

SNF Quality Reporting Program (QRP) 2021

Understanding the SNF Quality Reporting Program for FY 2021 and Beyond – What it means for my Facility

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Agenda

1. What is the IMPACT Act ?
2. The Quality Reporting Program (QRP).
3. A history of the current QRP measures.
4. The 6 QRP measures new to NHC/Care Compare in October.
5. QRP process, how to manage your QRP.
6. Q&A

IMPACT Act

- **The Improving Medicare Post-Acute Care Transformation Act of 2014**
 - <http://waysandmeans.house.gov/news/documentsingle.aspx?DocumentID=373213>
- The IMPACT Act is an attempt to address the PAC information gap and would require collection and analyses of data that will enable Medicare to:
 - Compare quality across PAC settings;
 - Improve hospital and PAC discharge planning; and
 - Use this information to reform PAC payments (via site neutral or bundled payments, for example) while ensuring continued beneficiary access to the most appropriate setting of care.
- **Requires Post-Acute Providers to Report Standardized Assessment Data – Builds on existing PAC assessment tools, and requires the reporting of common data across PAC providers for purposes of:**
 - Patient assessment,
 - Quality comparisons,
 - Resource use measurement, and
 - Payment reform, i.e. establishing payment rates according to the individual characteristics of the patient, not the care setting

IMPACT Act

- Provides Congress with New Payment Models to Consider for Future Reforms – Requires reports to Congress from Med PAC and the Department of Health and Human Services that will utilize the PAC assessment data to:
 - build actual payment prototypes that,
 - Congress can use to consider for future PAC payment reforms (ex. PDPM, PDGM).
- Protects Beneficiary Choice and Access to Care – Directs the Secretary to develop regulations:
 - That encourages the use of quality data in patient discharge planning while continuing to take into account patient preferences.
 - That Provide for collection of comparable information across PAC settings so that any future PAC payment reforms have the data needed to identify and ensure continued patient access to appropriate settings of care.

IMPACT Act

- The Act requires that CMS make interoperable standardized patient assessment and quality measures data, and data on resource use and other measures to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes
- Achieving standardization (i.e., alignment/harmonization) of clinically relevant data elements improves care and communication for individuals across the continuum: Enables shared understanding and use of clinical information
- Enables the re-use of data elements (e.g., for transitions of care, care planning, referrals, decision support, quality measurement, payment reform, etc.)
- Supports the exchange of patient assessment data across providers (ex. Care Compare)
- Influences and supports CMS and industry efforts to advance interoperable health information exchange and care coordination
- SNF QRP - CMS believes that the QRP will, “...promote higher quality and more efficient health care for Medicare Beneficiaries”

SNF QRP

- **Skilled Nursing Facility (SNF) Quality Reporting Program (SNF QRP)**

- The Improving Medicare Post-Acute Care Transformation Act (IMPACT) Act of 2014 requires the Secretary to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Home Health Agency (HHA) providers.
- The Act further requires that the Centers for Medicare and Medicaid Services (CMS) develop and implement quality measures using standardized assessment data.
- In addition, the Act requires the development and reporting of measures pertaining to resource use, hospitalization, and discharge to the community.
- Through the use of standardized quality measures and standardized data, the intent of the Act, among other obligations, is to enable interoperability and access to longitudinal information for such providers to facilitate coordinated care, improved outcomes, and overall quality comparisons.
- Click [CMS SNF QRP](#) for access to the most up to date information on the SNF QRP
(QRP Manual v3.0 has been revised by v3.0.1 addendum)
- Click [Quality Reporting Manuals](#) for access to all quality measure user's manuals.

SNF QRP

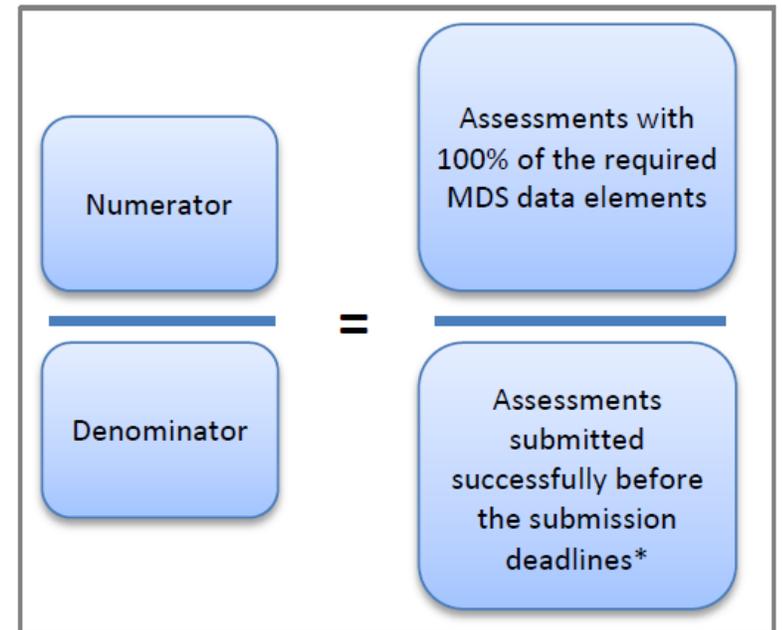
- **Skilled Nursing Facility (SNF) Quality Reporting Program (SNF QRP)**

