, that are required from the same SNFs for purposes of the SNF VBP validation.

SNF QRP – Documentation

MDS-based Measures and SPADEs Data elements affecting FY 2026 APU Determination



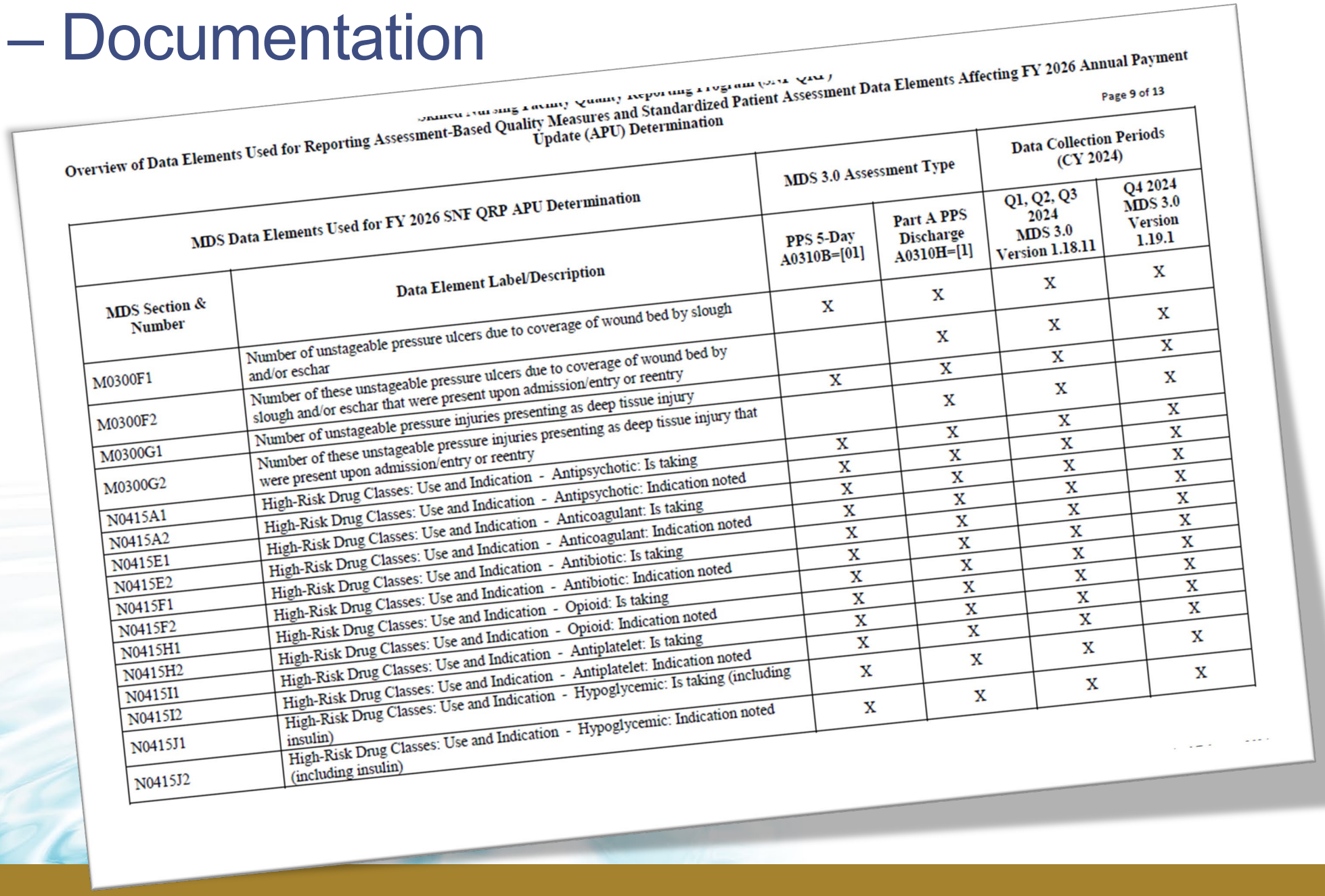
Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Payment Update (APU) Determination

