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BRR Insiders SNF PPS FY 2023 Final Rule: SNF QRP

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PROVIDER

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- 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 1.5 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.

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 - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
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DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after October 22, 2022



FY 2023 SNF PPS Final Rule SNF QRP

Learning Objectives

- After this presentation, participants will be able to
 - Understand the SNF QRP principles
 - Identify the quality measures associated with SNF QRP
 - Recognize the new influenza vaccination measure
 - Become familiar with the expanding nature of MDS 3.0v1.18.11
 - and data elements associated with the new categories of SPADEs
 - Classify the 5 new SPADEs

Agenda

FY 2023 SNF PPS Final Rule SNF QRP

- Skilled Nursing Facility Quality Reporting Program (SNF QRP) update
- SNF QRP Influenza Vaccination Measure, a deep dive
- Standardized Patient Assessment Data Elements (SPADEs),
- MDS v1.18.11 SPADE data element overview.
- SNF QRP Requests for Information
- Q&A

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- The Skilled Nursing Facility Quality Reporting Program (SNF QRP) is authorized by section 1888(e)(6) of the Act, and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-critical access hospital (CAH) swing-bed rural hospitals.
- Section 1888(e)(6)(A)(i) of the Act requires the Secretary to reduce by 2 percentage points the annual market basket percentage update applicable to a SNF for a fiscal year, after application of the productivity adjustment in the case of a SNF that does not submit 100% of the data necessary to calculate the SNF QRP measures on at least 80% of the MDS assessments submitted.
- **Resources:**
 - [MDS 3.0](#)
 - [SNF QRP](#)
 - [Reporting tables for FY 2023](#)
 - [SNF QRP Technical Specifications](#) and [Addendum](#)
 - [HAI Draft Specifications](#)
 - [COVID-19 Vaccination Among HCP Specifications](#)
 - [Influenza Vaccination Coverage Among HCP](#)
 - [TOH Measures and SPADEs](#)
 - [Claims Based Measures DTC and PPR](#)
 - [MSPB](#)

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- For consistency in regulations, CMS has finalized conforming revisions to the Requirements under the SNF QRP. Specifically, CMS has finalized adding new language for the SNF QRP data completeness thresholds. The new language would reflect all data completion thresholds required for SNFs to meet or exceed in order to avoid receiving a 2-percentage point reduction to their annual payment update for a given fiscal year.
- CMS has finalized adding new language to state that SNFs must meet or exceed two separate data completeness thresholds:
 - One threshold set at 80 percent for completion of required quality measures data **and standardized patient assessment data** collected using the MDS submitted through the CMS-designated data submission system, beginning with FY 2018 and for all subsequent payment updates. [SNF QRP MDS Items](#).
 - A second threshold set at 100 percent for measures data collected and submitted using the CDC NHSN, beginning with FY 2023 and for all subsequent payment updates (Including [COVID-19 FY 2023](#) and Influenza Vaccination Measures FY 2024).
- CMS has finalized adding new language to state that these thresholds (80 percent for completion of required quality measures data **and standardized patient assessment data** on the MDS; 100 percent for CDC NHSN data) will apply to all measures and **standardized patient assessment data requirements** adopted into the SNF QRP.
- CMS has finalized adding new language to state that a SNF must meet or exceed both thresholds to avoid receiving a 2-percentage point reduction to their annual payment update for a given fiscal year.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

TABLE 15: Quality Measures Currently Adopted for the FY 2023 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 (TOH) Information to the Provider Post-Acute Care (PAC).
TOH-Patient*	Transfer of Health (TOH) 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).
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
NHSN	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)

*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 (TOH) Information measures for at least 2 full fiscal years after the end of the PHE.

Current QRP Measures

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- CMS has finalized the adoption of one new measure for the SNF QRP beginning with the FY 2024 SNF QRP: the Influenza Vaccination Coverage among Healthcare Personnel (HCP) (NQF #0431) measure.
 - These new data elements will facilitate communication and coordination across care settings as well as provide information to support our mission of analyzing the impact of the COVID-19 PHE on patients to improve the quality of care in SNFs
 - Variation in influenza vaccination coverage rates indicate the measure's usability and use. Variation in influenza vaccination coverage rates by facility demonstrates the utility of the measure for resident choice of facility. Variation in influenza vaccination rates by type of HCP demonstrates the utility of the measure for targeted quality improvement efforts.
 - To meet the minimum data submission requirements, SNFs would enter a single influenza vaccination summary report at the conclusion of the measure reporting period. If SNFs submit data more frequently, such as on a monthly basis, the information would be used to calculate one summary score for the measure which would be publicly reported on Care Compare.