- The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the Fiscal Year (FY) 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the **Annual Payment Update, or APU**) by 2 percentage points for any SNF that does not comply with the **quality data submission requirements** with respect to that FY.
- SNFs utilize the Minimum Data Set (MDS) 3.0 via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system to collect patient assessment data. The implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system.
- The FY 2020 reporting year is based on four quarters of data from 01/01/2018 – 12/31/2018. This means that FY 2020 compliance determination will be based on data submitted for admissions to the SNF on and after January 1, 2018 and discharged from the SNF up to and including December 31, 2018.

SNF QRP

- **Skilled Nursing Facility (SNF) Quality Reporting Program (SNF QRP)**

- The APU threshold is calculated by taking the total number of assessments with 100% of the required MDS data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage.
- In general, MDS records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator.
- **Providers must submit 80% or more of all assessments with 100% of the required MDS data elements to be in compliance with SNF QRP requirements.**



SNF QRP

- **Temporary SNF QRP Exceptions Due to the COVID-19 PHE**

- In a March 27, announcement, CMS provided temporary changes to the SNF QRP data submission requirements, due to the COVID-19 PHE, to assist skilled nursing facility providers while they directed resources toward caring for patients and ensuring the health and safety of patients and staff. CMS made optional and temporarily excepted providers from the submission of the MDS assessment data for the quarters in Figure 1.

Figure 1. Quarters for Which Data Are Optional or Excepted

Quarter	MDS Data Submission
October 1, 2019–December 31, 2019 (Q4 2019)	Optional
January 1, 2020–March 31, 2020 (Q1 2020)	Excepted
April 1, 2020–June 30, 2020 (Q2 2020)	Excepted

- **These changes to the SNF QRP data submission requirements ended on June 30, 2020.**

SNF QRP

- **CMS Strategy for Excepted Data**

- For Q1 2020 and Q2 2020, providers were excepted from data submissions. For this reason, CMS will hold the data constant (i.e., freeze the data) following the **October 2020 refresh**. The affected Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include:
 - January 2021
 - April 2021
 - July 2021
 - October 2021

- **Additionally:**

- Subsequent to the October 2020 refresh, CMS will not issue **Provider Preview Reports** for those refreshes that continue to display the constant data.
- There will be no data available (open) to correct for Q1 2020 and Q2 2020. Therefore, **Review and Correct Report** will not be provided for these quarters of data.
- Quality Measure Reports in CASPER will still be available and will reflect Q1 and Q2 2020 data submitted.
- **See handouts** for QRP *Tip Sheets*, *Quick Reference Guides* as well as *Data Collection and submission deadline timetables*.

SNF QRP

- **CMS Strategy for Excepted Data**

- After the October 2021 refresh, CMS plans to resume Public Reporting. Figure 2 provides a summary.

Figure 2. Summary of Data Refreshes

Quarter Refresh	Nursing Home Compare (SNF QRP) MDS Assessment-Based Measures
October 2020	Normal refresh (includes Q4 2019 data)
January 2021	Freeze
April 2021	Freeze
July 2021	Freeze
October 2021	Freeze
January 2022	Public reporting resumes*
April 2022	Normal refresh

*To account for missing PHE-excepted data (Q1 2020 and Q2 2020) when public reporting resumes, any potential change in measure calculation methodology will be subject to notice-and-comment rulemaking.

SNF QRP Measures

- **Current SNF QRP Measures**

- **MDS Based**

- FY 2016

- Application of Percent of Residents Experiencing One or More Falls with Major Injury **P**
 - Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function **P**

- FY 2017

- Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC SNF QRP

- FY 2018

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury **P** - (PU new or worsening)★
 - Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
 - Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
 - Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
 - Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients

- **Claims Based**

- FY 2017

- Medicare Spending Per Beneficiary – Post-Acute Care (PAC) SNF QRP FY 2017 **P**
 - Discharge to Community - PAC SNF QRP FY 2017 **P**★
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP FY 2017 **P**