MDS Data Elements Used for FY 2026 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2024)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2024 MDS 3.0 Version 1.18.11	Q4 2024 MDS 3.0 Version 1.19.1
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
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
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	X
I2900	Diabetes mellitus (DM)	X	X	X	X
J0510	Pain Effect on Sleep	X	X	X	X
J0520	Pain Interference with Therapy Activities	X	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
K0200A	Height (in inches)	X		X	X
K0200B	Weight (in pounds)	X	X	X	X
K0520A1	Nutritional Approaches: Parenteral/IV feeding (On Admission)				
K0520A4	Nutritional Approaches: Parenteral/IV feeding (At Discharge)				

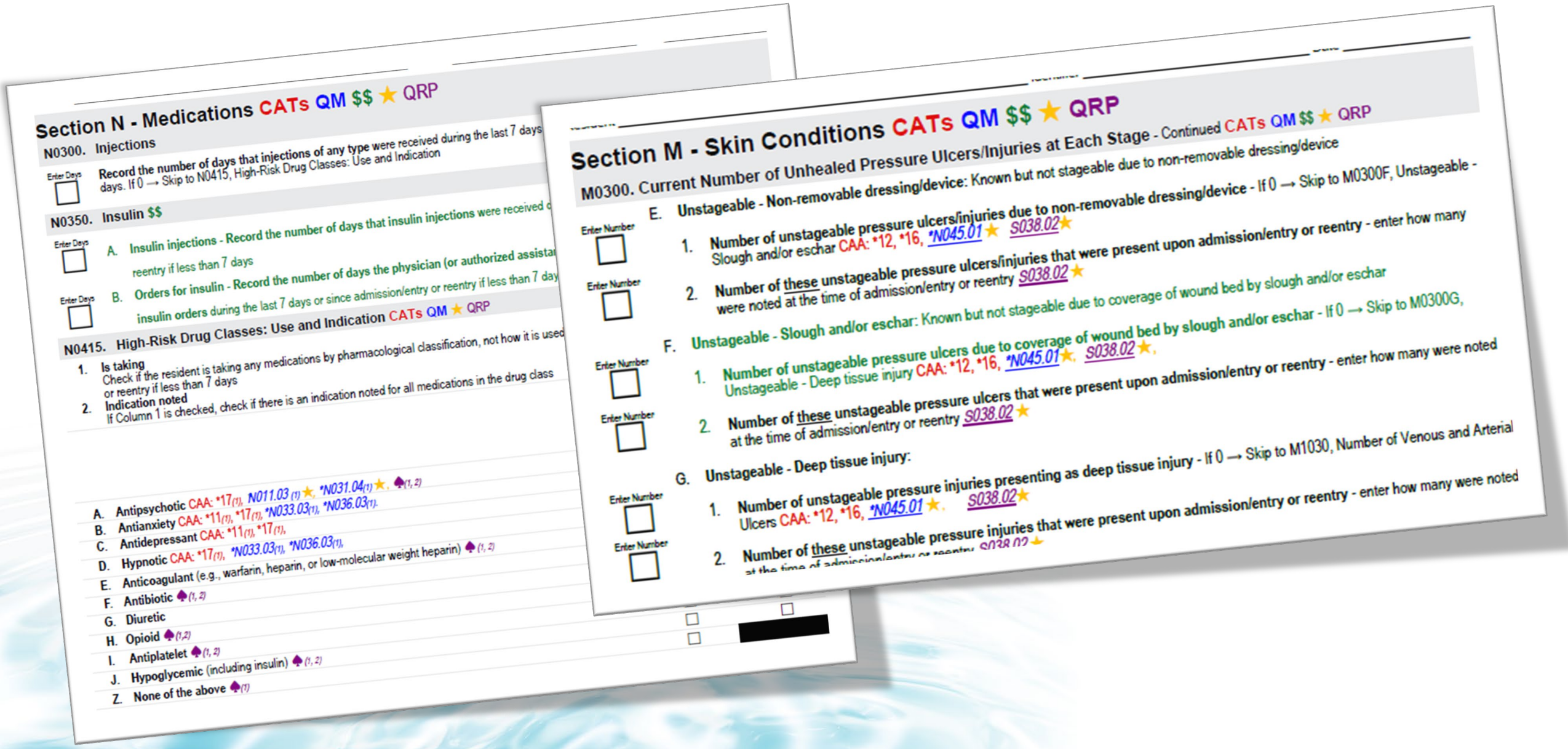
SNF QRP – Documentation

MDS-based Measures and SPADEs Data elements affecting FY 2026 APU Determination



Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Payment Update (APU) Determination

