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BROAD RIVER REHAB

SNF PPS FY 2022 Final Rule

The Facts Beyond the Headlines

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Agenda

FY 2022 SNF PPS Final Rule

- FY 2022 Updates to the SNF Payment Rates
- Wage Index Adjustments
- Methodology for Recalibrating the PDPM Parity Adjustment
- Administrative Level of Care Presumption of Coverage
- Changes in PDPM ICD-10 Code Mappings
- Skilled Nursing Facility Quality Reporting Program (SNF QRP) update
- Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program
- Financial Impact

FY 2022 Updates to the SNF Payment Rates

- **Market Basket Update**
  - Every year CMS updates the PPS rate based on changes in the Market Basket (the overall cost of goods and services that contribute to expenditures required to run and maintain a nursing facility). This is then adjusted by a forecast error adjustment and multi-factor productivity adjustment as applicable. For Fy2022 market basket updates, CMS has will use FY 2018 as the base comparison year.
  - For FY 2022, CMS determined an update to the Market Basket of 2.7%.
  - This has been adjusted down to 1.9% due to a 0.8% forecast error adjustment (0.5% threshold).

TABLE 2: Difference Between the Actual and Forecasted Market Basket Increases for FY 2020

Index	Forecasted FY 2020 Increase*	Actual FY 2020 Increase**	FY 2020 Difference
SNF	2.8	2.0	-0.8

*Published in **Federal Register**; based on second quarter 2019 IGI forecast (2014-based index).
**Based on the fourth quarter 2020 IGI forecast (2014-based index).

  - Finally, the FY 2022 Market Basket update has been adjusted to **1.2%** due to a 0.7% Productivity Adjustment (the 10-year moving average of changes in annual economy-wide private nonfarm business multi-factor productivity).
  - CMS indicates the overall economic impact will be $410 million in aggregate payments to SNFs for FY 2022.

FY 2022 Updates to the SNF Payment Rates

- **Exclusion of Blood Clotting Factor (BCF) from Consolidated Billing**
  - For FY 2022, CMS will add “blood clotting factors indicated for the treatment of patients with hemophilia and other bleeding disorders . . . and items and services related to the furnishing of such factors to the list of items and services excludable from the Part A SNF PPS per diem payment, effective for items and services furnished on or after October 1, 2021
  - This will affect the NTA and nursing base rates because BCF is a type of NTA and nursing resources are required to furnish this medication.
  - After a 5-part calculation to determine the effect that excluding BCF from consolidated billing will have on these two components CMS has determined:
    - an urban base rate deduction of $0.02, which would be applied as a $0.01 reduction to the FY 2022 NTA base rate and a $0.01 reduction to the FY 2022 nursing base rate.
    - a rural base rate deduction of $0.02, which would be applied as a $0.01 reduction to the FY 2022 NTA base rates and a $0.01 reduction to the FY 2022 nursing base rate.
  - This results in a total reduction in SNF spending of $1.2 million (1.5 million if COVID-19 data included).
  - See https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10866otn for specific Blood Clotting Factor HCPCS Codes effective for items and services provided on or after October 1, 2021.

FY 2022 Updates to the SNF Payment Rates

- **Exclusion of Blood Clotting Factor (BCF) from Consolidated Billing (cont.)**
  - •**J7170** INJ., EMICIZUMAB-KXWH 0.5 MG •**J7175** INJ, FACTOR X, (HUMAN), 1IU •**J7179** VONVENDI INJ 1 IU VWF:RCO •**J7180** FACTOR XIII ANTI-HEM FACTOR •**J7181** FACTOR XIII RECOMB A-SUBUNIT •**J7182** FACTOR VIII RECOMB NOVOEIGHT •**J7183** WILATE INJECTION •**J7185** XYNTHA INJ •**J7186** ANTIHEMOPHILIC VIII/VWF COMP •**J7187** HUMATE-P, INJ •**J7188** FACTOR VIII RECOMB OBIZUR •**J7189** FACTOR VIIA RECOMB NOVOSEVEN •**J7190** FACTOR VIII •**J7191** FACTOR VIII (PORCINE) •**J7192** FACTOR VIII RECOMBINANT NOS •**J7193** FACTOR IX NON-RECOMBINANT •**J7194** FACTOR IX COMPLEX •**J7195** FACTOR IX RECOMBINANT NOS •**J7196** ANTITHROMBIN RECOMBINANT •**J7197** ANTITHROMBIN III INJECTION •**J7198** ANTI-INHIBITOR •**J7199** HEMOPHILIA CLOT FACTOR NOC •**J7200** FACTOR IX RECOMBINAN RIXUBIS •**J7201** FACTOR IX ALPROLIX RECOMB •**J7202** FACTOR IX IDELVION INJ •**J7203** FACTOR IX RECOMB GLY REBINYN •**J7204** INJ.,FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT),(ESPEROCT), GLYCOPEGYLATED-EXEI •**J7205** FACTOR VIII FC FUSION RECOMB •**J7207** FACTOR VIII PEGYLATED RECOMB •**J7209** FACTOR VIII NUWIQ RECOMB 1IU •**J7210** INJ, AFSTYLA, 1 I.U. •**J7211** INJ, KOVALTRY, 1 I.U. •**J7212** FACTOR VIIA RECOMB SEVENFACT
- **In addition, due to commenters suggestions, CMS has added the following HCPCS chemotherapy code that will be excluded from SNF CB effective for claims with dates of service on or after July 1, 2021:**
  - • Q5123 INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG

FY 2022 Updates to the SNF Payment Rates

FY 2021 Base Rates

FY 2022 Base Rates

TABLE 3: FY 2021 Unadjusted Federal Rate Per Diem—URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$62.04	$57.75	$23.16	$108.16	$81.60	$96.85

TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$70.72	$64.95	$29.18	$103.34	$77.96	$98.64

TABLE 4: FY 2022 Unadjusted Federal Rate Per Diem—URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$62.82	$58.48	$23.45	$109.51	$82.62	$98.07

TABLE 5: FY 2022 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$71.61	$65.77	$29.55	$104.63	$78.93	$99.88

FY 2022 Updates to the SNF Payment Rates

Urban Case Mix Adjusted Rates and Associated indexes

TABLE 6: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.53	$96.11	1.49	$87.14	0.68	$15.95	ES3	4.06	$444.61	3.24	$267.69
B	1.70	$106.79	1.63	$95.32	1.82	$42.68	ES2	3.07	$336.20	2.53	$209.03
C	1.88	$118.10	1.69	$98.83	2.67	$62.61	ES1	2.93	$320.86	1.84	$152.02
D	1.92	$120.61	1.53	$89.47	1.46	$34.24	HDE2	2.40	$262.82	1.33	$109.88
E	1.42	$89.20	1.41	$82.46	2.34	$54.87	HDE1	1.99	$217.92	0.96	$79.32
F	1.61	$101.14	1.60	$93.57	2.98	$69.88	HBC2	2.24	$245.30	0.72	$59.49
G	1.67	$104.91	1.64	$95.91	2.04	$47.84	HBC1	1.86	$203.69	-	-
H	1.16	$72.87	1.15	$67.25	2.86	$67.07	LDE2	2.08	$227.78	-	-
I	1.13	$70.99	1.18	$69.01	3.53	$82.78	LDE1	1.73	$189.45	-	-
J	1.42	$89.20	1.45	$84.80	2.99	$70.12	LBC2	1.72	$188.36	-	-
K	1.52	$95.49	1.54	$90.06	3.7	$86.77	LBC1	1.43	$156.60	-	-
L	1.09	$68.47	1.11	$64.91	4.21	$98.72	CDE2	1.87	$204.78	-	-
M	1.27	$79.78	1.30	$76.02	-	-	CDE1	1.62	$177.41	-	-
N	1.48	$92.97	1.50	$87.72	-	-	CBC2	1.55	$169.74	-	-
O	1.55	$97.37	1.55	$90.64	-	-	CA2	1.09	$119.37	-	-
P	1.08	$67.85	1.09	$63.74	-	-	CBC1	1.34	$146.74	-	-
Q	-	-	-	-	-	-	CA1	0.94	$102.94	-	-
R	-	-	-	-	-	-	BAB2	1.04	$113.89	-	-
S	-	-	-	-	-	-	BAB1	0.99	$108.41	-	-
T	-	-	-	-	-	-	PDE2	1.57	$171.93	-	-
U	-	-	-	-	-	-	PDE1	1.47	$160.98	-	-
V	-	-	-	-	-	-	PBC2	1.22	$133.60	-	-
W	-	-	-	-	-	-	PA2	0.71	$77.75	-	-
X	-	-	-	-	-	-	PBC1	1.13	$123.75	-	-
Y	-	-	-	-	-	-	PA1	0.66	$72.28	-	-

FY 2022 Updates to the SNF Payment Rates

Rural Case Mix Adjusted Rates and Associated indexes

TABLE 7: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—RURAL

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.53	$109.56	1.49	$98.00	0.68	$20.09	ES3	4.06	$424.80	3.24	$255.73
B	1.70	$121.74	1.63	$107.21	1.82	$53.78	ES2	3.07	$321.21	2.53	$199.69
C	1.88	$134.63	1.69	$111.15	2.67	$78.90	ES1	2.93	$306.57	1.84	$145.23
D	1.92	$137.49	1.53	$100.63	1.46	$43.14	HDE2	2.40	$251.11	1.33	$104.98
E	1.42	$101.69	1.41	$92.74	2.34	$69.15	HDE1	1.99	$208.21	0.96	$75.77
F	1.61	$115.29	1.60	$105.23	2.98	$88.06	HBC2	2.24	$234.37	0.72	$56.83
G	1.67	$119.59	1.64	$107.86	2.04	$60.28	HBC1	1.86	$194.61	-	-
H	1.16	$83.07	1.15	$75.64	2.86	$84.51	LDE2	2.08	$217.63	-	-
I	1.13	$80.92	1.18	$77.61	3.53	$104.31	LDE1	1.73	$181.01	-	-
J	1.42	$101.69	1.45	$95.37	2.99	$88.35	LBC2	1.72	$179.96	-	-
K	1.52	$108.85	1.54	$101.29	3.7	$109.34	LBC1	1.43	$149.62	-	-
L	1.09	$78.05	1.11	$73.00	4.21	$124.41	CDE2	1.87	$195.66	-	-
M	1.27	$90.94	1.30	$85.50	-	-	CDE1	1.62	$169.50	-	-
N	1.48	$105.98	1.50	$98.66	-	-	CBC2	1.55	$162.18	-	-
O	1.55	$111.00	1.55	$101.94	-	-	CA2	1.09	$114.05	-	-
P	1.08	$77.34	1.09	$71.69	-	-	CBC1	1.34	$140.20	-	-
Q	-	-	-	-	-	-	CA1	0.94	$98.35	-	-
R	-	-	-	-	-	-	BAB2	1.04	$108.82	-	-
S	-	-	-	-	-	-	BAB1	0.99	$103.58	-	-
T	-	-	-	-	-	-	PDE2	1.57	$164.27	-	-
U	-	-	-	-	-	-	PDE1	1.47	$153.81	-	-
V	-	-	-	-	-	-	PBC2	1.22	$127.65	-	-
W	-	-	-	-	-	-	PA2	0.71	$74.29	-	-
X	-	-	-	-	-	-	PBC1	1.13	$118.23	-	-
Y	-	-	-	-	-	-	PA1	0.66	$69.06	-	-

Wage Index Adjustments

- **Wage Index**
  - CMS is required to adjust the Federal rates to account for differences in area wage levels, using a wage index that the Secretary determines appropriate.
  - Since the inception of the SNF PPS, CMS has used hospital inpatient wage data in developing a wage index to be applied to SNFs. CMS will continue this practice for FY 2022,
  - CMS continues to believe that in the absence of SNF-specific wage data, using the hospital inpatient wage index data is appropriate and reasonable for the SNF PPS.
  - The final wage index data for FY 2022 can be found at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex
  - In the FY 2021 final rule CMS finalized the use of revised OMB CBSA delineation that included a 1-year transition that applied a 5% cap on any decrease in a CBSA's wage index compared to its wage index for the prior FY, 2020.
  - For FY 2022 the revised wage indexes relative to the FY 2021 revised OMB delineations will go into full effect.
  - The wage index adjusts the labor related portion of the case mix adjusted base rate.