Nursing Home Compare and Upcoming Changes

- **Beginning with the October 2020 refresh, CMS will publicly display on the Nursing Home Compare website six new MDS based measures:**
 - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (*Replacing the Pressure Ulcer New or worsening measure*)
 - Drug Regimen Review Conducted with Follow-Up for Identified Issues
 - Application of IRF Functional Outcome Measure: Change in Self-Care
 - Application of IRF Functional Outcome Measure: Change in Mobility
 - Application of IRF Functional Outcome Measure: Discharge Self-Care Score
 - Application of IRF Functional Outcome Measure: Discharge Mobility Score
- **Don't forget other NHC changes that will affect the October refresh.**
 - PBJ Data (Restarted with Q2 2020),
 - 5-Star Freeze (Updates through Dec. 31, 2019),
 - Health inspection reinstatement (Data before March 3rd and Restarting Guidelines Aug 17, 2020)

New Publicly Reported QMs

- **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)**

- **Description:** This measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission.
- The measure is calculated by reviewing a resident's MDS pressure ulcer discharge assessment data for reports of Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage at the time of admission
- If a resident has multiple Medicare Part A SNF Stays during the target 12 months, then all stays are included in this measure.
- **Numerator:** The numerator is the number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, compared to admission.

New Publicly Reported QMs

- **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) cont.**
 - **Denominator:** The denominator is the number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the selected time window for SNF residents ending during the selected time window, except those that meet the exclusion criteria.
 - **Exclusions:** Medicare Part A SNF Stays are excluded if:
 - Data on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers, including deep tissue injuries, are missing [-] at discharge,
 - The resident died during the SNF stay (i.e., Type 2 SNF Stays).
 - **Covariates:**
 - Functional Mobility Admission Performance: Coding of dependent or substantial/maximal assistance for the functional mobility item Lying to Sitting on Side of Bed at admission
 - Bowel Incontinence: Bowel Continence (H0400) at admission
 - Peripheral Vascular Disease / Peripheral Arterial Disease or Diabetes Mellitus
 - Low body mass index (BMI), based on height (K0200A) and weight (K0200B)

New Publicly Reported QMs

- **Drug Regimen Review Conducted with Follow-Up for Identified Issues (CMS ID: S007.02)**
 - **Description:** This measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) in which a drug regimen review was conducted at the time of admission and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout the stay.
 - If a resident has multiple Medicare Part A SNF Stays during the target 12 months, then all stays are included in this measure.
 - **Numerator:** The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator meeting each of the following two criteria:
 - 1. The facility conducted a drug regimen review on admission which resulted in one of the three following scenarios:
 - a. No potential or actual clinically significant medication issues were found during the review **OR**
 - b. Potential or actual clinically significant medication issues were found during the review and then a physician (or physician-designee) was contacted, and prescribed/recommended actions were completed by midnight of the next calendar day **OR**
 - c. The resident was not taking any medications

New Publicly Reported QMs

- **Drug Regimen Review Conducted with Follow-Up for Identified Issues (CMS ID: S007.02) cont.**
 - 2. Appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified during the stay; or no potential or actual clinically significant medications issues were identified since the admission or resident was not taking any medications.
- **Denominator:** The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) during the reporting period.
- **Exclusions:** Medicare Part A SNF Stays are excluded if: The resident died during the SNF stay (i.e. Type 2 SNF Stays).

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S022.03)**
 - **Description:** This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays).
 - If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
 - **Self-Care items and Rating scale:** The Self-Care assessment items used for admission and discharge Self-Care score calculations are:
 - GG0130A1. Eating
 - GG0130B1. Oral hygiene
 - GG0130C1. Toileting hygiene
 - GG0130E1. Shower/bathe self
 - GG0130F1. Upper body dressing
 - GG0130G1. Lower body dressing
 - GG0130H1. Putting on/taking off footwear

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S022.03) cont.**

- Sum the scores of the admission and discharge self-care items to create an admission self-care score for each stay-level record. Scores can range from 7 to 42, with a higher score indicating greater independence.
- **Numerator:** The measure does not have a simple form for the numerator and denominator. This measure estimates the risk adjusted change in self-care score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score.
- **Denominator:** The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.
- **Exclusions:** Medicare Part A SNF Stays are excluded if:
 - The Medicare Part A SNF Stay was an incomplete stay (Unplanned discharge **or** Discharge to acute hospital, psychiatric hospital, long-term care hospital **or** SNF PPS Part A stay less than 3 days **or** The resident died during the SNF stay.
 - The resident is independent with all self-care activities at the time of admission.
 - The resident has the following medical conditions at the time of admission (Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain).
 - The resident is younger than age 18

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S022.03) cont.**
 - The resident is discharged to hospice or received hospice while a resident
 - The resident did not receive physical or occupational therapy services
- **Covariates:** (Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays)
 - Age group, Admission self-care score – continuous score, Admission self-care score – squared form, Primary medical condition category, Interaction between primary medical condition category and admission self-care score, Prior surgery, Prior functioning: self-care, Prior functioning: indoor mobility (ambulation), Prior mobility device use, Stage 2 pressure ulcer, Stage 3, 4, or unstageable pressure ulcer/injury, Cognitive abilities, Communication impairment, Urinary Continence, Bowel Continence, Tube feeding or total parenteral nutrition, Comorbidities