MDS Data Elements Used for FY 2026 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2024)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2024 MDS 3.0 Version 1.18.11	Q4 2024 MDS 3.0 Version 1.19.1
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	X
N0415A2	High-Risk Drug Classes: Use and Indication - Antipsychotic: Indication noted	X	X	X	X
N0415E1	High-Risk Drug Classes: Use and Indication - Anticoagulant: Is taking	X	X	X	X
N0415E2	High-Risk Drug Classes: Use and Indication - Anticoagulant: Indication noted	X	X	X	X
N0415F1	High-Risk Drug Classes: Use and Indication - Antibiotic: Is taking	X	X	X	X
N0415F2	High-Risk Drug Classes: Use and Indication - Antibiotic: Indication noted	X	X	X	X
N0415H1	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 - Antiplatelet: Is taking	X	X	X	X
N0415I2	High-Risk Drug Classes: Use and Indication - Antiplatelet: Indication noted	X	X	X	X
N0415J1	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Is taking (including insulin)	X	X	X	X
N0415J2	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Indication noted (including insulin)	X	X	X	X


Section N - Medications CATs QM $$ ★ QRP
N0300. Injections
Enter Days
Record the number of days that injections of any type were received during the last 7 days
days. If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication
N0350. Insulin $$
Enter Days
A. Insulin injections - Record the number of days that insulin injections were received
reentry if less than 7 days
Enter Days
B. Orders for insulin - Record the number of days the physician (or authorized assista
insulin orders during the last 7 days or since admission/entry or reentry if less than 7 day
N0415. High-Risk Drug Classes: Use and Indication CATs QM ★ QRP
1. Is taking
Check if the resident is taking any medications by pharmacological classification, not how it is used
or reentry if less than 7 days
2. Indication noted
If Column 1 is checked, check if there is an indication noted for all medications in the drug class
A. Antipsychotic CAA: *17(1), N011.03 (1) ★, *N031.04(1) ★, ♠(1, 2)
B. Antianxiety CAA: *11(1), *17(1), *N033.03(1), *N036.03(1).
C. Antidepressant CAA: *11(1), *17(1),
D. Hypnotic CAA: *17(1), *N033.03(1), *N036.03(1),
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) ♠ (1, 2)
F. Antibiotic ♠(1, 2)
G. Diuretic
H. Opioid ♠(1,2)
I. Antiplatelet ♠(1, 2)
J. Hypoglycemic (including insulin) ♠ (1, 2)
Z. None of the above ♠(1)
Section M - Skin Conditions CATs QM $$ ★ QRP
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued CATs QM $$ ★ QRP
Enter Number
E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable -
Slough and/or eschar CAA: *12, *16, *N045.01★ S038.02★
Enter Number
2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many
were noted at the time of admission/entry or reentry S038.02★
Enter Number
F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G,
Unstageable - Deep tissue injury CAA: *12, *16, *N045.01★, S038.02★,
Enter Number
2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted
at the time of admission/entry or reentry S038.02★
G. Unstageable - Deep tissue injury:
Enter Number
1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial
Ulcers CAA: *12, *16, *N045.01★, S038.02★
Enter Number
2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted

Takeaways

- The SNF QRP is here to stay. More measures are on the way that will use existing data elements and additional elements.
- Pay attention to the FY 2026 data element APU tables.
- Don’t dash fill QRP sensitive items. Follow the RAI Manual’s documentation guidance.
  - Example: If the resident interview was not conducted within the look-back period of the ARD, interview gateway item must be coded 1, Yes, and the standard “no information” code (a dash “-”) entered in the resident interview items.
  - (QRP APU Table footnote *). Dash (–) is not an allowable response value for this item.
- Don’t ignore your MDS Submission validation reports.
- Get up to speed on the new data elements that will be added for FY 2026.
- Get ready for SNF QRP Validation.
- Spend time with the updated RAI Manual(s).
- Don’t leave QRP compliance to chance.

Questions?