Wage Index Adjustments

- **Labor Related Share of the Rate**
  - CMS defines the labor-related share (LRS) as those expenses that are labor-intensive and vary with, or are influenced by, the local labor market. Each year, CMS calculates a revised labor related share based on the relative importance of labor-related cost categories in the input price index. Effective for FY 2022, CMS is will revise and update the labor-related share to reflect the relative importance of the 2018-based SNF market basket cost categories that they believe are labor-intensive and vary with, or are influenced by, the local labor market. These are:
    - (1) Wages and Salaries (including allocated contract labor costs as described above);
    - (2) Employee Benefits (including allocated contract labor costs as described above);
    - (3) Professional fees: Labor-related;
    - (4) Administrative and Facilities Support Services;
    - (5) Installation, Maintenance, and Repair Services;
    - (6) All Other: Labor-Related Services; and
    - (7) a proportion of capital-related expenses.
    - CMS proposes to continue to include a proportion of capital-related expenses because a portion of these expenses are deemed to be labor-intensive and vary with, or are influenced by, the local labor market.

Labor Related Portion of the Rate (Cont.)

For this final rule, CMS is basing the labor-related share for FY 2022 on IGI's second quarter 2021 forecast, with historical data through the first quarter 2021. Table 8 summarizes the labor-related share for FY 2022, based on IGI's second quarter 2021 forecast of the 2018-based SNF market basket with historical data through first quarter 2021, compared to the labor-related share that was used for the FY 2021 SNF PPS final rule.

Wage Index Adjustments

TABLE 8: Labor-Related Relative Importance, FY 2021 and FY 2022

	Relative importance, labor-related share, FY 2021 20:2 forecast[1]	Relative importance, labor-related share, FY 2022 21:2 forecast[2]
Wages and salaries	51.1	51.4
Employee benefits	9.9	9.5
Professional fees: Labor-related	3.7	3.5
Administrative & facilities support services	0.5	0.6
Installation, maintenance & repair services	0.6	0.4
All other: Labor-related services	2.6	2.0
Capital-related (.391)	2.9	3.0
Total	71.3	70.4

[1] Published in the **Federal Register** (85 FR 47605); based on the second quarter 2020 IHS Global Inc. forecast of the 2014-based SNF market basket, with historical data through first quarter 2020.
[2] Based on the second quarter 2021 IHS Global Inc. forecast of the 2018-based SNF market basket, with historical data through first quarter 2021.

Provider Name	State	FY 2020 CBSA	FY 2021 CBSA	CBSA Changed	FY 2020 Wage Index	FY 2021 Wage Index (Old OMB Delineation)	FY 2021 Wage Index (New OMB Delineation)	FY 2021 Wage Index (New OMB Delineation + 5% Cap)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NJ	35614	35154	Yes	1.2745	1.2998	1.0623	1.2108

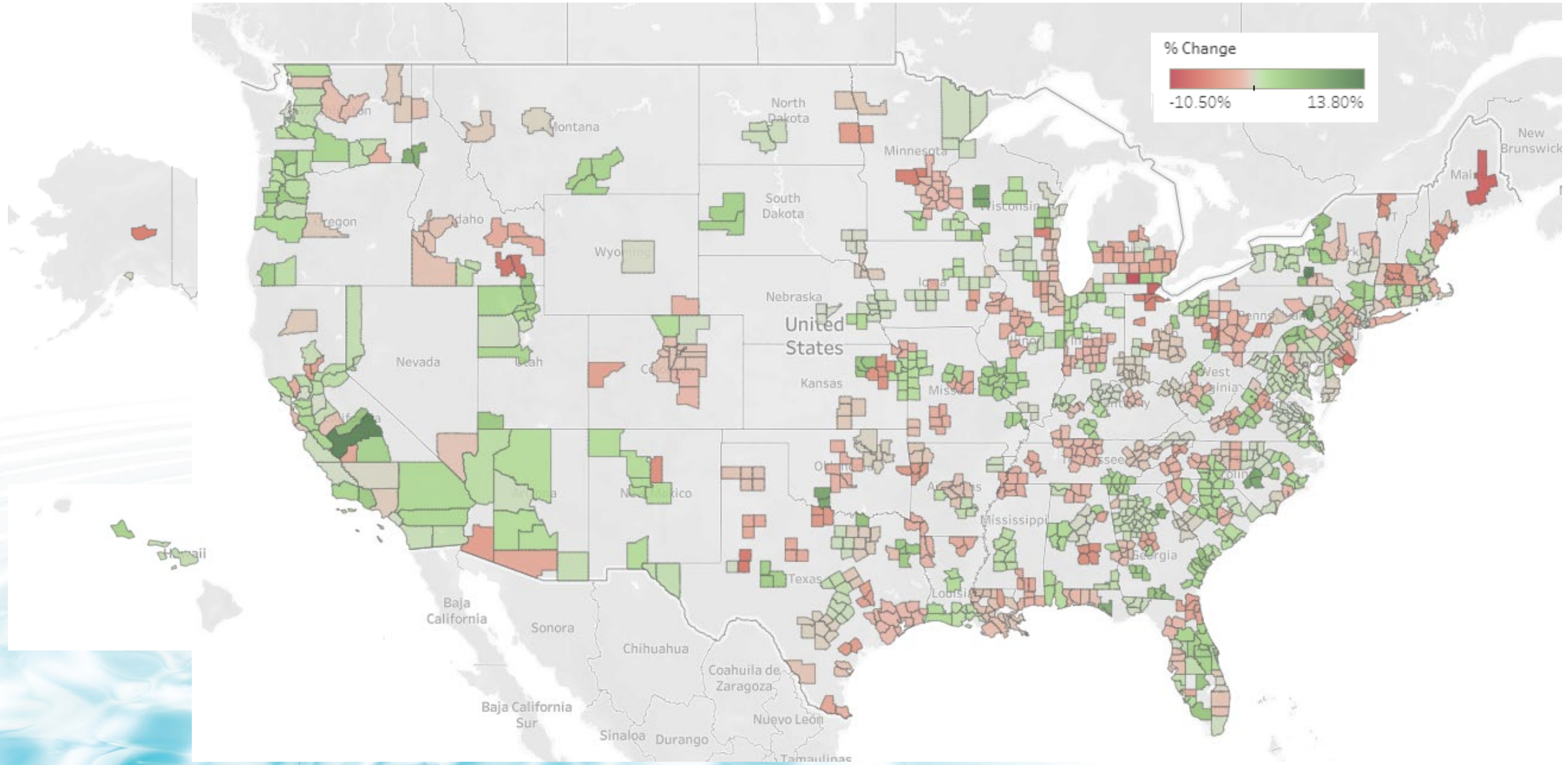
FY 2021 Rate Table

Day	PT	OT	SLP	NSG	NTA	Urban				1.2108	
HIPPS	TN/N		SH/H	CBC2/N	NC/C	Non-CM	Labor	N-Labor	U Rate	WI Rate	ADR
1	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 450.42	$ 96.85	$ 684.20	$ 275.41	$ 959.61	$ 1,103.84	$ 1,103.84
2	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 450.42	$ 96.85	$ 684.20	$ 275.41	$ 959.61	$ 1,103.84	$ 1,103.84
3	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 450.42	$ 96.85	$ 684.20	$ 275.41	$ 959.61	$ 1,103.84	$ 1,103.84
4	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 150.14	$ 96.85	$ 470.10	$ 189.23	$ 659.33	$ 758.43	$ 1,017.49
5	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 150.14	$ 96.85	$ 470.10	$ 189.23	$ 659.33	$ 758.43	$ 965.68
6	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 150.14	$ 96.85	$ 470.10	$ 189.23	$ 659.33	$ 758.43	$ 931.14
7	$ 91.82	$ 86.63	$ 66.24	$ 167.65	$ 150.14	$ 96.85	$ 470.10	$ 189.23	$ 659.33	$ 758.43	$ 906.46