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- The Influenza Vaccination Coverage among HCP measure is a process measure developed by the CDC to track influenza vaccination coverage among HCP in facilities such as SNFs.
- The measure reports on the percentage of HCP who receive influenza vaccination. The term “healthcare personnel” refers to all paid and unpaid persons working in a health care setting, contractual staff not employed by the health care facility, and persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.
- Since the measure is a process measure, rather than an outcome measure, it does not require risk-adjustment.
- CMS is proposing that SNFs submit data for the measure through the CDC/NHSN data collection and submission framework
- The measure’s **denominator** is the number of HCP who are physically present in the health care facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- This measure's reporting period is October 1 through March 31; this reporting period refers to the measure's denominator only.
- The denominator would be calculated separately for three required categories:
 - **Employees**, meaning all persons who receive a direct paycheck from the reporting facility (that is, on the SNF's payroll);
 - **Licensed independent practitioners**, such as physicians, advanced practice nurses, and physician assistants who are affiliated with the reporting facility, who do not receive a direct paycheck from the reporting facility; and
 - **Adult students/trainees and volunteers** who do not receive a direct paycheck from the reporting facility.
- A denominator can be calculated for an **optional category** as well: **Other contract personnel**, defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the three required denominator categories.

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- This measure's numerator consists of all HCP included in the denominator population who received an influenza vaccine any time from when it first became available (such as August or September) through March 31 of the following year and who fall into one of the following categories:
 - (a) received an influenza vaccination administered at the health care facility;
 - (b) reported in writing (paper or electronic) or provided documentation that an influenza vaccination was received elsewhere,
 - (c) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or a history of Guillain-Barre (GBS) within 6 weeks after a previous influenza vaccination;
 - (d) were offered but declined the influenza vaccination; or
 - (e) had an unknown vaccination status or did not meet any of the definitions of the other numerator through d).
- The measure numerator data is required based on data collected from October 1st or whenever the vaccine becomes available. Therefore, if the vaccine is available prior to October 1st, any vaccine given before October 1st is credited towards vaccination coverage. Likewise, if the vaccine becomes available after October 1st, the vaccination counts are to begin as soon as possible after October 1st.

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- Influenza Vaccination Coverage among Healthcare Personnel Timing
 - The CDC has determined that the influenza vaccination season begins on October 1st (or when the vaccine becomes available) and ends on March 31st of the following year.
 - Therefore, CMS has finalized an initial data submission period from October 1, 2022 through March 31, 2023, with a reporting deadline of May 15, 2023. In subsequent years, data collection for this measure will be from October 1 through March 31 of the following year.
 - CMS plans to publicly report the Influenza Vaccination Coverage among HCP (NQF #0431) measure beginning with the October 2023 Care Compare refresh or as soon as technically feasible using data collected from October 1, 2022, through March 31, 2023. A SNF's Influenza Vaccination Coverage among HCP rate would be displayed based on 6 months of data.
 - Provider preview reports would be distributed in July 2023. Thereafter, Influenza Vaccination Coverage among HCP rates would be displayed based on 6 months of data, reflecting the reporting period of October 1 through March 31, updated annually.

New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- Influenza Vaccination Coverage among Healthcare Personnel Timing
 - CMS will make available to SNFs a preview of SNF performance on the Influenza Vaccination Coverage among HCP measure on the SNF Provider Preview Report, which will be issued approximately 3 months prior to displaying the measure on Care Compare.
 - As always, SNFs will have a full 30 days to preview their data. Should SNFs disagree with their measure results, they can request a formal review of their data by us. Instructions for submitting such a request are available on the [CMS SNF Quality Reporting Program Public Reporting webpage](#).

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

Initiation of Delayed QRP Measures

- In addition, CMS finalized a revision to the compliance date for the collection of the Transfer of Health (TOH) Information to the Provider-PAC measure, the TOH Information to the Patient-PAC measure, and the five categories of standardized patient assessment data elements on the MDS v1.18.11 from October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE to October 1, 2023.
- CMS believes this date is sufficiently far in advance for SNFs to make the necessary preparations to begin reporting these data elements and the TOH Information measures and that the need for the standardized patient assessment data elements and TOH Information measures have been shown to be even more pressing with issues of health inequities, exacerbated by the COVID-19 PHE.
- CMS has indicated that they will provide training and education for SNFs to be prepared for this implementation date and has released a draft of the updated version of the MDS 3.0 v1.18.11 to help providers prepare for the October 1, 2023 start date.

