

RELIAS

QRP UPDATES 2018

August 2018

Presented by

SIMPLELTC™

A BRIGGS HEALTHCARE COMPANY

PRESENTER

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- Senior SNF Regulatory Analyst with Relias Learning.
- Formerly Chief Clinical Officer with AIS, Inc.
- 25+ years experience in healthcare and LTC
- Has spoken nationally and internationally on topics related to LTC industry.

OBJECTIVES

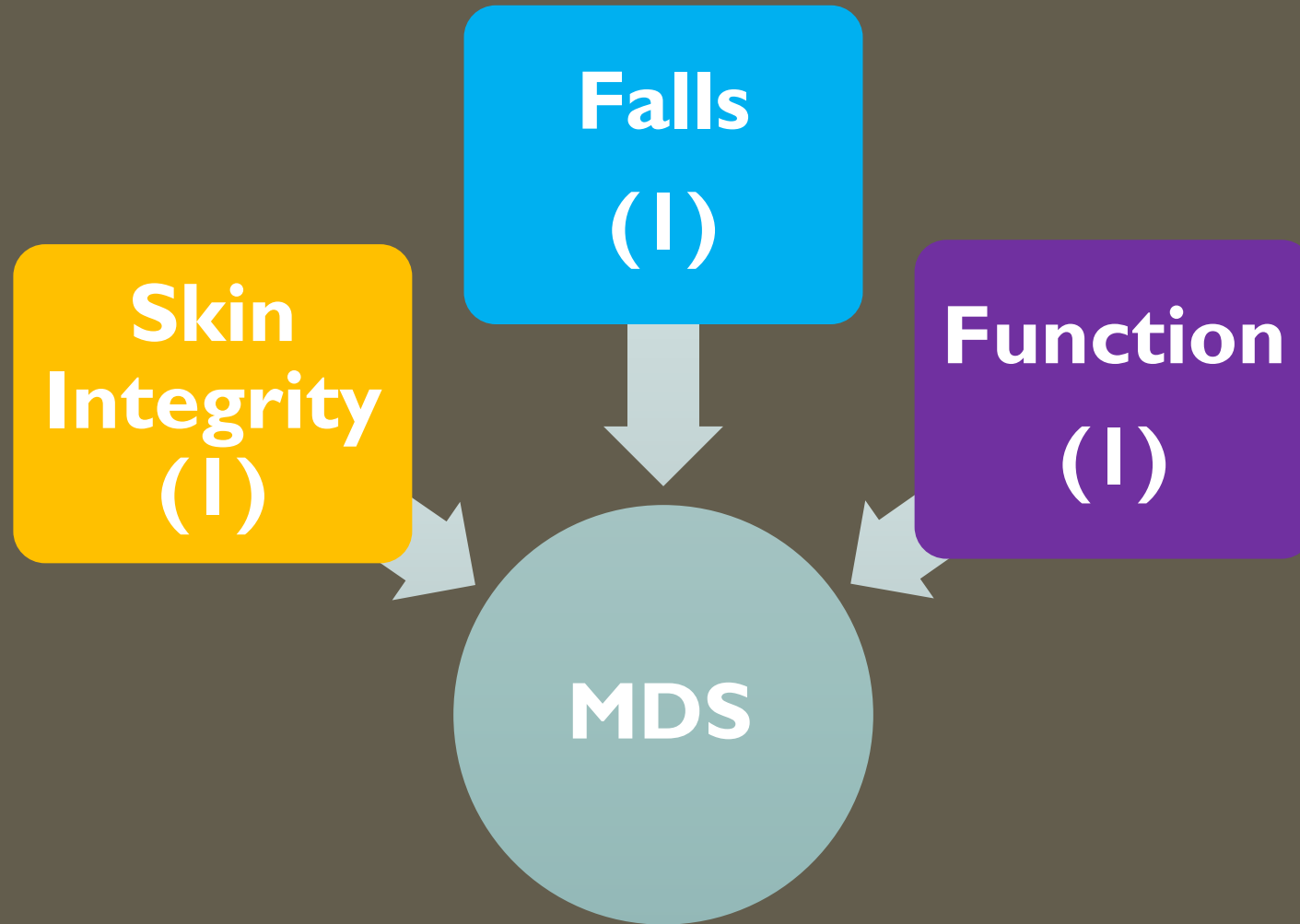
- Update on QRP Status
- Review QRP Reports available
- Review use of the “dash”
- Review SNF PPS Part A Discharge Requirements
NPE Requirements