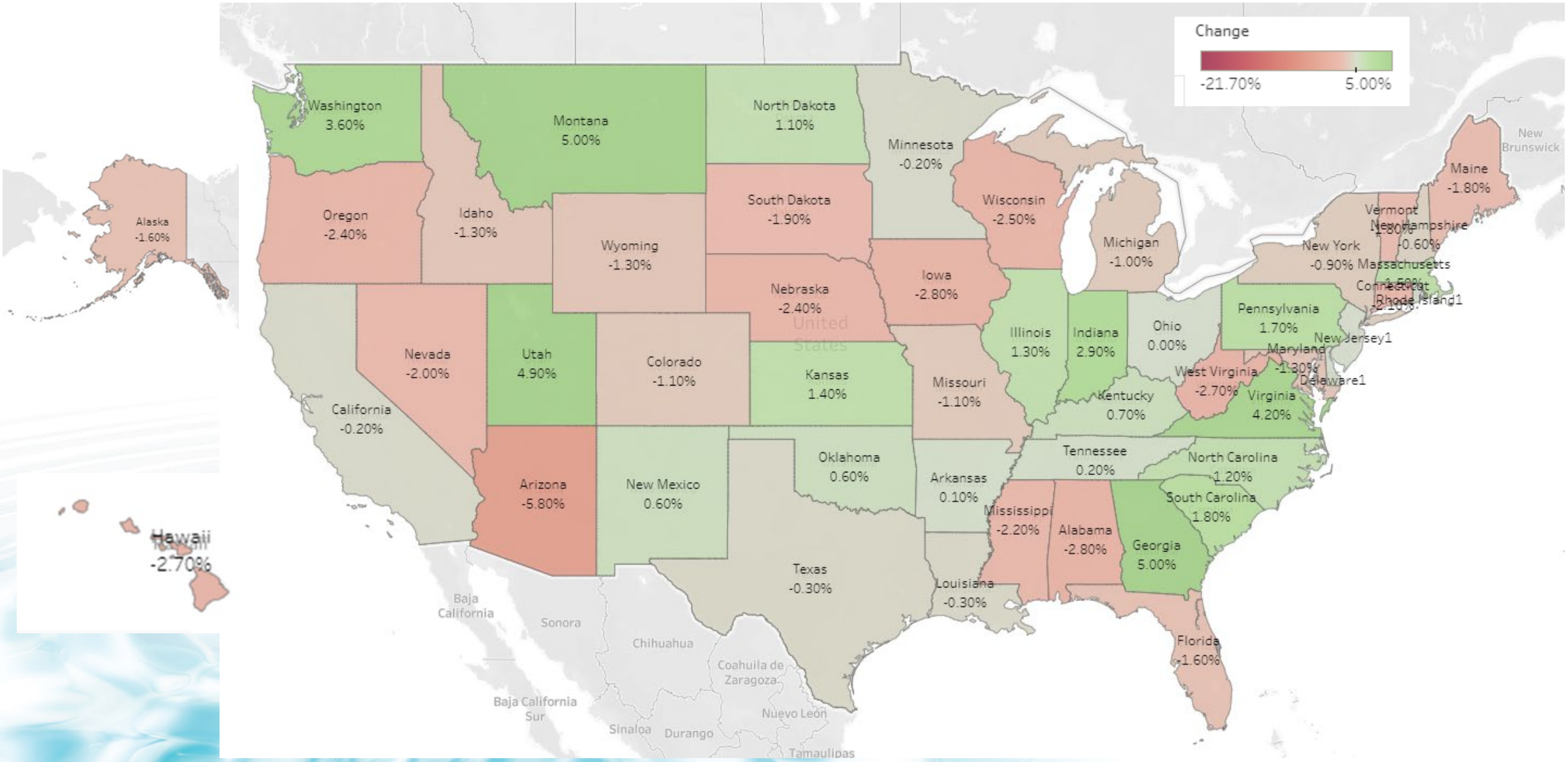
FY 2022 Final Rate Table

Day	PT	OT	SLP	NSG	NTA	Urban				1.0578	
HIPPS	TN/N		SH/H	CBC2/N	NC/C	Non-CM	Labor	N-Labor	U Rate	WI Rate	ADR
1	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 456.06	$ 98.07	$ 684.03	$ 287.60	$ 971.63	$ 1,011.17	$ 1,011.17
2	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 456.06	$ 98.07	$ 684.03	$ 287.60	$ 971.63	$ 1,011.17	$ 1,011.17
3	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 456.06	$ 98.07	$ 684.03	$ 287.60	$ 971.63	$ 1,011.17	$ 1,011.17
4	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 152.02	$ 98.07	$ 469.98	$ 197.61	$ 667.59	$ 694.76	$ 932.07
5	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 152.02	$ 98.07	$ 469.98	$ 197.61	$ 667.59	$ 694.76	$ 884.61
6	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 152.02	$ 98.07	$ 469.98	$ 197.61	$ 667.59	$ 694.76	$ 852.97
7	$ 92.97	$ 87.72	$ 67.07	$ 169.74	$ 152.02	$ 98.07	$ 469.98	$ 197.61	$ 667.59	$ 694.76	$ 830.36

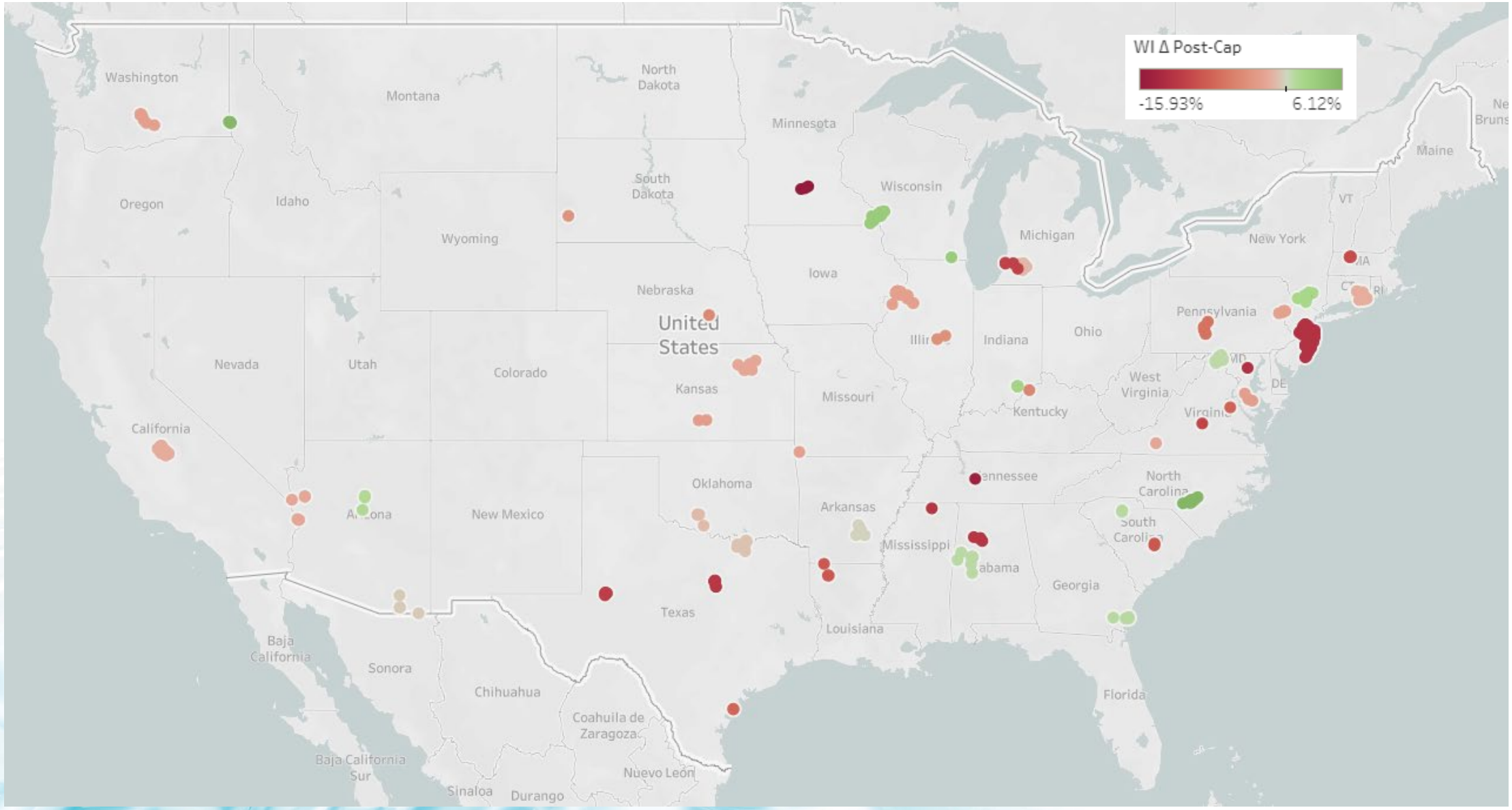
Wage Index Change URBAN FY 2021 - FY 2022



Wage Index Change Rural FY 2021 to FY 2022



FY2022 Wage Index Changes Post Cap



Methodology for Recalibrating the PDPM / Parity Adjustment

- **Parity Adjustment**
  - CMS has determined, through budget neutrality analysis, that even absent COVID related cases in 2020, i.e., active COVID dx. and or use of the 3-day stay waiver, there was a 5.0% increase in aggregate spending under the PDPM for FY 2020 due to the shift in case mix utilization, compared to FY 2019.
  - CMS observed slight decreases in the average CMI for the PT and OT rate components for SNF populations as compared to what was expected, as well as significant increases in the average CMI for the SLP (22.6%), Nursing (16.8%), and NTA (5.6%) for FY 2020 populations as compared to what was expected, for FY 2020 SNF population. CMS sees these significant increases in the average case-mix for these components as primarily responsible for the inadvertent increase in spending under PDPM.

TABLE 23: Average Case-Mix Index, Expected and Actual, by Component

	Expected CMI (FY 2019 Estimate)	Actual CMI (FY 2020)	Actual CMI (FY 2020 without DR or COVID)
Component	Average CMI	Average CMI	Average CMI
PT	1.53	1.50	1.52
OT	1.52	1.51	1.52
SLP	1.39	1.71	1.67
Nursing	1.43	1.67	1.62
NTA	1.14	1.20	1.21

• Methodology for Recalibrating the PDPM / Parity Adjustment

- **Parity Adjustment (Cont.)**
  - Due to the indication of a 5.0% increase in spending for FY 2020 compared to FY 2019, CMS proposed a path towards recalibration of the parity adjustment that was in initially implemented with the PDPM in FY 2020 based on 2017 and 2018 data (46%), in order to achieve budget neutrality equally across all PDPM case mix adjusted components in FY 2022 (37%). This would achieve a 5% reduction in SNF spending under PDPM or $1.7 billion.
  - To do this, each expected PDPM case mix index, based on 2017 and 2018 claims data, would be revised by the new parity adjustment factor of 37%. This equates to a 5% reduction in the proposed FY 22 case mix indexes.

Methodology for Recalibrating the PDPM / Parity Adjustment

FY 2022 Urban Case Mix Adjusted Rates and Associated indexes including a parity adjustment

TABLE 24: Recalibrated PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.44	$90.49	1.40	$81.89	0.64	$15.01	ES3	3.82	$418.48	3.05	$252.05
B	1.60	$100.54	1.53	$89.49	1.71	$40.12	ES2	2.89	$316.60	2.38	$196.68
C	1.77	$111.23	1.59	$93.00	2.51	$58.88	ES1	2.76	$302.36	1.73	$142.97
D	1.81	$113.74	1.44	$84.23	1.37	$32.14	HDE2	2.26	$247.58	1.25	$103.30
E	1.34	$84.21	1.33	$77.79	2.2	$51.61	HDE1	1.87	$204.86	0.9	$74.38
F	1.52	$95.52	1.51	$88.32	2.80	$65.69	HBC2	2.11	$231.15	0.68	$56.20
G	1.57	$98.66	1.54	$90.07	1.92	$45.04	HBC1	1.75	$191.71	-	-
H	1.09	$68.50	1.08	$63.17	2.69	$63.11	LDE2	1.96	$214.72	-	-
I	1.06	$66.61	1.11	$64.92	3.32	$77.89	LDE1	1.63	$178.57	-	-
J	1.34	$84.21	1.36	$79.55	2.81	$65.92	LBC2	1.62	$177.47	-	-
K	1.43	$89.86	1.45	$84.81	3.48	$81.64	LBC1	1.35	$147.89	-	-
L	1.03	$64.73	1.04	$60.83	3.96	$92.90	CDE2	1.76	$192.81	-	-
M	1.20	$75.41	1.22	$71.36	-	-	CDE1	1.52	$166.52	-	-
N	1.39	$87.35	1.41	$82.47	-	-	CBC2	1.46	$159.94	-	-
O	1.46	$91.75	1.46	$85.40	-	-	CA2	1.03	$112.84	-	-
P	1.02	$64.10	1.03	$60.24	-	-	CBC1	1.26	$138.03	-	-
Q	-	-	-	-	-	-	CA1	0.88	$96.40	-	-
R	-	-	-	-	-	-	BAB2	0.98	$107.36	-	-
S	-	-	-	-	-	-	BAB1	0.93	$101.88	-	-
T	-	-	-	-	-	-	PDE2	1.48	$162.13	-	-
U	-	-	-	-	-	-	PDE1	1.38	$151.18	-	-
V	-	-	-	-	-	-	PBC2	1.15	$125.98	-	-
W	-	-	-	-	-	-	PA2	0.67	$73.40	-	-
X	-	-	-	-	-	-	PBC1	1.06	$116.12	-	-
Y	-	-	-	-	-	-	PA1	0.62	$67.92	-	-