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (CMS ID: S023.03)**
 - **Description:** This measure estimates the risk-adjusted mean change in mobility score between admission and discharge for Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays).
 - If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
 - **Mobility items and Rating scale:** The Mobility assessment items used for admission and discharge Self-Care score calculations are:
 - GG0170A1. Roll left and right, • GG0170B1. Sit to lying
 - GG0170C1. Lying to sitting on side of bed, • GG0170D1. Sit to stand
 - GG0170E1. Chair/bed-to-chair transfer, • GG0170F1. Toilet transfer
 - GG0170G1. Car transfer, • GG0170I1. Walk 10 feet
 - GG0170J1. Walk 50 feet with two turns, • GG0170K1. Walk 150 feet
 - GG0170L1. Walking 10 feet on uneven surfaces, • GG0170M1. 1 step (curb)
 - GG0170N1. 4 steps, • GG0170O1. 12 steps.
 - • GG0170P1. Picking up object

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (CMS ID: S023.03) cont.**

- Sum the scores of the admission and discharge mobility items to create an admission self-care score for each stay-level record. Scores can range from 15 to 90, with a higher score indicating greater independence.
- **Numerator:** The measure does not have a simple form for the numerator and denominator. This measure estimates the risk adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge self-care score and the admission self-care score.
- **Denominator:** The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.
- **Exclusions:** Medicare Part A SNF Stays are excluded if:
 - The Medicare Part A SNF Stay was an incomplete stay (Unplanned discharge **or** Discharge to acute hospital, psychiatric hospital, long-term care hospital **or** SNF PPS Part A stay less than 3 days **or** The resident died during the SNF stay.
 - The resident is independent with all mobility activities at the time of admission.
 - The resident has the following medical conditions at the time of admission (Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain).
 - The resident is younger than age 18

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (CMS ID: S023.03) cont.**
 - The resident is discharged to hospice or received hospice while a resident
 - The resident did not receive physical or occupational therapy services
- **Covariates:** (Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays)
 - Age group, Admission mobility score – continuous score, Admission mobility score – squared form, Primary medical condition category, Interaction between primary medical condition category and admission mobility score, Prior surgery, Prior functioning: indoor mobility (ambulation), stairs, functional cognition, Prior mobility device use, Stage 2 pressure ulcer, Stage 3, 4, or unstageable pressure ulcer/injury, Cognitive abilities, Communication impairment, Urinary Continence, Bowel Continence, Tube feeding or total parenteral nutrition, History of falls, Comorbidities

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S024.03)**
 - **Description:** This measure estimates the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) that meet or exceed an expected discharge self-care score.
 - If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
 - **Self-Care items and Rating scale:** The Self-Care assessment items used for admission and discharge Self-Care score calculations are:
 - GG0130A1. Eating
 - GG0130B1. Oral hygiene
 - GG0130C1. Toileting hygiene
 - GG0130E1. Shower/bathe self
 - GG0130F1. Upper body dressing
 - GG0130G1. Lower body dressing
 - GG0130H1. Putting on/taking off footwear

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S024.03) cont.**
 - Sum the scores of the discharge self-care items to create a discharge self-care score for each Medicare Part A SNF stay record. Scores can range from 7 to 42, with a higher score indicating greater independence.
 - **Numerator:** The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.
 - **Denominator:** The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.
 - **Exclusions:** Medicare Part A SNF Stays are excluded if:
 - The Medicare Part A SNF Stay was an incomplete stay (Unplanned discharge or Discharge to acute hospital, psychiatric hospital, long-term care hospital or SNF PPS Part A stay less than 3 days or The resident died during the SNF stay.
 - The resident has the following medical conditions at the time of admission (Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain).
 - The resident is younger than age 18

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S024.03) cont.**
 - The resident is discharged to hospice or received hospice while a resident
 - The resident did not receive physical or occupational therapy services
- **Covariates:** (Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays)
 - Age group, Admission self-care score – continuous score, Admission self-care score – squared form, Primary medical condition category, Interaction between primary medical condition category and admission self-care score, Prior surgery, Prior functioning: self-care, Prior functioning: indoor mobility (ambulation), Prior mobility device use, Stage 2 pressure ulcer, Stage 3, 4, or unstageable pressure ulcer/injury, Cognitive abilities, Communication impairment, Urinary Continence, Bowel Continence, Tube feeding or total parenteral nutrition, Comorbidities