QRP REVIEW & UPDATE

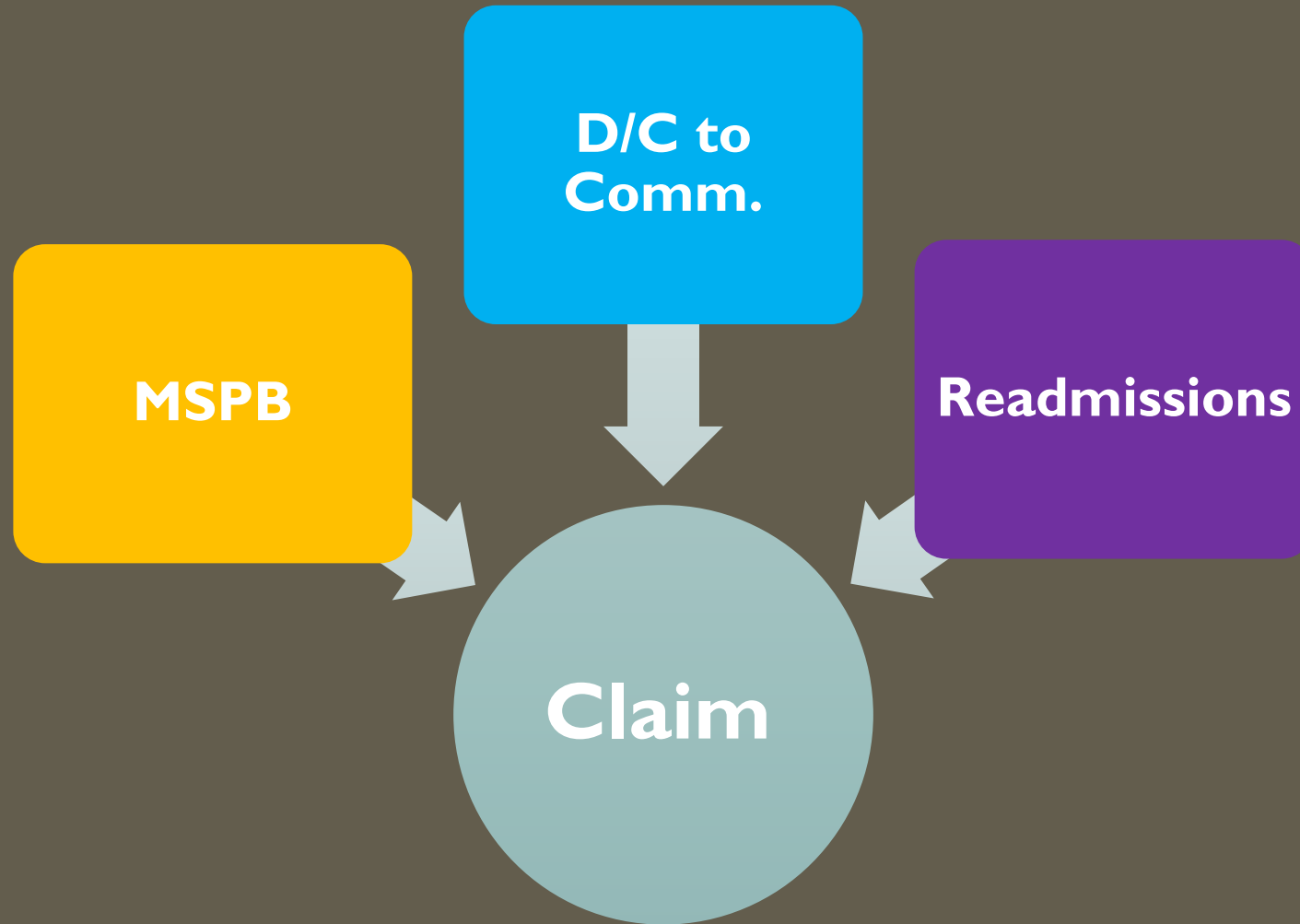
IMPACT ACT

- IMPACT – Improving Medicare Post-Acute Care Transformation Act – 2014
- Requires CMS makes resident assessments and quality measure data standardized amongst post-acute care providers
- Mandates QM data be implemented across three domains
- Measures will be part of the SNF Quality Reporting (QRP) program
- Requires additions of Section GG

IMPACT ACT – MDS BASED QM DOMAINS



IMPACT ACT – CLAIMS BASED QMS



**QRP FUNCTION
QUALITY MEASURE**

SNF QRP FUNCTION QM

Purpose: To determine percentage of residents who have their functional status assessed upon admission and discharge AND who have at least one functional goal established.