Methodology for Recalibrating the PDPM / Parity Adjustment

FY 2022 Rural Case Mix Adjusted Rates and Associated indexes including a parity adjustment

TABLE 25: Recalibrated PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—RURAL

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.44	$103.15	1.40	$92.11	0.64	$18.92	ES3	3.82	$399.80	3.05	$240.83
B	1.60	$114.61	1.53	$100.66	1.71	$50.55	ES2	2.89	$302.47	2.38	$187.92
C	1.77	$126.79	1.59	$104.61	2.51	$74.20	ES1	2.76	$288.86	1.73	$136.60
D	1.81	$129.65	1.44	$94.74	1.37	$40.50	HDE2	2.26	$236.53	1.25	$98.70
E	1.34	$95.98	1.33	$87.50	2.2	$65.03	HDE1	1.87	$195.71	0.9	$71.06
F	1.52	$108.88	1.51	$99.34	2.8	$82.77	HBC2	2.11	$220.83	0.68	$53.69
G	1.57	$112.46	1.54	$101.32	1.92	$56.76	HBC1	1.75	$183.16	-	-
H	1.09	$78.08	1.08	$71.05	2.69	$79.52	LDE2	1.96	$205.13	-	-
I	1.06	$75.93	1.11	$73.03	3.32	$98.14	LDE1	1.63	$170.60	-	-
J	1.34	$95.98	1.36	$89.47	2.81	$83.06	LBC2	1.62	$169.55	-	-
K	1.43	$102.43	1.45	$95.40	3.48	$102.87	LBC1	1.35	$141.29	-	-
L	1.03	$73.78	1.04	$68.42	3.96	$117.06	CDE2	1.76	$184.20	-	-
M	1.20	$85.96	1.22	$80.26	-	-	CDE1	1.52	$159.08	-	-
N	1.39	$99.57	1.41	$92.76	-	-	CBC2	1.46	$152.80	-	-
O	1.46	$104.58	1.46	$96.05	-	-	CA2	1.03	$107.80	-	-
P	1.02	$73.06	1.03	$67.76	-	-	CBC1	1.26	$131.87	-	-
Q	-	-	-	-	-	-	CA1	0.88	$92.10	-	-
R	-	-	-	-	-	-	BAB2	0.98	$102.57	-	-
S	-	-	-	-	-	-	BAB1	0.93	$97.33	-	-
T	-	-	-	-	-	-	PDE2	1.48	$154.90	-	-
U	-	-	-	-	-	-	PDE1	1.38	$144.43	-	-
V	-	-	-	-	-	-	PBC2	1.15	$120.36	-	-
W	-	-	-	-	-	-	PA2	0.67	$70.12	-	-
X	-	-	-	-	-	-	PBC1	1.06	$110.94	-	-
Y	-	-	-	-	-	-	PA1	0.62	$64.89	-	-

Methodology for Recalibrating the PDPM / Parity Adjustment

FY 2022 Proposed rate table **without** parity adjustment

FY 2022 Proposed rate table **with** the parity adjustment added

FY 2022 PDPM (Without Parity) Variable Perdiem Adjustment Rate Table

						N-Casemix		Facility		Wage Index	
Day	PT	OT	SLP	NSG	NTA	Urban				0.9776	
HIPPS	TN/N		SH/H	CBC2/N	NC/C	Non-CM	Labor	N-Labor	U Rate	WI Rate	ADR
1	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 456.18	$ 98.10	$ 681.32	$ 290.60	$ 971.92	$ 956.66	$ 956.66
2	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 456.18	$ 98.10	$ 681.32	$ 290.60	$ 971.92	$ 956.66	$ 956.66
3	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 456.18	$ 98.10	$ 681.32	$ 290.60	$ 971.92	$ 956.66	$ 956.66
4	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 152.06	$ 98.10	$ 468.13	$ 199.67	$ 667.80	$ 657.31	$ 881.82
5	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 152.06	$ 98.10	$ 468.13	$ 199.67	$ 667.80	$ 657.31	$ 836.92
6	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 152.06	$ 98.10	$ 468.13	$ 199.67	$ 667.80	$ 657.31	$ 806.99
7	$ 93.00	$ 87.74	$ 67.10	$ 169.80	$ 152.06	$ 98.10	$ 468.13	$ 199.67	$ 667.80	$ 657.31	$ 785.60

FY 2022 PDPM (Parity) Variable Perdiem Adjustment Rate Table

					N-Casemix			Wage Index
Day	PT	OT	SLP	NSG	NTA	Urban			0.9776
HIPPS	TN/N		SH/H	CBC2/N	NC/C	Non-CM	Labor	U Rate	WI Rate
1	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 428.91	$ 98.10	$ 644.84	$ 919.88	$ 905.44
2	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 428.91	$ 98.10	$ 644.84	$ 919.88	$ 905.44
3	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 428.91	$ 98.10	$ 644.84	$ 919.88	$ 905.44
4	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 142.97	$ 98.10	$ 444.39	$ 633.94	$ 623.99
5	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 142.97	$ 98.10	$ 444.39	$ 633.94	$ 623.99
6	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 142.97	$ 98.10	$ 444.39	$ 633.94	$ 623.99
7	$ 87.35	$ 82.47	$ 63.11	$ 159.94	$ 142.97	$ 98.10	$ 444.39	$ 633.94	$ 623.99

• Methodology for Recalibrating the PDPM / Parity Adjustment

- **Parity Adjustment (Cont.)**
  - CMS proposed 3 potential pathways to achieve parity in the PDPM rates.
  - **Delayed**
    - If this reduction was finalized in FY 2022 with a 1-year delayed implementation, this would mean that the full 5 percent reduction would be prospectively applied to the PDPM CMIs in FY 2023.
    - If the reduction was finalized in FY 2022 with a 2-year delayed implementation, then the reduction in the PDPM CMIs would be applied prospectively beginning in FY 2024.
  - **Phased**
    - With regard to a phased implementation strategy, this would mean that the amount of the reduction would be spread out over some number of years. Such an approach helps to mitigate the impact of the reduction in payments by applying only a portion of the reduction in a given year. For example, if CMS were to use a 2-year phased implementation approach to the 5 percent reduction discussed above, this would mean that the PDPM CMIs would be reduced by 2.5 percent in the first year of implementation and then reduced by the remaining 2.5 percent in the second and final year of implementation. So, for example, if this adjustment was finalized for FY 2022, then the PDPM CMIs would be reduced by 2.5 percent in FY 2022 and then reduced by an additional 2.5 percent in FY 2023.
    - CMS notes that the number of years for a phased implementation approach could be as little as 2 years but as long as necessary to appropriately mitigate the yearly impact of the reduction. For example, CMS could implement a 5-year phased approach for this reduction, which would apply a one percent reduction to the PDPM CMIs each year for 5 years.

• Methodology for Recalibrating the PDPM / Parity Adjustment

- **Parity Adjustment (Cont.)**
  - **Combination Delayed/Phased**
    - CMS also notes that these mitigation strategies may be used in combination with each other. For example, CMS could finalize a 2-year phased approach with a 1-year delayed implementation. Using FY 2022 as the hypothetical year in which such an approach could be finalized, this would mean that there would be no reduction to the PDPM CMIs in FY 2022, a 2.5 percent reduction to the PDPM CMIs in FY 2023 and then a 2.5 percent reduction in the PDPM CMIs in FY 2024.
  - CMS finally indicates that, “We are considering these approaches as they may be warranted to mitigate potential negative impacts on providers resulting from implementation of such a reduction in the SNF PPS rates entirely within a single year in the event we determine that recalibrating the parity adjustment is necessary to achieve budget neutrality. However, we believe that these alternatives would continue to reimburse in amounts that significantly exceed our intended policy in excess of the rates that would have been paid had we maintained the prior payment classification system rather than in a budget neutral manner as intended, and as we stated above, we believe it is imperative that we act in a well-considered but appropriately expedient manner once excess payments are identified.”

• Methodology for Recalibrating the PDPM / Parity Adjustment

- **Parity Adjustment (Cont.)**
  - **Final Rule CMS Response to Comments on Parity:**
    - '…we believe it is imperative that we act in a well-considered but expedient manner **once excess payments are identified**. Additionally, as stated earlier in this section, our analysis of FY 2020 data found that even after removing beneficiaries using a PHE-related waiver or with a COVID-19 diagnosis from our data set, the observed inadvertent increase in SNF payments since PDPM was implemented was approximately the same. We will continue to monitor all available data and take that into consideration, in combination with the feedback and recommendations received, for developing the FY 2023 SNF PPS proposed rule."

Administrative Level of Care Presumption of Coverage

- **Presumption of Coverage**
  - Annually CMS designates those specific classifiers under the case-mix classification system that represent the required SNF level of care. This designation reflects an administrative presumption that those beneficiaries who are correctly assigned one of the designated case-mix classifiers on the initial Medicare assessment are automatically classified as meeting the SNF level of care definition up to and including the assessment reference date (ARD) of the 5-Day assessment.
  - This presumption recognizes the strong likelihood that those beneficiaries who are assigned one of the designated case-mix classifiers during the immediate post-hospital period would require a covered level of care, which would be less likely for other beneficiaries.
  - This administrative presumption policy does not supersede the SNF's responsibility to ensure that its decisions relating to level of care are appropriate and timely, including a review to confirm that any services prompting the assignment of one of the designated case-mix classifiers (which, in turn, serves to trigger the administrative presumption) are themselves medically necessary.
  - CMS Pub 100-2 Ch. 8 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf

Administrative Level of Care Presumption of Coverage

- **Presumption of Coverage (Cont.)**
  - For services furnished on or after October 1, 2019, the following are the designated case-mix classifiers under the Patient Driven Payment Model (PDPM) relative to the administrative presumption of coverage:
    - **Nursing** groups encompassed by the Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories;
    - **PT and OT** groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, and TO;
    - **SLP** groups SC, SE, SF, SH, SI, SJ, SK, and SL; and
    - **NTA** component's uppermost (12+) comorbidity group.