New Publicly Reported QMs

- **SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (CMS ID: S025.03)**
 - **Description:** This measure estimates the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) that meet or exceed an expected discharge mobility score.
 - If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
 - **Mobility items and Rating scale:** The Mobility assessment items used for admission and discharge Self-Care score calculations are:
 - GG0170A1. Roll left and right, • GG0170B1. Sit to lying
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New Publicly Reported QMs

- **SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (CMS ID: S025.03) cont.**
 - Sum the scores of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.
 - **Numerator:** The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score.
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 - The Medicare Part A SNF Stay was an incomplete stay (Unplanned discharge **or** Discharge to acute hospital, psychiatric hospital, long-term care hospital **or** SNF PPS Part A stay less than 3 days **or** The resident died during the SNF stay).
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 - The resident is younger than age 18

New Publicly Reported QMs

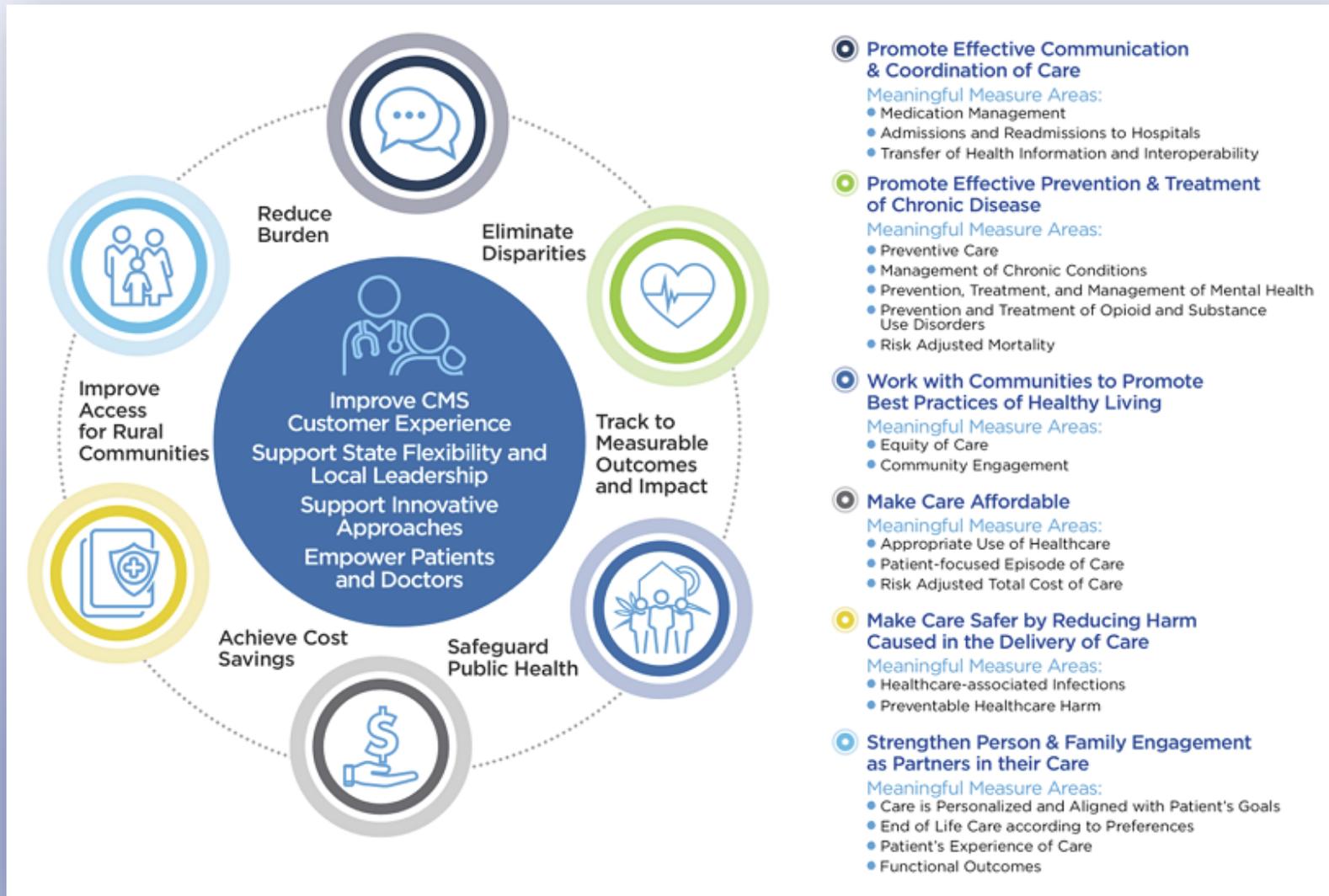
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 - The resident is discharged to hospice or received hospice while a resident
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 - Age group, Admission mobility score – continuous score, Admission mobility score – squared form, Primary medical condition category, Interaction between primary medical condition category and admission mobility score, Prior surgery, Prior functioning: indoor mobility (ambulation), stairs, functional cognition, Prior mobility device use, Stage 2 pressure ulcer, Stage 3, 4, or unstageable pressure ulcer/injury, Cognitive abilities, Communication impairment, Urinary Continence, Bowel Continence, Tube feeding or total parenteral nutrition, History of falls, Comorbidities

Nursing Home Compare and Upcoming Changes

- **New Project:** Development of the [Skilled Nursing Facility \(SNF\) Healthcare-Associated Infections \(HAIs\) Requiring Hospitalizations Measure for the Skilled Nursing Facility Quality Reporting Program \(SNF QRP\)](#). New measure is being 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](#).
- **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.”