SNF QRP FUNCTION QM

Section GG

- Address self care and mobility items
- Using different standards for coding
 - Process measurement versus Outcome measurement
 - Assess functional status and determine a goal
 - Not looking at improvement or decline

SNF QRP FUNCTION QM

Assessments Used

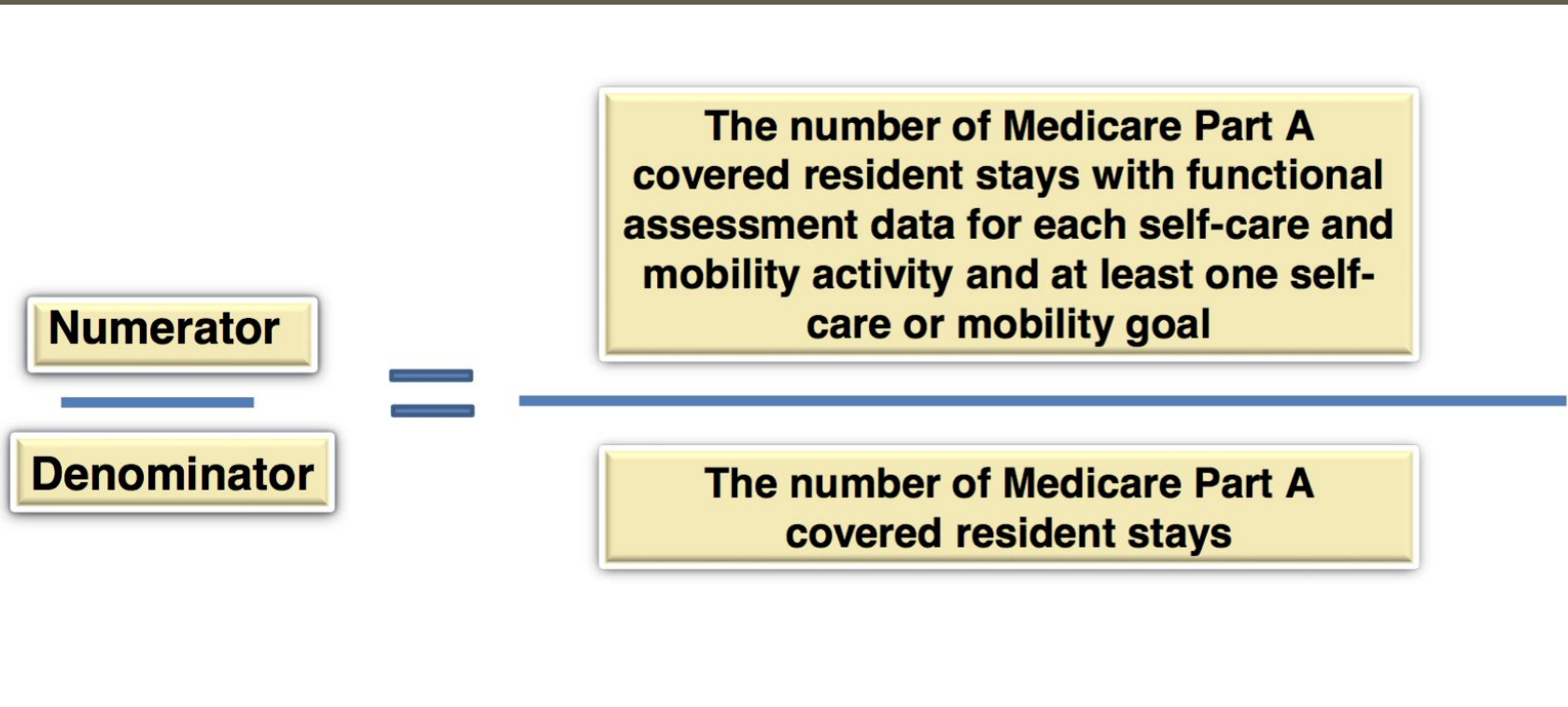
- 5-day assessment
- Discharge/SNF PPS Discharge
- SNF PPS Discharge Assessment
 - Required when Medicare Part A stay ends, except in case of death
 - Does not matter if planned or unplanned discharge
 - Does not matter if remaining Medicare days or benefits exhausted