Changes in PDPM ICD-10 Code Mappings

- PDPM utilizes International Classification of Diseases, Version 10 (ICD-10) codes in several ways, including to assign patients to clinical categories used for categorization under several PDPM components, specifically the PT, OT, SLP and NTA components. The ICD-10 code mappings and lists used under PDPM are available on the PDPM Website at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM
- In response to stakeholder feedback and to improve consistency between the ICD-10 code mappings and current ICD-10 coding guidelines, CMS is proposing several changes to the PDPM ICD-10 code mappings affecting the areas **of sickle-cell disease, esophageal conditions, multisystem inflammatory syndrome, neonatal cerebral infarction, vaping-related disorder, and anoxic brain damage**.

Change

For this reason, we will change the assignment of D57.42 and D57.44 to “**Return to Provider”.**

Sickle Cell Disease

On October 1, 2020 two ICD-10 codes representing types of sickle-cell disease; D57.42 “Sickle-cell thalassemia beta zero without crisis” and D57.44 “Sickle-cell thalassemia beta plus without crisis” took effect and were clinically mapped to the category of “Medical Management”.

However, there are more specific codes to indicate why a patient with sickle-cell disease would require SNF care, and if the patient is not in crisis, this most likely indicates that SNF care is not required.

Change

Therefore, we will change the assignment of K20.81, K20.91, and K21.01 to **"Medical Management"** in order to promote more accurate clinical category assignment.

Esophageal Conditions

On October 1, 2020, three new ICD-10 codes representing types of esophageal conditions; K20.81 "Other esophagitis with bleeding", K20.91, "Esophagitis, unspecified with bleeding, and K21.01 "Gastro-esophageal reflux disease with esophagitis, with bleeding" took effect and were clinically mapped to "Return to Provider".

Upon review of these codes, we recognize that these codes represent these esophageal conditions with more specificity than originally considered because of the bleeding that is part of the conditions and that they would more likely be found in SNF patients.

Change

For this reason, we will change the assignment of M35.81 to **"Medical Management"** in order to promote more accurate clinical category assignment.

Multisystem Inflammatory Syndrome

In December 2020, the CDC announced several additions to the ICD-10 Classification related to COVID-19 that became effective on January 1, 2021. One such code, M35.81 "Multisystem inflammatory syndrome", was assigned to "Non-Surgical Orthopedic/Musculoskeletal".

However, Multisystem inflammatory syndrome can involve more than the musculoskeletal system. It can also involve the gastrointestinal tract, heart, central nervous system, and kidneys.

Change

Therefore, we will change the assignment of P91.821, P91.822, and P91.823 to **"Acute Neurologic"** in order to promote more accurate clinical category assignment.

Neonatal Cerebral Infarction

On October 1, 2020, three new ICD-10 codes representing types of neonatal cerebral infarction were classified as "Return to Provider." These codes were P91.821 "Neonatal cerebral infarction, right side of brain," P91.822, "Neonatal cerebral infarction, left side of brain," and P91.823, "Neonatal cerebral infarction, bilateral."

While a neonate is unlikely to be a Medicare beneficiary, this diagnosis could continue to be used later in life hence placing those with this condition in the acute neurologic category.

Change

For this reason, we will change the assignment of U07.0 to **"Pulmonary"** classification in order to promote more accurate clinical category assignment.

Vaping-Related Disorder

On April 1, 2020, U07.0, "Vaping-related disorder," took effect and was classified as a "Return to Provider" code because at the time, "Vaping-related disorder" was not considered a code that would be a primary diagnosis during a SNF stay. However, upon further review, we believe that many patients who exhibit this diagnosis require steroids, empiric antibiotics and oxygen for care which could carry over to the post-acute setting.

Change

Therefore, we will change the assignment of G93.1 “Anoxic brain damage, not elsewhere classified” to **“Acute Neurologic”**

Anoxic Brain Damage

The ICD-10 code, G93.1 was initially clinically mapped to “Return to provider” because “Anoxic brain damage, not elsewhere classified” was non-specific and did not fully describe a patient’s deficits and may not have been an acute condition.

However, upon further review, our clinicians determined that although this may not be an acute condition, “Anoxic brain damage, not elsewhere classified” would still likely result in a need for SNF care and is similar to conditions such as “Compression of the brain”, “Cerebral edema”, and “encephalopathy”, which are mapped into the “Acute Neurologic” category.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

The SNF QRP is a pay-for-reporting program. SNFs that do not meet reporting requirements may be subject to a two-percentage point (2%) reduction in their annual update.

CMS is proposing to adopt two new measures and update the specifications for another measure.

In addition, CMS is proposing a modification to the public reporting of SNF quality measures as well as seeking comment on two Requests for Information (RFI).

SNF QRP

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

HAI Technical Specifications

https://www.cms.gov/files/document/development-skilled-nursing-facility-snf-healthcare-associated-infections-hais-requiring.pdf

Current QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

TABLE 26: Quality Measures Currently Adopted for the FY 2022 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) (NQF #0674).
Application of Functional Assessment/Care Plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
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 Information to the Provider Post-Acute Care (PAC).
TOH-Patient*	Transfer of Health Information to the Patient Post-Acute Care (PAC).
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) (NQF #3481).
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).

*In response to the public health emergency (PHE) for the Coronavirus Disease 2019 (COVID-19), CMS released an Interim Final Rule (85 FR 27595 through 27597) which delayed the compliance date for collection and reporting of the Transfer of Health Information measures for at least two full fiscal years after the end of the PHE.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

Measures Under Consideration

TABLE 27: Future Measures and Measure Concepts Under Consideration for the SNF QRP

Assessment-Based Quality Measures and Measure Concepts
Frailty
Patient reported outcomes
Shared decision making process
Appropriate pain assessment and pain management processes
Health equity

Closing the Health Equity Gap - RFI

Consistent with Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, CMS is committed to addressing the significant and persistent inequities in health outcomes in the United States through improving data collection to better measure and analyze disparities across programs and policies. CMS is working to make healthcare quality more transparent to consumers and providers, enabling them to make better choices as well as promoting provider accountability around health equity.

We are seeking feedback in this RFI on ways to attain health equity for all patients through policy solutions. Our ongoing commitment to closing the health equity gap in SNFs has been demonstrated by the adoption of standardized patient assessment data elements (SPADEs) which include several social determinants of health (SDOH) that were finalized in the FY 2020 SNF PPS final rule for the SNF QRP (84 FR 38805 through 38817).

With this RFI, we are also seeking comment on the possibility of expanding measure development, and the collection of other SPADEs that address gaps in health equity in the SNF QRP.

Final Rule: While we will not be responding to specific comments submitted in response to this Health Equity RFI in this final rule, we appreciate all of the comments and interest in this topic. We will continue to take all concerns, comments, and suggestions into account as we continue work to address and develop policies on this important topic.

Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalization Measure

- CMS has finalized the adoption of a new claims-based measure, SNF HAI, to the SNF QRP, beginning with the FY 2023 SNF QRP and advance by one FY with each annual refresh, excluding COVID-19 excepted quarters 1 and 2 of CY 2020.
- **Measure specifications:** This new measure, "…will estimate the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalization. SNF HAIs that are acquired during SNF care and result in hospitalization will be identified using the principal diagnosis on the Medicare hospital claims for SNF residents, during the time window beginning on day four after SNF admission and within day three after SNF discharge. The measure is risk adjusted to "level the playing field" to allow comparison based on residents with similar characteristics between SNFs."
- Developed as a healthcare-associated infections quality measure for the SNF QRP under the Meaningful Measure domain: Making Care Safer by Reducing Harm Caused in the Delivery of Care.
- **Draft Specifications:** https://www.cms.gov/files/document/snf-hai-call-public-comment-draft-specifications.pdf

Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalization Measure

The SNF HAI measure uses Medicare fee-for-service (FFS) claims data to estimate the rate of HAIs that are acquired during SNF care and result in hospitalization.

Some of the HAIs identified in this measure include sepsis, urinary tract infection, and pneumonia.

The goal of the measure is to be able to assess those SNFs that have notably higher rates of HAIs that are acquired during SNF care and result in hospitalization, when compared to their peers and to the national average HAI rate. Implementation of the SNF HAI measure provides information about a facility's adeptness in infection prevention and management and encourages improved quality of care.

Dry Run Reports available in your CASPER Folder

HAI Performance Report

Provider	Facility ID	State	Performance Year	Data Collection Period	# of Stays	# of HAI Cases	Observed HAI Rate	Risk Adjusted HAI Rate	95% CI Lower Bound	95% CI Upper Bound	Comparative Performance Category	Observed National Average	# of Providers Better than National Average	# of Providers No Different than National Average	# of Providers Worse than National Average	# of Providers Too Small to Report
XXXXX	XXXXXXXXX	XX	FY2018	10/01/2017-09/30/2018	158	14	8.86%	7.25%	4.63%	10.35%	No Different than National Average	5.96%	294	12,185	770	1,790
XXXXX	XXXXXXXXX	XX	FY2019	10/01/2018-09/30/2019	170	18	10.59%	9.27%	6.02%	13.42%	Worse than National Average	5.68%	292	12,175	650	1,983

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure

- CMS has finalized the adoption of the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure beginning with the FY 2023 SNF QRP. This measure supports the Meaningful Measures domain of Promote Effective Prevention and Treatment of Chronic Disease.
- This measure will require SNFs to report on COVID-19 HCP vaccination in order to assess whether SNFs are taking steps to limit the spread of COVID-19 among their HCP, reduce the risk of transmission within their facilities and help sustain the ability of SNFs to continue serving their communities throughout the COVID-19 PHE and beyond. Under this proposal, SNFs will report the vaccination data through the Centers for Disease Control and Prevention National Healthcare Safety Network beginning October 1, 2021.
- CMS will publicly report the COVID-19 Vaccination Coverage among Healthcare Personnel measure beginning with the October 2022 Care Compare refresh or as soon as technically feasible using data collected for Q4 2021 (October 1, 2021 through December 31, 2021).
- A SNF's HCP COVID-19 vaccination coverage rate will be displayed based on one quarter of data. Provider preview reports would be distributed in July 2022.

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure

- **Quality Measure Calculation**
  - The COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure is a process measure developed by the CDC to track COVID-19 vaccination coverage among HCP in facilities such as SNFs. Since this measure is a process measure, rather than an outcome measure, it does not require risk-adjustment.
  - **The denominator** would be the number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination that are described by the CDC. While the SNF QRP applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-CAH swing-bed rural hospitals, we believe it is necessary to include all HCP within the facility in the measure denominator because all HCP would have access to and may interact with SNF residents.
  - **The numerator** would be the cumulative number of HCP eligible to work in the facility for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2. A complete vaccination course may require one or more doses depending on the specific vaccine used.
  - **Measure Specifications:** https://www.cdc.gov/nhsn/pdfs/nqf/covid-vax-hcpcoverage-508.pdf
  - SNFs will submit COVID-19 vaccination data for at least 1 week each month. If SNFs submit more than 1 week of data in a month, the most recent week's data would be used for measure calculation purposes. Each quarter, the CDC would calculate a summary measure of COVID-19 vaccination coverage from the 3 monthly modules of data reported for the quarter. This quarterly rate would be publicly reported on the Care Compare website. Based on public comments, CMS will only report the most recent quarter of data. This revision would result in publishing more meaningful information that is up to date. CMS intends to notify consumers of the use of fewer quarters of data reported on Care Compare when it is refreshed.

