

**Broad River Reflections 2/18/20:**  
**Quality Measurement Applying an understanding of the basics Q&A**

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**Q1:** Does an interrupted stay pertain to insurances who pay by PDPM?

**A1:** The Interrupted Stay Policy PDPM Fact sheets located at the [CM PDPM website](#) indicates the following.

*“The Interrupted Stay Policy, which is effective concurrent with implementation of the Patient Driven Payment Model (PDPM), sets out criteria for determining when Medicare will treat multiple SNF stays occurring in a single Part A benefit period as a single “interrupted” stay, rather than as separate stays, for the purposes of the assessment schedule and the variable per diem payment schedule.”*

*“Specifically, when the stay is considered “interrupted” under the Interrupted Stay Policy, both the assessment schedule and the variable per diem payment schedule continue from the point just prior to discharge. When the stay is not considered interrupted, both the assessment schedule and the variable per diem rate reset to Day 1, as this would be considered a new stay.”*

*Also from the RAI Manual, “Interrupted Stay Is a Medicare Part A SNF stay in which a resident is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A-covered stay) and subsequently resumes SNF care in the same SNF for a Medicare Part A-covered stay during the interruption window.”*

You will note that the guidelines were put into place relative to traditional Medicare Part A SNF stays as that is what the PDPM was designed to accommodate. Also, The MDS item A0310G1 states, “*Is this a SNF Part A PPS Interrupted Stay?*” That said, if the MA plan does use the PDPM structure for payment and expects Medicare Part A policy to be followed, then yes, it would seem that it would apply at least for billing purposes while you most likely would not code the MDS that way. As you know, every plan is different and may times each has their own guidelines even though they say they follow Medicare. It is my experience that it is always best to confirm with the MA plan as to these types of particulars.

**Q2:** If a resident passes away before the 275 days for the fall, how long does it stay on the QM?

**A2:** You will notice in QM Manual v 14 there are two Long Stay falls measures.

1. **CMS N013.02** - Percent of Residents Experiencing One or More Falls with Major Injury: This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period. **Numerator:** Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]). **Denominator:** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.
2. **CMS N032.02** - Prevalence of Falls: This measure reports the percentage of long-stay residents who have had a fall during their episode of care. **Numerator:** Long-stay residents with one or more look-back assessments that indicate the occurrence of a fall (J1800 = [1]). **Denominator:** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.

Since both of these measures use a “look-back scan” to determine falls with major injury or prevalence of falls, as long as the fall occurred on an assessment in the look-back scan period relative to a target assessment that is captured in the time period of the CASPER report, it will affect the QM % and percentile ranking, i.e. it will remain on the QM report until 368 have elapsed since it occurred. Remember that the look-back scan for a long stay sample is 275 days plus a possible 93-day lookback for an assessment occurring 275 days prior.

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**Q3:** What suggestions do you have with excessive weight loss during this pandemic factoring in the isolation, social distancing, and sickness?

**A3:** Great question. To begin would advise having a system in place with key IDT personal who are monitoring weights, weight loss, risk for weight loss, and significant weight loss as defined in Section K of the MDS. Secondly, would implement systems of root cause analysis to raise the awareness of depression, social isolation, illness, reduce UE ROM, changes in strength, ROM, fine motor skills, and swallow function as risks for weight loss. We have found JAMA, and the literature from our therapy societies (APTA, AOTA, and ASHA) to be particularly helpful in navigating new research and educational materials specific to these areas.

**Q4:** If the flu vaccine measure is only calculated yearly, what is the time frame?

**A4: Influenza Season:** Influenza season is July 1 of the current year to June 30 of the following year (e.g., July 1, 2019 through June 30, 2020 for the 2019 – 2020 influenza season).

**Assessment Selection Period:** All assessments with target dates on or after October 1 of the most recently completed influenza season (i.e., the target date must be on or between October 1 of the current year and June 30 of the following year). The selection logic defined above is intended to identify the latest assessment that reports the influenza vaccine status for a resident who was in the facility for at least one day from October 1 through March 31.