SECTION GG/NPE- CLARIFICATIONS

Combined 5-day w/ Discharge assessment example:

- Resident admitted on Sunday, discharged back to the hospital on Tuesday. Provider is completing a 5-day/DC assessment/NPE assessment.
 - Admission Performance GG is still required.
 - Admission Goal (I) is still required.
 - Discharge Performance is NOT required.

SNF QRP FUNCTION QM



Includes both Complete and Incomplete Stays

SNF QRP FUNCTION QM

Incomplete Stays



Unplanned Discharge = incomplete stay

COMPLETE STAY EXAMPLE

5-day Assessment

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
0 3	- -	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 3	- -	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
0 3	- -	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 4	- -	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 4	- -	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 4	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
0 4	- -	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
0 4	- -	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
0 4	- -	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
0 4	- -	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

SNF PPS Discharge Assessment

3. Discharge Performance	
↓ Enter Codes in Boxes ↓	
0 4	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 5	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
0 5	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 4	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 5	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
0 6	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
0 4	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
0 4	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

INCOMPLETE STAY EXAMPLE

5-day Assessment

1. Admission Performance	2. Discharge Goal	
Enter Codes in Boxes		
0 3	- -	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 3	- -	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
0 3	- -	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 4	- -	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 4	- -	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 4	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
0 4	- -	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
0 4	- -	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
0 4	- -	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
0 4	- -	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

SNF PPS Discharge Assessment

3. Discharge Performance	
Enter Codes in Boxes	
	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

USE OF DASHES

Should be a rare occurrence for completing Section GG

Do not use a "dash" if the item was not assessed because:

- Resident Refused, use 07
- Item not applicable, use 09
- Activity was not attempted due to medical or safety reasons, use 88

Completion of only one discharge goal is required.

- Other goals may be dashed.

NOT ALL DASHES ARE EQUAL

SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2019

Table 1. Items Necessary to Calculate the Measures

MDS Item	Item Label/Description	Assessment Type			Coding		SNF QRP Measures		
		PPS 5-Day A0310B=[01]## (standalone or combined with other types of assessments)	Part A PPS Discharge A0310H=[1]## (standalone or combined with other types of assessments)	Other types of assessment (specified below)	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury*	Pressure Ulcers New or Worsened	Functional Assessment and Care Plan
GG0130A1	Eating (Admission Performance)	x			06, 05, 04, 03, 02, 01, 07, 09, 88, “^” (skip pattern), and dash “_”	dash “-”			x
GG0130A2	Eating (Discharge Goal)**	x			06, 05, 04, 03, 02, 01, “^” (skip pattern), and dash “_”	dash “-”***			x
GG0130A3	Eating (Discharge Performance)***		x		06, 05, 04, 03, 02, 01, 07, 09, 88, “^” (skip pattern), and dash “_”	dash “-”***			x
GG0130B1	Oral hygiene (Admission Performance)	x			06, 05, 04, 03, 02, 01, 07, 09, 88, “^” (skip pattern), and dash “_”	dash “-”			x
GG0130B2	Oral hygiene (Discharge Goal)**	x			06, 05, 04, 03, 02, 01, “^” (skip pattern), and dash “_”	dash “-”***			x
GG0130B3	Oral hygiene (Discharge Performance)***		x		06, 05, 04, 03, 02, 01, 07, 09, 88, “^” (skip pattern), and dash “_”	dash “-”****			x

USE OF DASHES

PENALTY

- 2% penalty to market basket increase beginning 10/1/2017 if more than 80% of the MDSs submitted do not contain 100% of the data elements needed to calculate all 3 of the new MDS QRP Quality Measures.