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure

- **Quality Measure Calculation/QRP Threshold**
  - The SNF QRP is a pay-for-reporting program and the measures under the SNF QRP are tools that measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high quality health care and/or that relate to one or more quality goals for health care. The rate of vaccination in a SNF is not tied to a SNF's Medicare payment.
  - **To meet the reporting requirements for the COVID-19 Vaccination Coverage among HCP measure, a SNF will have to report the cumulative number of HCP eligible to work in the SNF for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2. SNFs will have to report data for the measure at least one week per month and could self-select the week. For SNFs that report more than 1 week per month, the last week of the reporting month will be used.**
  - CMS' contractor sends informational messages to SNFs that are not meeting Annual Payment Update (APU) thresholds on a quarterly basis ahead of each submission deadline. Information about how to sign up for these alerts can be found on the SNF QRP Help webpage at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-QRP-Help

Transfer of Health (TOH) Information to the Patient-PAC Quality Measure

- CMS is updating the denominator for the Transfer of Health (TOH) Information to the Patient-Post Acute Care (PAC) quality measure.
- Originally the measure denominators for both the TOH Information to the Patient-PAC and the TOH Information to the Provider-PAC measures included patients discharged home under the care of an organized home health service organization or hospice.
- In order to avoid counting the patient in both TOH measures, CMS has finalized removing this location from the definition of the denominator for the TOH Information Patient–PAC measure.

Public Reporting of Quality Measures with Fewer than Standard Numbers of Quarters Due to COVID-19 Public Health Emergency (PHE) Exemptions

In March 2020, due to the COVID-19 PHE, CMS granted an exception to the SNF QRP reporting requirements from Q1 2020 (January 1, 2020–March 31, 2020), and Q2 2020 (April 1, 2020–June 30, 2020).

CMS also stated that it would not publicly report any SNF QRP data that might be greatly impacted by the exceptions from Q1 and Q2 of 2020.

This exception affected the standard number of quarters that CMS currently uses to display SNF QRP data.

CMS will update the number of quarters used for public reporting to account for this exception.

Public Reporting of Quality Measures with Fewer than Standard Numbers of Quarters Due to COVID-19 Public Health Emergency (PHE) Exemptions

TABLE 27: Revised and Proposed Schedule for Refreshes Affected by COVID-19 PHE Exemptions for SNF MDS Assessment-based QMs

Quarter Refresh	MDS Assessment Quarters in Revised/Proposed Schedule for Care Compare (number of quarters)
October 2020	Q1 2019 – Q4 2019 (4)
January 2021	Q1 2019 – Q4 2019 (4)
April 2021	Q1 2019 – Q4 2019 (4)
July 2021	Q1 2019 – Q4 2019 (4)
October 2021	Q1 2019 – Q4 2019 (4)
January 2022	Q3 2020 – Q1 2021 (3)
April 2022	Q3 2020 – Q2 2021 (4)* *Normal reporting resumes with 4 quarters of data

Note: The shaded cells represent data held constant due to PHE related to COVID-19.

TABLE 28: Revised and Proposed Schedule for Refreshes Affected by COVID-19 PHE Exemptions for SNF Claims-based QMs

Quarter Refresh	Claims-based Quarters in Revised/Proposed Schedule for Care Compare (number of quarters)
October 2020	Q4 2017 – Q3 2019 (8)
January 2021	Q4 2017 – Q3 2019 (8)
April 2021	Q4 2017 – Q3 2019 (8)
July 2021	Q4 2017 – Q3 2019 (8)
October 2021	Q4 2017 – Q3 2019 (8)
January 2022	Q4 2018 – Q4 2019, Q3 2020 (6)
April 2022	Q4 2018 – Q4 2019, Q3 2020 (6)
July 2022	Q4 2018 – Q4 2019, Q3 2020 (6)
October 2022	Q4 2019, Q3 2020 – Q3 2021 (6)
January 2023	Q4 2019, Q3 2020 – Q3 2021 (6)
April 2023	Q4 2019, Q3 2020 – Q3 2021 (6)
July 2023	Q4 2019, Q3 2020 – Q3 2021 (6)
October 2023	Q4 2020 – Q3 2022 (8)* *Normal reporting resumes with 8 quarters of data

Note: The shaded cells represent data held constant due to PHE related to COVID-19.

TABLE 29: Proposed Schedule for Refreshes Affected by COVID-19 PHE Exemptions for the SNF HAI Measure

Quarter Refresh	Claims-based Quarters in Proposed Schedule for Care Compare (number of quarters)
April 2022	Q4 2018 – Q3 2019 (4)
July 2022	Q4 2018 – Q3 2019 (4)
October 2022	Q4 2020 - Q3 2021 (4) *Normal reporting resumes for claims-based measures refreshed annually

Fast Healthcare Interoperability Resources (FHIR) in support of Digital Quality Measurement in Quality Reporting Programs - RFI

CMS is working to further the mission to improve the quality of healthcare for beneficiaries through measurement, transparency, and public reporting of data.

The SNF QRP and CMS' other quality programs are foundational for contributing to improvements in health care, enhancing patient outcomes, and informing consumer choice.

We believe that advancing our work with use of the FHIR standard offers the potential for supporting quality improvement and reporting which will improving care for our beneficiaries.

We are seeking feedback on our future plans to define digital quality measures (dQMs) for the SNF QRP.

We also are seeking feedback on the potential use of FHIR fordQMs within the SNF QRP aligning where possible with other quality programs.

Final Rule: While we will not be responding to specific comments submitted in response to this RFI in this final rule, we appreciate all of the comments on and interest in this topic. We believe that this input is very valuable in the continuing development of our transition to digital quality measurement in CMS quality programs. We will continue to take all comments into account as we develop future regulatory proposals or future subregulatory policy guidance for our digital quality measurement efforts.

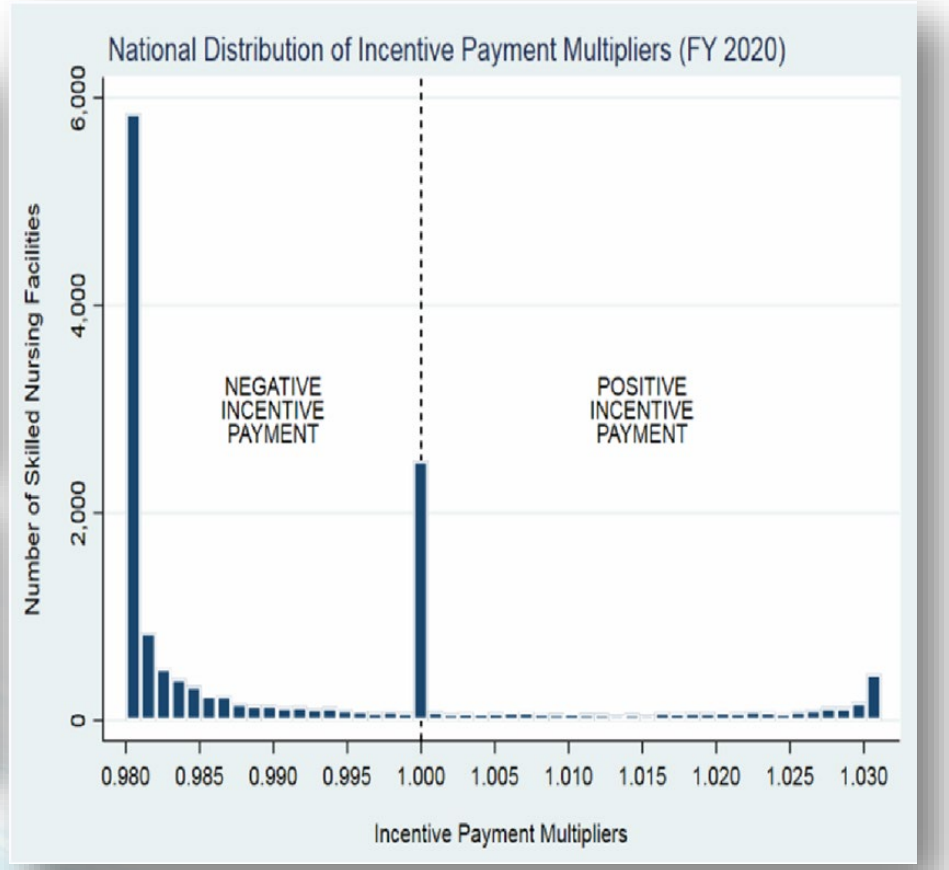
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - Currently the SNF VBP consists of a rehospitalization Measure, NQF 2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Measure
  - The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for SNF Medicare FFS beneficiaries within 30 days of discharge from their prior proximal short-stay acute hospital discharge. This will be replaced by the Skilled Nursing Facility 30-Day Potentially Preventable Readmission Measure (SNFPPR) which will be submitted to NQF for endorsement in the fall of 2021.
  - Nursing homes are currently measured by the specifications in NQF 2510 in a baseline and performance year. Individual nursing home performance is then utilized to determine an annual VBP incentive payment.
  - CMS withholds 2% of SNF payment and the individual facility performance compared to all other facilitates in the nation determines how much of that 2% the facility will earn back as a VBP incentive payment.
  - Individual facilities receive quarterly confidential feedback reports in CASPER and an annual update related to that year's incentive payment.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

SNF VBP Performance Information	
Baseline Period Risk-Standardized Readmission Rate (RSRR)	20.499%
Performance Period RSRR	18.761%
Achievement Score	31.23180
Improvement Score	36.18483
Performance Score	36.18483
Program Rank	6,312
Incentive Payment Multiplier	0.9903466964

Your Incentive Payment Multiplier for FY 2020	
Starting October 1, 2019, your adjusted federal per diem rate will be multiplied by **0.9903466964**.	Your incentive payment multiplier is **net-negative**, meaning that your facility will earn back **less than** it would have in the absence of the SNF VBP Program.
Interpreting Incentive Payment Multipliers	
Incentive Payment Multiplier < 1	SNF receives less than the 2% withhold back (net-negative)
Incentive Payment Multiplier = 1	SNF receives the full 2% withhold (net-neutral)
Incentive Payment Multiplier > 1	SNF receives more than the 2% withhold back (net-positive)



VBP Program Year Updates

FY 2022: Baseline FY 2018, Performance 4/1/19 through 12/31/19 and 7/1/20 through 9/30/20

FY 2023: Baseline FY 2019, Performance FY 2021 and (90-day lookback for risk adjustments)