**Q5:** Our facility continues to trigger on the antianxiety/ hypnotic Prev (L) and antianxiety/hypnotic % (L) QM what is the difference in these 2 QMs and what can we do to improve this?

**A5:** In some ways it is unfortunate that these two measures still exist in isolation from each other. In the old days when there were quality indicators instead of quality measures, there were measures that measured incidence and some that measured prevalence which are two separate things, and these were defined as such in the literature then.

As for the two measures that you are asking about that are currently in the quality measure manual and on the CASPER report, they both measure exactly the same thing fundamentally. The only difference is that each has a different set of exclusions. Notice in the following the numerators and denominators are exactly the same, and it is only the exclusions that are different.

**CMS ID: N033.02 Prevalence of Antianxiety/Hypnotic Use**

**Numerator:** Long-stay residents with a selected target assessment where any of the following conditions are true:

1. For assessments with target dates on or after 04/01/2012:
  - 1.1 Antianxiety medications received (N0410B = [1, 2, 3, 4, 5, 6, 7]), or
  - 1.2. Hypnotic medications received (N0410D = [1, 2, 3, 4, 5, 6, 7]).

**Denominator:** All long-stay residents with a selected target assessment, except those with exclusions.

**Exclusions**

1. The resident did not qualify for the numerator and any of the following is true:
  1. For assessments with target date on or after 04/01/2012: N0410B = [-] or N0410D = [-].
2. Any of the following related conditions are present on the target assessment (unless otherwise indicated):
  1. Schizophrenia (I6000 = [1]).
  2. Psychotic disorder (I5950 = [1]).
  3. Manic depression (bipolar disease) (I5900 = [1]).
  4. Tourette's syndrome (I5350 = [1]).

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5. Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
6. Huntington's disease (I5250 = [1]).
7. Hallucinations (E0100A = [1]).
8. Delusions (E0100B = [1]).
9. Anxiety disorder (I5700 = [1]).
10. Post-traumatic stress disorder (I6100 = [1]).
11. Post-traumatic stress disorder (I6100 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.

**CMS ID: N036.02 Percent of Residents Who Used Antianxiety or Hypnotic Medication**

Numerator: Long-stay residents with a selected target assessment where any of the following conditions are true:

1. For assessments with target dates on or after 04/01/2012:
  - 1.1 Antianxiety medications received (N0410B = [1, 2, 3, 4, 5, 6, 7]), or
  - 1.2 Hypnotic medications received (N0410D = [1, 2, 3, 4, 5, 6, 7]).

Denominator: Long-stay residents with a selected target assessment, except those with exclusions.

Exclusions

1. The resident did not qualify for the numerator and any of the following is true:
  - 1.1. For assessments with target dates on or after 04/01/2012: (N0410B = [-] or N0410D = [-]).
2. Any of the following related conditions are present on the target assessment (unless otherwise indicated):
  - 2.1. Life expectancy of less than 6 months (J1400 = [1]).
  - 2.2. Hospice care while a resident (O0100K2 = [1]).

As for the question about improving a facilities numbers with this measure, first be sure the MDS is coded correctly relative to the definition of antianxiety and hypnotic medication. Often medications are coded incorrectly into these classes of medication. Follow the guidelines found in Chapter 3 of the RAI manual, *"Code medications in Item N0410 according to the medication's therapeutic category and/or pharmacological classification, not how it is used."* Secondly facilities/IDT's should have active processes in place that routinely look at these classes of medication to determine whether they are necessary and to reduce or eliminate them altogether.

**Q6:** If a resident has a pressure ulcer that was facility acquired that healed, does doing another quarterly remove it from the QM or will it stay on because of the scan?

**A6:** For the long stay measure, Percent of High-Risk Residents with Pressure Ulcers, yes. That is because this measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers and the numerator All long-stay residents with a selected target assessment that are coded as having stage 2-4 and/or unstageable pressure ulcers on a singular target assessment.

For the short stay measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury however, the answer is no. That is because while this measure captures stage 2-4 and/or unstageable pressure ulcers that are new or worsened since admission, i.e. between the admission and discharge. And, if a resident has multiple Medicare Part A SNF Stays during the target 12 months, then all stays are included in this measure.