Example of Observed Measure Score Calculation

5 residents receiving SNF care in the target period



Resident 1



PPS 5-Day with all required items	PPS DC with all required items
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Resident 2



PPS 5-Day with all required items	Stay ongoing
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Resident 3



PPS 5-Day in prior year	PPS DC with all required items
-------------------------	--------------------------------

Resident 4



PPS 5-Day with all required items	PPS DC with all required items
-----------------------------------	--------------------------------

Resident 5



PPS 5-Day with DASH*	PPS DC with all required items
----------------------	--------------------------------

Matched stay that trigger the numerator?



✓
YES

?
TBD

✓
YES

✓
YES

✗
NO*

Matched stay meeting denominator?



✓
YES

✗
NOT in this target period

✓
YES

✓
YES

✓
YES

QM Calculation

QM Observed Score

$$\frac{\text{\# of SNF stays that trigger the measure}}{\text{\# of SNF stays that ended during the target period \& meet the measure denominator criteria}} = \frac{3}{4} = 75\%$$

Key Concept

A Medicare Part A SNF Stay includes consecutive time in the facility, starting with the Medicare Part A PPS 5-Day Assessment through the Medicare Part A PPS Discharge Assessment or Death in Facility Tracking Record at the end the SNF stay & all intervening assessments.

75% of resident stays with a Medicare stay end date in the target period had an Admission and Discharge Functional Assessment and a care plan that addressed function. Resident 2 may be included in a subsequent calculation based on the Medicare stay end date.

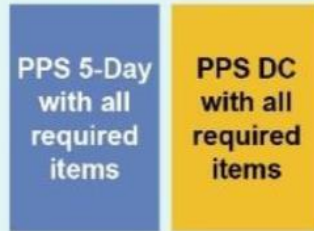
*Dash was coded in a data element required for the measure calculation.

Example of APU Calculation

5 residents receiving SNF care in the target period



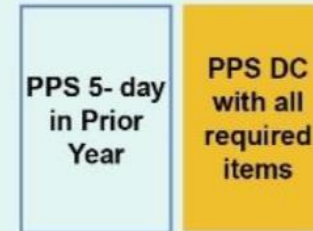
Resident 1



Resident 2



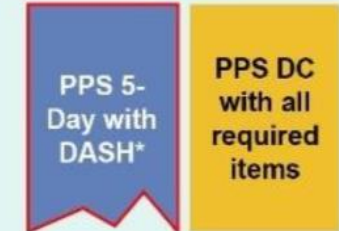
Resident 3



Resident 4



Resident 5



Do Assessments have all of the data required for the measure?



✓
YES

✓
YES

✓
YES

✓
YES

✓
YES

✓
YES

✗
NO*

✓
YES

APU Threshold Calculation

of required Assessments submitted with 100% of the data elements necessary to calculate the measures

of required Assessments submitted before the submission deadline for the reporting period

$$= \frac{7}{8} = \text{APU Compliance } 87.5\%$$

Key Concept

APU Threshold requires that 80% of all required MDS Assessments submitted contain 100% of the data elements that are required for the calculation of the measures.

This provider met the 80% threshold: 87.5 % of required MDS Assessments submitted contained all of the data elements required for the measure.

*Dash was coded in a data element required for the measure calculation

USE OF DASHES

New Warning Message

- 3897 = Payment Reduction Warning. A dash (-) submitted in this quality measure assessment item may result in a payment reduction for your facility of 2% for the affected payment determination

SNF QRP REPORTS

Effective October 1, 2017



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

Run Date: 03/28/2018
Page 1 of 3

**REVIEW
AND
CORRECT
REPORTS**

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	6	127	4.7%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	7	111	6.3%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	8	125	6.4%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	8	113	7.1%
Cumulative	01/01/2017	12/31/2017	-	-	29	476	6.1%



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	6	127	4.7%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	7	111	6.3%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	8	125	6.4%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	8	113	7.1%
Cumulative	01/01/2017	12/31/2017	-	-	29	476	6.1%



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

Run Date: 03/28/2018
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REVIEW
AND
CORRECT
REPORTS

SNF Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
CMS Measure ID: S013.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	127	1.6%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	2	111	1.8%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	2	125	1.6%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	1	113	0.9%
Cumulative	01/01/2017	12/31/2017	-	-	7	476	1.5%



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

SNF Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
CMS Measure ID: S013.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	2	127	1.6%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	2	111	1.8%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	2	125	1.6%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	1	113	0.9%
Cumulative	01/01/2017	12/31/2017	-	-	7	476	1.5%