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

TABLE 15: Final FY 2022 SNF VBP Program Performance Standards*

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79025	0.82917

TABLE 15: Final FY 2023 SNF VBP Program Performance Standards

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79270	0.83028

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - CMS has indicated that It is not their intention to penalize SNFs based on measure scores that they believe are distorted by the COVID-19 pandemic and are thus not reflective of the quality of care that the measure in the SNF VBP Program was designed to assess.
  - CMS is adopting a policy for the duration of the PHE for COVID-19 that would enable suppressing the use of SNF readmission measure data for purposes of scoring and payment adjustments in the SNF VBP Program if it is determined that circumstances caused by the PHE for COVID-19 have affected the measure and the resulting performance scores significantly.
  - Under this policy, if CMS determines that the suppression of the SNF readmission measure is warranted for a SNF VBP program year, they will propose to calculate the SNF readmission measure rates for that program year but then suppress the use of those rates to generate performance scores, rank SNFs, and generate value-based incentive payment percentages based on those performance scores.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - For FY 2022 CMS will assign each eligible SNF's performance score of zero for the program year to mitigate the effect that the distorted measure results would otherwise have on SNF's performance scores and incentive payment multipliers.
  - They will also reduce each eligible SNF's adjusted Federal per diem rate by the applicable percent (2 percent) and then further adjust the resulting amounts by a value-based incentive payment amount equal to 60 percent of the total 2% reduction resulting in a 1.2 percent payback for the FY 2022 program year. CMS sees this as the most equitable way to reduce the impact of the withhold in light of their determination to award a performance score of zero to all SNFs.
  - Those SNFs subject to the Low-Volume Adjustment policy will receive 100 percent of their 2 percent withhold per the policy previously finalized in the FY 2020 SNF PPS final rule for a 62.9% estimated overall payback.
  - CMS will also provide each SNF with its SNF readmission measure rate in confidential feedback reports so that the SNF is aware of the observed changes to its measure rates.
  - CMS would also publicly report the FY 2022 SNF readmission measure rates on the Provider Data Catalogue with appropriate caveats noting the limitations of the data due to the PHE for COVID-19.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - CMS has developed a number of Measure Suppression Factors that they believe should guide their determination of whether to propose to suppress the SNF readmission measure for one or more program years that overlap with the PHE for COVID-19.
    - (1) Significant deviation in national performance on the measure during the PHE for COVID-19, which could be significantly better or significantly worse compared to historical performance during the immediately preceding program years.
    - (2) Clinical proximity of the measure's focus to the relevant disease, pathogen, or health impacts of the PHE for COVID-19.
    - (3) Rapid or unprecedented changes in:
      - Clinical guidelines, care delivery or practice, treatments, drugs, or related protocols, or equipment or diagnostic tools or materials; or
      - The generally accepted scientific understanding of the nature or biological pathway of the disease or pathogen, particularly for a novel disease or pathogen of unknown origin.
    - (4) Significant national shortages or rapid or unprecedented changes in:
      - Healthcare personnel;
      - Medical supplies, equipment, or diagnostic tools or materials; or
      - Patient case volumes or facility-level case mix.
  - In this final rule, CMS has determined to suppress the SNFRM for the FY 2022 SNF VBP Program Year under Measure Suppression Factor: (4) Significant national shortages or rapid or unprecedented changes in: (iii) patient case volumes or facility-level case mix.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - In the FY 2021 SNF PPS final rule, CMS finalized the FY 2023 Program performance period as FY 2021 (October 1, 2020 – September 30, 2021) See slide 41.
  - The finalized risk adjustment model would account for certain risk-factors within 365 days prior to the discharge from the hospital to the SNF (a 365- day lookback period). Under the COVID-19 Extraordinary Circumstances Exception (ECE), SNF qualifying claims for the period January 1, 2020 – June 30, 2020 are excepted from the calculation of the SNFRM; using FY 2021 data this results in at least 3 months of lookback being available for all SNF stays included in the measure without extending into or beyond June 30, 2020.
  - CMS is has finalized a 90-day lookback period for risk adjustment in the FY 2023 performance period (FY 2021) only. Using a 90-day risk-adjustment period will allow CMS to use the most recent claims available for risk-adjustment, and an identical risk-adjustment lookback period for all stays included in the measure. It also allows CMS to avoid combining data from both prior to and during the COVID-19 PHE in the risk-adjustment lookback period, which would be necessary if they attempted to maintain a 12-month look-back period due to the COVID-19 ECE. Using a 90-day lookback period for risk adjustment will allow us to look back 90 days prior to the discharge from the hospital to the SNF for each SNF stay.
  - CMS is also considering similarly reducing the risk-adjustment lookback period for the applicable FY 2023 program baseline year which would align the risk-adjustment lookback period for the baseline and performance years in the FY 2023 program;

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - CMS has updated the performance period for the FY 2022 SNF VBP Program to April 1, 2019 through December 31, 2019 and July 1, 2020 through September 30, 2020.
  - As the SNF VBP Program uses only a single measure calculated on 1 year of data and uses each year of data first as a performance period and then later on as a baseline period in the Program, the removal of 9 months of data in light of the COVID-19 PHE above will necessarily result in data being used more than once in the Program.
  - Therefore, to ensure enough data are available to reliably calculate the SNFRM, CMS has finalized using FY 2019 data for the baseline period for the FY 2024 program year. The performance period for FY 2024 VBP will remain FY 2022.
  - Based on this baseline period prosed for FY 2024, CMS estimates that the performance standards would have the numerical values noted in the table below. CMS notes that these values represent estimates based on the most recently available and have been revised based on more recent data available since the FY 2022 proposed rule was posted in April.

TABLE 31: Final FY 2024 SNF VBP Program Performance Standards

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79271	0.83033

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021 part of which contains amendments to, with respect to payments for services furnished on or after October 1, 2023, require the Secretary to apply the specified readmission measure and allow the Secretary to apply up to 9 additional measures determined appropriate.
  - In the proposed rule, CMS was seeking input from stakeholders regarding which measures should be considered to be added to the SNF VBP Program. CMS intends to use future rulemaking to address these new statutory requirements.
  - Currently, the SNF VBP Program includes only a single quality measure, the SNFRM, which CMS intends to transition to the SNFPPR measure as soon as practicable.
  - In considering which measures might be appropriate to add to the SNF VBP Program, CMS is considering additional clinical topics such as measures of functional status, patient safety, care coordination, and patient experience, as well as measures on those topics that are utilized in the SNF Quality Reporting Program (QRP).
  - CMS is also considering measures on clinical topics that are not included in the SNF QRP's measure set because they believe that other clinical topics would be helpful to our efforts to robustly assess the quality of care furnished by SNFs.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing (Cont.)**
  - In expanding the SNF VBP measure set, CMS is also considering measures that are already required for Long-Term Care Facilities (LTCFs), which include both SNFs and nursing facilities (NFs), to collect and report under other initiatives.
  - The vast majority of LTCF residents are also Medicare beneficiaries, regardless of whether they are in a Medicare Part A SNF stay. Therefore, CMS believes that expanding the SNF VBP measure set to assess the quality of care that SNFs provide to all residents of the facility, regardless of payer, would best represent the quality of care provided to all Medicare beneficiaries in the facility.
  - Table 30 on slides 53 and 54 include measures that CMS could add to the SNF VBP Program measure set, and they are seeking comment on those measures, including which of those measures would be best suited for the program. CMS also seeks public comment on any measures or measure concepts that are not listed in Table 30 that stakeholders believe CMS should consider for the SNF VBP Program.
  - In addition to the staffing measures listed in Table 30 that focus on nurse staffing hours per resident day and that are currently reported on the Nursing Home Care Compare website, CMS is also interested in measures that focus on staff turnover. CMS has been developing measures of staff turnover with the goal of making the information publicly available. CMS has indicated that they will be reporting rates of turnover in the future.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

TABLE 30: Quality Measures Under Consideration for an Expanded Skilled Nursing Facility Value-Based Purchasing Program

Meaningful Measure Area	NQF	Quality Measure
Minimum Data Set		
Functional Outcomes	A2635	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients*
Functional Outcomes	A2636	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients*
Preventable Healthcare Harm	0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)**
Preventable Healthcare Harm	0679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)**
Functional Outcomes	N/A	Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)**
Functional Outcomes	N/A	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)**
Transfer of Health Information and Interoperability	N/A	Transfer of Health Information to the Provider–Post Acute Care *
Medication Management	N/A	Percentage of Long-Stay Residents who got an Antipsychotic Medication**

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Medicare Fee-For-Service Claims Based Measures		
Community Engagement	3481	Discharge to Community Measure-Post Acute Care Skilled Nursing Facility Quality Reporting Program*
Patient-focused Episode of Care	N/A	Medicare Spending per Beneficiary (MSPB)-Post Acute Care Skilled Nursing Facility Quality Reporting Program*
Healthcare-Associated Infections	N/A	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization Measure~
Admissions and Readmissions to Hospitals	N/A	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
Patient-Reported Outcome-Based Performance Measure		
Functional Outcomes	N/A	Patient-Reported Outcomes Measurement Information System [PROMIS]-PROMIS Global Health, Physical
Survey Questionnaire (similar to Consumer Assessment of Healthcare Providers and Systems (CAHPS))		
Patient's Experience of Care	2614	CoreQ: Short Stay Discharge Measure
Payroll Based Journal		
N/A	N/A	Nurse staffing hours per resident day: Registered Nurse (RN) hours per resident per day; Total nurse staffing (including RN, licensed practical nurse (LPN), and nurse aide) hours per resident per day**

Overall Financial Impact

- **Financial Impact**
  - CMS estimates that the aggregate impact of these proposals would be an increase of approximately $410 million in Part A payments to SNFs in FY 2022. This reflects a $411 million increase from the update to the payment rates and a $1.2 million decrease due to the reduction to the SNF PPS rates to account for the recently excluded blood-clotting factors (and items and services related to the furnishing of such factors).
  - CMS notes that these impact numbers do not incorporate the SNFVBP reductions that are estimated to total $191.64 million in FY 2022. Nor do these numbers include any reductions to the rate based on QRP reporting penalties.

SNF PPS

Overall Financial Impact

TABLE 32: Impact to the SNF PPS for FY 2022

Provider Characteristics	# Providers	Update Wage Data	Total Change
Group			
Total	15,560	0.0%	1.2%
Urban	10,962	-0.1%	1.1%
Rural	4,598	0.4%	1.6%
Hospital-based urban	401	-0.1%	1.1%
Freestanding urban	10,561	-0.1%	1.1%
Hospital-based rural	466	0.4%	1.6%
Freestanding rural	4,132	0.4%	1.6%
Urban by region			
New England	744	-0.7%	0.5%
Middle Atlantic	1,456	-0.5%	0.7%
South Atlantic	1,834	0.3%	1.5%
East North Central	2,160	-0.2%	1.0%
East South Central	542	-0.1%	1.1%
West North Central	924	0.3%	1.5%
West South Central	1,363	-0.2%	0.9%
Mountain	539	0.2%	1.4%
Pacific	1,394	0.2%	1.4%
Outlying	6	0.4%	1.6%
Rural by region			
New England	130	-1.0%	0.2%
Middle Atlantic	246	0.6%	1.8%
South Atlantic	604	1.4%	2.6%
East North Central	921	0.5%	1.7%
East South Central	528	0.0%	1.2%
West North Central	1,064	-0.4%	0.8%
West South Central	769	0.3%	1.5%
Mountain	224	0.5%	1.7%
Pacific	112	0.2%	1.4%
Ownership			
For profit	10866	0.0%	1.2%
Non-profit	3,687	0.0%	1.2%
Government	1,007	0.1%	1.3%

Note: The Total column includes the FY 2022 1.2 percent market basket update factor. Additionally, we found no SNFs in rural outlying areas.