MDS 3.0v1.18.11 and Transfer of Health Information

- The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act), enacted October 6, 2014, directs the Secretary of Health and Human Services to “specify quality measures on which post-acute care (PAC) providers are required under the applicable reporting provisions to submit standardized patient assessment data” in several quality measure domains including incidence of **major falls**, **skin integrity** and **changes in skin integrity**, **medication reconciliation**, **functional status**, **transfer of health information** and **care preferences** when an individual transitions, and **resource use** and **other measures**.
- The **Transfer of Health Information measure** concept consists of two companion measures:
 - 1. Transfer of Health Information to the Provider–Post-Acute Care Measure
 - 2. Transfer of Health Information to the Patient–Post-Acute Care Measure
- The Transfer of Health Information measures serve as a check to ensure that a reconciled medication list is provided as the patient changes care settings at discharge. Defining the completeness of that medication list is left to the discretion of the providers and patient who are coordinating this care.

MDS 3.0v1.18.11 and Transfer of Health Information

- **Cross-Setting Measure: Transfer of Health Information to the Provider–Post-Acute Care Measure**
 - This measure assesses for and reports on the timely transfer of health information, specifically transfer of a reconciled medication list. This measure evaluates for the transfer of information when a patient/resident is transferred or discharged from their current setting to a subsequent provider.
 - For this measure, the subsequent provider is defined as a **short-term general hospital**, a **SNF**, **intermediate care**, **home under care of an organized home health service organization or hospice**, **hospice in an institutional facility**, **a swing bed**, **an IRF**, **an LTCH**, a **Medicaid nursing facility**, an **inpatient psychiatric facility**, or a **critical access hospital**.
 - **The denominator** is the number of SNF Medicare Part A covered resident stays ending in discharge to a subsequent provider.
 - **MDS item A2105 Discharge Status**, has been added to code this data. (Revised A2100)
 - **The numerator** is the number of stays for which the MDS 3.0 indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider.
 - **MDS item A2121 Provision of Current Reconciled Medication List to Subsequent Provider at Discharge**, has been added
 - Other items necessary to calculate this measure
 - **A2122 Route of Current Reconciled Medication List Transmission to Subsequent Provider** has been added

MDS 3.0v1.18.11 and Transfer of Health Information

- **Cross-Setting Measure: Transfer of Health Information to the Patient–Post-Acute Care Measure**
 - This measure assesses for and reports on the timely transfer of health information, specifically transfer of a medication list.
 - This measure evaluates for the transfer of information when a patient/resident is discharged from their current setting of PAC to a **private home/apartment, board and care home, assisted living, group home, transitional living, or home under the care of an organized home health service organization or hospice.**
 - **The denominator** for this measure is the total number of SNF Medicare Part A covered resident stays ending in discharge to the above settings.
 - **MDS item A2105 Discharge Status**, has been added to code this data. (Revised A2100)
 - **The numerator** for this measure is the number of stays for which the MDS 3.0 indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the resident, family, and/or caregiver
 - **MDS item A2123 Provision of Current Reconciled Medication List to Resident at Discharge** has been added.
 - Other items necessary to calculate this measure
 - A2124 Route of Current Reconciled Medication List Transmission to Resident has been added

MDS 3.0v1.18.11 and S.P.A.D.Es

- 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.
- CMS is adopting 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

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Cognitive Function**

- The goals of implementing cross-setting SPADEs are to facilitate care coordination and interoperability and to improve Medicare beneficiary outcomes.
- The standardized assessment of patient or resident cognition supports clinical decision making, early clinical intervention, person-centered care, and improved care continuity and coordination.
- The use of valid and reliable standardized assessments can aid in the communication of information within and across providers, enabling the transfer of accurate health information.
- CMS has identified several data elements as applicable for cross-setting use in standardized assessment of cognitive impairment.
- **BIMS:** The BIMS is a performance-based cognitive assessment developed to be a brief cognition screener with a focus on learning and memory. The BIMS evaluates repetition, recall with and without prompting, and temporal orientation.
- The following MD items will be retained to assess for cognitive function.
 - **C0100 Should Brief Interview for Mental Status (C0200-C0500) be Conducted?**
 - **C0299 Repetition of Three Words**
 - **C0300 Temporal Orientation**
 - **C0400 Recall**
 - **C0500 BIMS Summary Score**