SNF QRP 2021

- **“Meaningful Measures” framework** is the Centers for Medicare and Medicaid Services’ new initiative which identifies the highest priorities for quality measurement and improvement.
- It involves only assessing those core issues that are the most critical to providing high-quality care and improving individual outcomes.
- The Meaningful Measure Areas serve as the connectors between CMS strategic goals and individual measures/initiatives that demonstrate how high-quality outcomes for our beneficiaries are being achieved.
- They are concrete quality topics, which reflect core issues that are most vital/meaningful to high quality care and better patient outcomes.
- Meaningful Measures is not intended to replace any existing programs but will help programs identify and select individual measures.
- Meaningful Measure areas are intended to increase measure alignment across CMS programs and other public and private initiatives. Additionally, it will point to high priority areas where there may be gaps in available quality measures while helping guide CMS’s effort to develop and implement quality measures to fill those gaps.



SNF QRP 2021

Meaningful Measures

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Area	Definition	Relevancy	Measure Examples
<p>Healthcare-Associated Infections</p>	<p>Measures in this area focus on infections associated with the delivery of health care. Examples include MRSA, C-diff, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, and surgical site infections.”</p>	<p>On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. Prevent healthcare-associated infections that occur in all healthcare settings.</p>	<ul style="list-style-type: none"> – Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections: Used in the MIPS Program; NQF#2726. – National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure: Used in the HACRP, Hospital Compare, HVBP, IRF QRP, LTCH QRP, and PCHQR; NQF#1717. – Percent of Residents with a Urinary Tract Infection (Long Stay): Used in the Nursing Home Quality Initiative; NQF#0684. – Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate: Used in the MIPS Program; NQF#0130. – Pediatric Central Line-Associated Bloodstream Infections: Used in the Medicaid and CHIP Child Core Set; NQF #0139.

Meaningful Measures

Meaningful Measure Area	Definition	Relevancy	Measure Examples
Preventable Healthcare Harm	<p>This area focuses on unintended adverse events caused or influenced by the delivery of health care that could be prevented by avoiding errors and following accepted standards of care. Examples include pressure ulcers, falls, acute kidney injury. [Note: Healthcare-Associated Infections (HAIs) and medication errors are not included here since they are covered in separate measure areas.]</p>	<p>Each year, 2.8 million people are treated in emergency departments for fall injuries, with associated costs of \$31 billion. Avoid non-infectious harms like falls and complications like bed sores; harm that occurs during care is a leading cause of significant morbidity and <u>mortality</u>, and occurs in both inpatient and outpatient settings.</p>	<ul style="list-style-type: none"> – Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury: Used in the LTCH, IRF, SNF, and HH QRPs. – Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay): Used in the LTCH, IRF, SNF, and HH QRPs; NQF #0674. – Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure: Used in the MIPS Program; NQF#0114. – Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant: Used in the ASCQR Program and Hospital Compare.

Nursing Home Compare and Upcoming Changes

- CMS has finalized the Nursing Home Compare overhaul by launching a planned consolidated site called [Care Compare](#). The CMS press release may be found [here](#). This new site aggregates information about nursing homes, home health services, inpatient rehabilitation facilities, long-term acute care hospitals, dialysis providers, and hospitals. According to the press release, *“With just one click, patients can find information that is easy to understand about doctors, hospitals, nursing homes, and other health care services instead of searching through multiple tools.”* This new system will eventually replace the legacy systems like Nursing Home Compare.

Nursing Home Compare and Upcoming Changes

Find & compare doctors, hospitals & other providers near you.

[Learn more about the types of providers listed here](#)

MY LOCATION: ZIP code or city
PROVIDER TYPE: Select one
KEYWORDS (OPTIONAL):
Search

Or, select a provider type to learn more:

- Doctors & clinicians
- Hospitals
- Nursing homes including rehab services
- Home health services
- Hospice care
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Dialysis facilities

Looking for medical supplies and equipment? [Visit the Supplier Directory](#)

Managing Your QRP

- SNF HAI Confidential dry run report:** The purpose of the provider report is to inform SNFs of their performance in comparison to their peers. It is important to recognize that HAIs in SNFs are not considered “never-events.” The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs and to statistically distinguish between SNFs that are either better than or worse than their peers in infection prevention and in infection management.