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

Run Date: 03/28/2018
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REVIEW
AND
CORRECT
REPORTS

SNF Quality Measure: 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)
CMS Measure ID: S001.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	119	127	93.7%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	108	111	97.3%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	122	125	97.6%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	110	113	97.3%
Cumulative	01/01/2017	12/31/2017	-	-	459	476	96.4%



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

SNF Quality Measure: 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)
CMS Measure ID: S001.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	119	127	93.7%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Open	108	111	97.3%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Open	122	125	97.6%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Open	110	113	97.3%
Cumulative	01/01/2017	12/31/2017	-	-	459	476	96.4%



CASPER Report SNF QRP Facility-Level Quality Measure Report

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
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)	S001.01	418	438	95.4%	95.5%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	S013.01	7	438	1.6%	0.9%

FACILITY
LEVEL
QM
REPORTS



CASPER Report

SNF QRP Facility-Level Quality Measure Report

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
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)	S001.01	418	438	95.4%	95.5%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	S013.01	7	438	1.6%	0.9%



CASPER Report
SNF QRP Resident-Level Quality Measure Report

Status Legend

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on quality measure exclusion criteria
- N/A: Not available

Quality Measures: Desirable Outcomes/Processes Performed
Source: Minimum Data Set 3.0 (MDS 3.0)

Resident Name	Resident ID	Admission Date	Discharge Date	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)
		12/08/2017	12/15/2017	X
		01/20/2018	02/07/2018	X
		04/07/2017	04/13/2017	NT
		03/27/2017	04/09/2017	X
		07/12/2017	07/26/2017	X
		03/19/2017	04/19/2017	X

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.

RESIDENT
LEVEL QM
REPORTS

CASPER Report
SNF QRP Resident-Level Quality Measure Report

Status Legend

X: Triggered
 NT: Not triggered
 E: Excluded from analysis based on quality measure exclusion criteria
 N/A: Not available

Quality Measures: Desirable Outcomes/Processes Performed
 Source: Minimum Data Set 3.0 (MDS 3.0)

Resident Name	Resident ID	Admission Date	Discharge Date	Application of Percent of Long-Term Care Hospital (L.TCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
[REDACTED]	42437362	12/08/2017	12/15/2017	X
[REDACTED]	42802887	01/20/2018	02/07/2018	X
[REDACTED]	8739277	04/07/2017	04/13/2017	NT
[REDACTED]	40198418	03/27/2017	04/09/2017	X
[REDACTED]	23263463	07/12/2017	07/26/2017	X
[REDACTED]	40135978	03/19/2017	04/19/2017	X

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CASPER Report
SNF QRP Resident-Level Quality Measure Report

Status Legend

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on quality measure exclusion criteria
- N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
Source: Minimum Data Set 3.0 (MDS 3.0)

Resident Name	Resident ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
		06/21/2017	07/13/2017	NT	NT
		07/31/2017	08/05/2017	NT	NT
		06/27/2017	10/04/2017	NT	X
		11/22/2017	12/12/2017	NT	NT
		05/12/2017	06/20/2017	NT	NT
		10/28/2017	11/17/2017	NT	NT

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NEW QRP MEASURES

Effective October 1, 2017

NEW MEASURES FOR FY 2020

- Data Collection Begins 10/1/2018
- Majority use data from Section GG
- Moving from Process Measure to OUTCOME MEASURE:
 - Change in Self-Care Score for Medical Rehabilitation Residents
 - Change in Mobility Score for Medicare Rehabilitation Residents
 - Discharge Self-Care Score for Medical Rehabilitation Residents
 - Discharge Mobility Score for Medical Rehabilitation Residents

CHANGE IN SELF-CARE/MOBILITY SCORE

Denominator

- Number of SNF Medicare Part A resident stays, except those meeting exclusions
- Focus is on improvement
- Focus is on those residents who received skilled therapy services.
- There are 7 exclusions
 - Incomplete Stays

Exclusions

1. Incomplete Stays
2. Independent w/ Self-Care at Admission
3. Coma, PVS, locked-in syndrome, cerebral edema, compression of brain
4. Age < 21
5. Discharges to hospice
6. Not Medicare A residents
7. Did not receive PT or OT services