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Cognitive Function (cont.)**
 - **Confusion Assessment Method (CAM®):** The CAM is a widely used delirium screening tool. Delirium, when undetected or untreated, can increase the likelihood of complications, rehospitalization, and death relative to patients/residents without delirium.
 - The following MD items will be retained to assess for cognitive function.
 - **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**

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Cognitive Function (cont.)**

- **Patient Health Questionnaire-2 to 9 (PHQ-2 to 9):** The PHQ-2 to 9 data elements use a summed-item scoring approach to first screen for signs and symptoms of depressed mood in patients and residents by assessing the two cardinal criteria for depression: depressed mood and anhedonia (inability to feel pleasure).
- At least one of the two must be present for a determination of probable depression, which signals the need for continued assessment of the additional seven PHQ symptoms.
- The interview is concluded if a respondent screens negative for the first two symptoms.
- The following MDS items have been revised to accommodate this data
 - **D0150 Resident Mood Interview (PHQ-2 to 9)** (Replaces D0200)
 - **D0160. Total Severity Score** (Replaces D0300)

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)**
 - Some medical conditions require complex clinical care, consisting of special services, treatments, and interventions. The implementation of these interventions typically indicates conditions of a more serious nature and can be life-sustaining.
 - Patients and residents who need them may have few clinical alternatives. Conditions requiring the use of special services, treatments, and interventions can have a profound effect on an individual's health status, self-image, and quality of life.
 - Providers should be aware of the patient or resident's clinical needs to plan the provision of these important therapies, ensure the continued appropriateness of care, and support care transitions.
 - The assessment of special services, treatments, and interventions may also help identify resource use intensity by capturing the medical complexity of patients/residents.
 - CMS has identified data elements for cross-setting standardization of assessment for special services, treatments, and interventions in the areas of cancer, respiratory, and other treatments, as well as nutritional approaches and high-risk medications

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)** (cont.)
- MDS item **O0110 Special Treatments, Procedures, and Programs**, has been added. This is a significant revision to O0100. Multiple items for the following are now required to be coded on admission, while a resident and at discharge.
 - **Chemotherapy (IV, Oral, Other),**
 - **Radiation,**
 - **Oxygen therapy (Intermittent, Continuous, High-concentration oxygen delivery system),**
 - **Suctioning (Scheduled, As needed),**
 - **Tracheostomy Care,**
 - **Non-invasive mechanical ventilator (bilevel positive airway pressure [BiPAP]; continuous positive airway pressure [CPAP])**
 - **Invasive mechanical ventilator**
 - **IV medications (antibiotics, anticoagulation, vasoactive medications, other)**
 - **Transfusions**
 - **Dialysis (hemodialysis, peritoneal dialysis)**
 - **IV access (peripheral IV, midline, central line)**

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)** (cont.)
- **MDS item K0520, Nutritional Approaches**, has been added. This is a revision to K0510. MDS items for the following are now required to be coded on admission, while not a resident, while a resident and at discharge.
 - **Parenteral/IV feeding**
 - **Feeding tube**
 - **Mechanically altered diet**
 - **Therapeutic diet**

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)** (cont.)
- **MDS item N0415, High-risk drug classes: use and indication**, has been added. This is a significant revision to N0410. MDS items for the following are now required to be coded when taken and that there is an indication for use.
 - Antipsychotic
 - Antianxiety.
 - Antidepressant.
 - Hypnotic.
 - Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
 - Antibiotic .
 - Diuretic.
 - Opioid.
 - Antiplatelet.
 - Hypoglycemic (including insulin).

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Medical Conditions and Co-Morbidities**
- **Pain Interference**: A substantial percentage of older adults receiving services in a PAC setting experience pain.
 - Pain in older adults can be treated with medications, complementary and alternative approaches, or physical therapy.
 - Treatment of pain in older adults may be complicated by factors such as dementia; high rates of polypharmacy; end-of-life care; and patient expectations, attitudes, and fears related to pain treatment.
 - Untreated pain is an often-debilitating condition that is associated with a host of adverse physical consequences, including loss of function, poor quality of life, disruption of sleep and appetite, inactivity, and weakness, as well as psychological effects such as depression, anxiety, fear, and anger.
 - Pain among SNF residents can interfere with rehabilitation and has potential secondary complications. The potential effects of pain on resident health are myriad, and it is critical to assess pain during hospitalization and after discharge.
 - Assessing pain in SNF residents during their stay can lead to appropriate treatment and improved quality of life, reduce complications associated with immobility such as skin breakdown and infection, and facilitate rehabilitation efforts and returning to community settings.
 - Pain assessment post-discharge can also be used to plan appropriate treatment and may reduce readmissions.