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	XXXXXXXXXX	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	XXXXXXXXXX	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

Managing Your QRP

Report Release Date: 07/30/2020
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SNF QRP Provider Preview Report

CMS Certification Number:
Facility Name:
Street Address Line 1:
Street Address Line 2:
City:
State:
ZIP Code:
County Name:
Telephone Number:
Type of Ownership:
Date of Medicare Certification:

Minimum Data Set 3.0 (MDS 3.0) Measures 12/01/2002

Reporting Period:	January 1, 2019 through December 31, 2019
SNF QRP Quality Measure:	Application of Falls
CMS Measure ID:	S013.01 (January 1, 2019 through September 30, 2019) S013.02 (October 1, 2019 through December 31, 2019)
- Number of SNF Stays Included in the Numerator:	0
- Number of SNF Stays Included in the Denominator:	74
- Facility Percent:	0.0%
- National Average:	0.9%

Reporting Period: January 1, 2019 through December 31, 2019
SNF QRP Quality Measure: Application of Falls
CMS Measure ID: S013.01 (January 1, 2019 through September 30, 2019)
S013.02 (October 1, 2019 through December 31, 2019)

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L) ★	N015.03	C	5	53	9.4%	9.4%	8.6%	8.1%	65
Phys restraints (L)	N027.02	C	1	68	1.5%	1.5%	0.2%	0.2%	95 *
Falls (L)	N032.02	C	34	68	50.0%	50.0%	44.9%	45.4%	62
Falls w/Maj Injury (L) ★	N013.02	C	4	68	5.9%	5.9%	3.6%	3.5%	83 *
Antipsych Med (S) ★	N011.02	C	0	39	0.0%	0.0%	1.6%	2.0%	0
Antipsych Med (L) ★	N031.03	C	9	60	15.0%	15.0%	14.5%	14.1%	62
Antianxiety/Hypnotic Prev (L)	N033.02	C	1	18	5.6%	5.6%	8.3%	6.4%	56
Antianxiety/Hypnotic % (L)	N036.02	C	22	62	35.5%	35.5%	31.3%	19.5%	92 *
Behav Sx affect Others (L)	N034.02	C	4	64	6.3%	6.3%	20.6%	20.8%	16
Depress Sx (L)	N030.02	C	2	66	3.0%	3.0%	6.0%	6.1%	60
UTI (L) ★	N024.02	C	2	65	3.1%	3.1%	3.3%	2.6%	68
Cath Insert/Left Bladder (L) ★	N026.03	C	1	61	1.6%	1.2%	2.2%	2.1%	46
Lo-Risk Lose B/B Con (L)	N025.02	C	11	23	47.8%	47.8%	54.7%	48.3%	48
Excess Wt Loss (L)	N029.02	C	6	59	10.2%	10.2%	7.3%	5.9%	85 *
Incr ADL Help (L) ★	N028.02	C	7	62	11.3%	11.3%	17.4%	15.0%	35
Move Indep Worsens (L) ★	N035.03	C	10	41	24.4%	24.3%	22.0%	17.9%	76 *
Improvement in Function (S) ★	N037.03	C	16	38	42.1%	45.4%	67.2%	67.6%	9 *

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
New/worse Pres Ulcer (S) ₁ SNF QRP ★	S002.02	3	33	9.1%	7.4%	1.7%

¹ The Percent of Residents With Pressure Ulcers That Are New or Worsened (S002.02) measure is calculated using the SNF QRP measure specifications v3.0 and is based on 12 months of data (10/01/2019 - 09/30/2020).

Managing Your QRP



Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report for June 2020

Ratings for I Am Home Health And Rehabilitation (123456)
Notown, Tennessee

Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★	★★★★	★	★★	★★

The June 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around June 24, 2020. The health inspection rating is based on health inspections occurring prior to March 4, 2020. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the fourth calendar quarter of 2019.

Managing Your QRP

Resident _____ Identifier _____ Date _____

Section M **Skin Conditions** \$\$ **CATs** QMs ★ **QRP**

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued \$\$ **CATs** QMs ★ **QRP**

E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device - If 0 → Skip to M0300F.

Enter Number

1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F.
Unstageable - Slough and/or eschar **CAA: *12, *16, N015.03 ★, S038.02**

Enter Number

2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry **S038.02**

F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G.