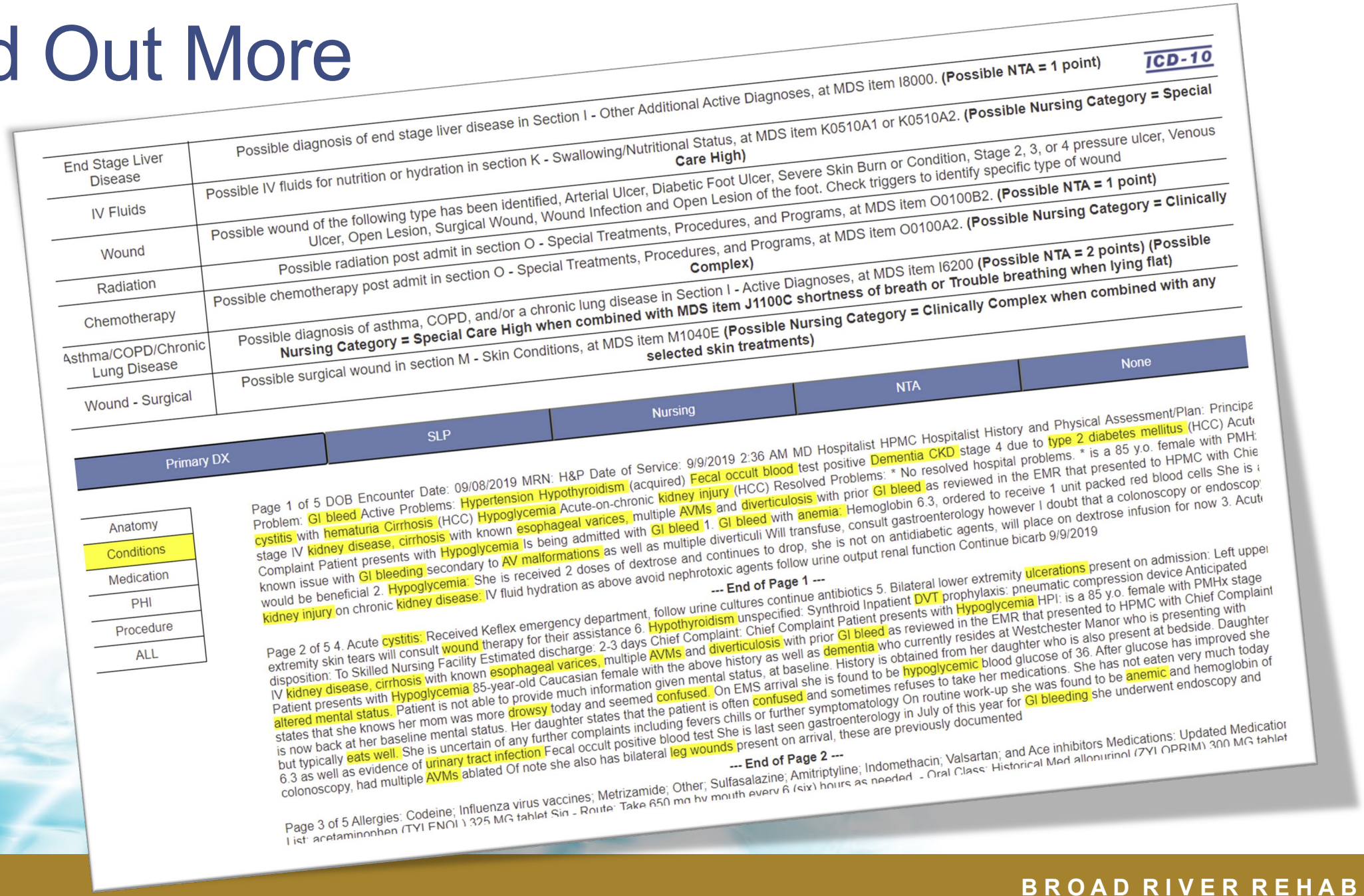
Overall Financial Impact

- **Financial Impact**
  - CMS believes the data **submission for the COVID-19 Vaccination Coverage among HCP** measure would cause SNFs to incur additional average burden of 12 hours per year for each SNF and a total annual burden of 180,936 hours for all SNFs. The estimated annual cost across all 15,078 SNFs in the U.S. for the submission of the COVID-19 Vaccination Coverage among HCP measure would be between $4,970,312 and $8,283,250.08, and an average of $6,625,872.
  - The estimated **impacts of the FY 2022 SNF VBP Program** are based on historical data from February 1, 2019 to September 30, 2019.

    - We estimated that the low-volume scoring adjustment would increase the 60 percent payback percentage for FY 2022 by approximately 2.9 percentage points (or $14.8 million), resulting in a payback percentage for FY 2022 that is 62.9 percent of the estimated $516.2 million in withheld funds for that fiscal year.

    - Based on the 60 percent payback percentage (as modified by the low volume scoring adjustment), we estimated that we will redistribute approximately $324.5 million in value-based incentive payments to SNFs in FY 2022, which means that the SNF VBP Program is estimated to result in approximately $191.6 million in savings to the Medicare Program in FY 2022.

Find Out More



End Stage Liver Disease	Possible diagnosis of end stage liver disease in Section I - Other Additional Active Diagnoses, at MDS item I8000. **(Possible NTA = 1 point)**
IV Fluids	Possible IV fluids for nutrition or hydration in section K - Swallowing/Nutritional Status, at MDS item K0510A1 or K0510A2. **(Possible Nursing Category = Special Care High)**
Wound	Possible wound of the following type has been identified, Arterial Ulcer, Diabetic Foot Ulcer, Severe Skin Burn or Condition, Stage 2, 3, or 4 pressure ulcer, Venous Ulcer, Open Lesion, Surgical Wound, Wound Infection and Open Lesion of the foot. Check triggers to identify specific type of wound
Radiation	Possible radiation post admit in section O - Special Treatments, Procedures, and Programs, at MDS item O0100B2. **(Possible NTA = 1 point)**
Chemotherapy	Possible chemotherapy post admit in section O - Special Treatments, Procedures, and Programs, at MDS item O0100A2. **(Possible Nursing Category = Clinically Complex)**
Asthma/COPD/Chronic Lung Disease	Possible diagnosis of asthma, COPD, and/or a chronic lung disease in Section I - Active Diagnoses, at MDS item I6200 **(Possible NTA = 2 points) (Possible Nursing Category = Special Care High when combined with MDS item J1100C shortness of breath or Trouble breathing when lying flat)**
Wound - Surgical	Possible surgical wound in section M - Skin Conditions, at MDS item M1040E **(Possible Nursing Category = Clinically Complex when combined with any selected skin treatments)**

ICD-10

Primary DX | SLP | Nursing | NTA | None

Anatomy
Conditions
Medication
PHI
Procedure
ALL

Page 1 of 5 DOB Encounter Date: 09/08/2019 MRN: H&P Date of Service: 9/9/2019 2:36 AM MD Hospitalist HPMC Hospitalist History and Physical Assessment/Plan: Principa
Problem: GI bleed Active Problems: Hypertension Hypothyroidism (acquired) Fecal occult blood test positive Dementia CKD stage 4 due to type 2 diabetes mellitus (HCC) Acute
cystitis with hematuria Cirrhosis (HCC) Hypoglycemia Acute-on-chronic kidney injury (HCC) Resolved Problems: * No resolved hospital problems. * is a 85 y.o. female with PMH:
stage IV kidney disease, cirrhosis with known esophageal varices, multiple AVMs and diverticulosis with prior GI bleed as reviewed in the EMR that presented to HPMC with Chie
Complaint Patient presents with Hypoglycemia Is being admitted with GI bleed 1. GI bleed with anemia: Hemoglobin 6.3, ordered to receive 1 unit packed red blood cells She is
known issue with GI bleeding secondary to AV malformations as well as multiple diverticuli Will transfuse, consult gastroenterology however I doubt that a colonoscopy or endoscop
would be beneficial 2. Hypoglycemia: She is received 2 doses of dextrose and continues to drop, she is not on antidiabetic agents, will place on dextrose infusion for now 3. Acute
kidney injury on chronic kidney disease: IV fluid hydration as above avoid nephrotoxic agents follow urine output renal function Continue bicarb 9/9/2019

--- End of Page 1 ---

Page 2 of 5 4. Acute cystitis: Received Keflex emergency department, follow urine cultures continue antibiotics 5. Bilateral lower extremity ulcerations present on admission: Left upper
extremity skin tears will consult wound therapy for their assistance 6. Hypothyroidism unspecified: Synthroid Inpatient DVT prophylaxis: pneumatic compression device Anticipated
disposition: To Skilled Nursing Facility Estimated discharge: 2-3 days Chief Complaint: Chief Complaint Patient presents with Hypoglycemia HPI: is a 85 y.o. female with PMHx stage
IV kidney disease, cirrhosis with known esophageal varices, multiple AVMs and diverticulosis with prior GI bleed as reviewed in the EMR that presented to HPMC with Chief Complaint
Patient presents with Hypoglycemia 85-year-old Caucasian female with the above history as well as dementia who currently resides at Westchester Manor who is presenting with
altered mental status. Patient is not able to provide much information given mental status, at baseline. History is obtained from her daughter who is also present at bedside. Daughter
states that she knows her mom was more drowsy today and seemed confused. On EMS arrival she is found to be hypoglycemic blood glucose of 36. After glucose has improved she
is now back at her baseline mental status. Her daughter states that the patient is often confused and sometimes refuses to take her medications. She has not eaten very much today
but typically eats well. She is uncertain of any further complaints including fevers chills or further symptomatology On routine work-up she was found to be anemic and hemoglobin of
6.3 as well as evidence of urinary tract infection Fecal occult positive blood test She is last seen gastroenterology in July of this year for GI bleeding she underwent endoscopy and
colonoscopy, had multiple AVMs ablated Of note she also has bilateral leg wounds present on arrival, these are previously documented

--- End of Page 2 ---

Page 3 of 5 Allergies: Codeine; Influenza virus vaccines; Metrizamide; Other; Sulfasalazine; Amitriptyline; Indomethacin; Valsartan; and Ace inhibitors Medications: Updated Medicatior
List: acetaminophen (TYLENOL) 325 MG tablet Sig - Route: Take 650 mg by mouth every 6 (six) hours as needed - Oral Class: Historical Med allopurinol (ZYLOPRIM) 300 MG tablet

Find Out More

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Broad River Rehab Reflections are the third Thursday of each month. **September – Begins a 4-Part series on CMS 100-2 Chapter 8 Medicare benefits policy Manual / What is a skilled level of care?**

QUESTIONS?