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Medical Conditions and Co-Morbidities**
- **Pain Interference**: (cont.)
- The following MDS Items have been added (Revised J0500) to address pain in PAC settings
 - **J0510. Pain Effect on Sleep**
 - **J0520. Pain Interference with Therapy Activities**
 - **J0530. Pain Interference with Day-to-Day Activities**

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Impairments**

- **Hearing and Vision Impairments:** Hearing and vision impairments are common conditions that, if unaddressed, affect patients' and residents' activities of daily living, communication, physical functioning, rehabilitation outcomes, and overall quality of life.
- Sensory limitations can lead to confusion in new settings, increase isolation, contribute to mood disorders, and impede accurate assessment of other medical conditions, such as cognition.
- Hearing impairments may cause difficulty in communication of important information concerning the patient's or resident's condition, preferences, and care transitions;
- Vision impairments have been associated with increased risk of falls.
- Both types of impairment can also interfere with comprehension of and adherence to discharge plans Assessments pertaining to sensory status aid PAC providers in
 - Understanding the needs of their patients and residents by establishing a diagnosis of hearing or vision impairment,
 - Elucidating the patients' and residents' ability and willingness to participate in treatments or use assistive devices during their stays, and
 - Identifying appropriate ongoing therapy and support needs at the time of discharge.

MDS 3.0v1.18.11 and S.P.A.D.Es

- **Impairments**

- **Hearing and Vision Impairments (cont.)**
- The following MDS items have been retained to address impairments
 - **B0200 Hearing**
 - **B1000 Vision**



MDS 3.0v1.18.11 and S.P.A.D.Es

- **New Category: Social Determinants of Health**
- CMS has identified data elements for cross-setting standardization of assessment for seven social determinants of health (SDOH).
- Healthy People 2020 defines SDOH as, “...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”
- MDS items have been added and or revised to assess for SDOH:
 - **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**

QRP Measures Under Consideration

RFI - SNF QRP Quality Measures under Consideration for Future Years

- CMS requested input on the following potential future SNF QRP Measures;
 - A cross-setting functional measure that would incorporate the domains of self-care and mobility.
 - Measures of health equity, such as structural measures that assess an organization's leadership in advancing equity goals or assess progress towards achieving equity priorities.
 - A COVID-19 Vaccination Coverage measure that would assess whether SNF patients were up to date on their COVID-19 vaccine.

TABLE 16: Future Measures and Measure Concepts Under Consideration for the SNF QRP

Quality Concepts
Cross-Setting Function
Health Equity Measures
PAC – COVID-19 Vaccination Coverage among Patients

RFIs

- **Infection Isolation:** During the COVID-19 PHE, a number of stakeholders raised concerns with the definition of “infection isolation”, as it relates to the treatment of SNF patients being cohorted due to either the diagnosis or suspected diagnosis of COVID-19.
- **Health Equity:** CMS’ plans to expand quality reporting programs to allow provision of more actionable, comprehensive information on health care disparities;
- **CoreQ Survey Instrument/Patient Reported Outcomes:** The CoreQ survey instrument is used to assess the level of satisfaction among SNF patients. Meaningful Measures 2.0 builds on the initial framework by establishing a goal of increasing Patient Reported Outcomes Measures (PROMs) by 50%.

Conclusions

- Understand how QRP affects your bottom line
- Reporting requirements have been expanded and now include MDS data, Claims data and NHSN data.
- The QRP is expanding, be prepared
- Value based purchasing is where we are
- Pay attention to Outcomes
- MDS 3.0v1.18.11 has been released and providers should become familiar
- QRP Measures Manual v4.0 was recently released
- The finalized TOH and SPADEs specification Manual is available

QUESTIONS?

Find Out More

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Broad River Rehab Reflections are the third Thursday of each month. October 20th: Item by Item review of revisions to MDS 3.0 v1.18.11