Enter Number

1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G.
Unstageable - Deep tissue injury **CAA: *12, *16, N015.03 ★, S038.02**

Enter Number

2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry **S038.02**

G. Unstageable - Deep tissue injury:

Enter Number

1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030.
Number of Venous and Arterial Ulcers **CAA: *12, *16, N015.03 ★, S038.02**

Enter Number

2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry **S038.02**

M1030. Number of Venous and Arterial Ulcers \$\$

BRR **BROAD RIVER**

Care Area Assessment Key / Quality Measures / QRP Key

Care Area Assessments Key:

- CAA 1 - Delirium
- CAA 2 - Cognitive Loss/Dementia
- CAA 3 - Visual Function
- CAA 4 - Communication
- CAA 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential
- CAA 6 - Urinary Incontinence and Indwelling Catheter
- CAA 7 - Psychosocial Well-Being
- CAA 8 - Mood State
- CAA 9 - Behavioral Symptoms
- CAA 10 - Activities
- CAA 11 - Falls
- CAA 12 - Nutritional Status
- CAA 13 - Feeding Tubes
- CAA 14 - Dehydration/Fluid Maintenance
- CAA 15 - Dental Care
- CAA 16 - Pressure Ulcer
- CAA 17 - Psychotropic Medication Use
- CAA 18 - Physical Restraints
- CAA 19 - Pain
- CAA 20 - Return to Community Referral

Long Stay QMs (cont.)

- N024.02 (C) (N) ★ - Percent of residents with a urinary tract infection
- N025.02 (C) (N) - Percent of low risk residents who lose control of their bowel or bladder (Still on CASPER and NHC, withdrawn from NQF submission)
- N026.03 (C) (N) ★ - Percent of residents who have/had a catheter inserted and left in their bladder
- N027.02 (C) (N) - Percent of residents who were physically restrained
- N028.02 (C) (N) ★ - Percent of residents whose need for help with activities of daily living has increased
- N029.02 (C) (N) - Percent of residents who lose too much weight
- N030.02 (C) (N) - Percent of residents who have depressive symptoms (Still on CASPER and NHC, withdrawn from NQF submission)
- N031.03 (C) (N) ★ - Percent of residents who received an antipsychotic medication
- N035.03 (C) (N) ★ - Percent of Residents Whose Ability to Move Independently Worsened
- N036.02 (C) (N) - Percent of Residents Who Used Antianxiety or Hypnotic Medication
- Claims (N) ★ - Number of Hospitalizations per 1,000 Long-Stay Resident Days
- Claims (N) ★ - Number of ED visits per 1,000 Long-Stay Resident Days

Quality Measures Key:

Short Stay QMs:

- N003.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- N004.03 - Percent of residents who received the seasonal influenza vaccine
- N005.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- N006.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- N007.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)
- N011.02 (C) (N) ★ - Percent of residents who newly received an antipsychotic medication
- N037.02 (C) (N) ★ - Percent of Residents Who Made Improvements in Function
- Claims (N) ★ - Percentage of residents who were rehospitalized after a nursing home admission
- Claims (N) ★ - Percentage of residents who have had an outpatient emergency department visit

Long Stay QMs:

- N013.02 (C) (N) ★ - Percent of residents experiencing one or more falls with major injury
- N015.03 (C) (N) ★ - Percent of high risk residents with pressure ulcers
- N016.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- N017.03 - Percent of residents who received the seasonal influenza vaccine
- N018.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- N019.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- N020.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)

Additional Survey QMs:

- N032.02 (C) - Prevalence of falls (Long Stay)
- N033.02 (C) - Prevalence of antianxiety/hypnotic use (Long Stay)
- N034.02 (C) - Prevalence of behavior symptoms affecting others (Long Stay)

SNF Quality Reporting Program (SNF QRP) QMs:

- S001.03 (Q) (N) - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- S007.02 (Q) (N) - Drug Regimen Review Conducted with Follow-Up for Identified Issues
- S013.02 (Q) (N) - Application of Percent of Residents Experiencing One or More Falls with Major Injury
- S022.03(Q) (N) - SNF Functional Outcome Measure: Change in Self-Care Score for Nursing Facility Residents
- S023.03 (Q) (N) - SNF Functional Outcome Measure: Change in Mobility Score for Nursing Facility Residents
- S024.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Self-Care Score for Nursing Facility Residents
- S025.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Mobility Score for Nursing Facility Residents
- S038.02 (C) (Q) (N) ★ - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Claims S009.01 (Q) (N) - Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP
- Claims S005.02 (Q) (N) ★ - Discharge to Community - PAC SNF QRP
- Claims S006.01 (Q) (N) - Medicare Spending per Beneficiary - PAC SNF QRP

Key:

- (C) = CASPER Report QMs
- (N) = Nursing Home Compare
- ★ = 5-Star Rating QMs
- (Q) = SNF Quality Reporting Program QRP

Emerald/PDPM **Crimson**(CATs) (*) = Single Item Trigger **Royal**(QMs) (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger **Gold** ★/5-Star **Violat**(QRP) (Italics = Associated Exclusions, Underline = Associated Covariates) (1) = performance, (2) = goals

QUESTIONS?