CHANGE IN SELF-CARE SCORE

SELF – CARE SCORE

- Uses 7 Self-Care items
 - Eating
 - Oral Hygiene
 - Toilet Hygiene
 - Shower/bathe self
 - Upper body dressing
 - Lower body dressing
 - Putting on/taking off footwear
- Adds up scores, "not attempted" is recoded to 1

Score range is 7 - 42

CHANGE IN MOBILITY SCORE

Mobility Score

- Roll left and right
- Sit to lying
- Lying to sitting on side of bed
- Sit to stand
- Chair/Bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walk 10 feet
- Walk 50 feet w/ 2 turns
- Walk 150 feet
- Walking 10 feet on uneven surfaces
- 1 step curb
- 4 steps
- 12 steps
- Picking up object

Score range is 15-90

SECTION GG NEW ITEMS

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

SECTION GG NEW ITEMS

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

SECTION GG NEW ITEMS

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

CHANGE IN SCORE CALCULATION SUMMARY

Each of the following steps are completed for both Self-care/mobility change Score QMs

- Sum the scores for both bed mobility/self-care admission items (each resident)
- Sum the score for both the bed mobility/self-care discharge items (each resident)
- Remove any residents who are excluded
- Calculate the difference in admission score and discharge score (each resident)

CHANGE IN SCORE CALCULATION SUMMARY

Each of the following steps are completed for both Self-care/mobility change Score QMs

- Calculate an expected change in score based on risk adjustments (each resident, CMS will do).
- Calculate an avg. observed change in mobility/self-care score (SNF).
- Calculate an avg. expected change in mobility/self-care score (SNF).
- Calculate the difference between the facility level observed change and the facility level expected change (observed – expected).
 - A value of 0 means the observed and expected were 0
 - A value greater than 0 indicates the observed changed score is better than the expected.
 - A value less than 0 indicates the observed change score is worse than the expected.
- Add each SNFs difference value to the National Avg. change in self-care/mobility score.

SELF-CARE/MOBILITY DISCHARGE SCORE*

- Sum the scores of the discharge self-care/mobility items to create a discharge self-care/mobility score for each resident, after 'activity not attempted' codes are recoded to 1 (score range: 7 to 42 or 7 - 90). This is the resident's observed discharge score.
- Calculate an expected discharge self-care score for each SNF resident
- Compare each resident's observed and expected discharge self-care score and classify the difference as
 - a. Observed discharge score is equal to or higher than the expected discharge score, or
 - b. Observed discharge score is lower than the expected discharge score.

* Mobility discharge score and self-care discharge score are calculated as separate QMs.

SELF-CARE/MOBILITY DISCHARGE SCORE*

- Sum the number of residents whose observed discharge score is the same as or higher than the expected discharge score. This is the numerator.
- The denominator is the total number of residents in the SNF who do not meet the exclusion criteria.
- The percent is calculated as the numerator divided by the denominator and then multiplied by 100.

* Mobility discharge score and self-care discharge score are calculated as separate QMs.

DRUG-REGIMEN REVIEW (DRR)

- Process based measure
- Reports the percentage of resident stays in which a DRR was conducted at the time of admission and timely follow-up with a physician occurred each time potentially clinically significant medication issues were identified throughout the stay.
- Uses items from the MDS 3.0
- Date collection effective 10/1/2018

DRUG-REGIMEN REVIEW (DRR)

Denominator

- Number of Medicare Part A stays during the reporting period.

Numerator

1. Facility conducted a DRR or resident not taking any medications;
2. Potentially clinically significant issues were identified at the admission, physician contacted by midnight of the next calendar day and completed recommendations;
3. Facility contacted physician and completed recommended actions by midnight of next calendar day each time potentially clinically significant issues were identified since the admission OR no clinically significant issues were identified since admission. (Completed upon discharge).

DRUG-REGIMEN REVIEW (DRR)

N2001. Drug Regimen Review	
Enter Code <input type="checkbox"/>	Did a complete drug regimen review identify potential clinically significant medication issues? 0. No - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. Yes - Issues found during review → Continue to N2003, Medication Follow-up 9. NA - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code <input type="checkbox"/>	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? 0. No 1. Yes
N2005. Medication Intervention	
Enter Code <input type="checkbox"/>	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission? 0. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

NEW PRESSURE ULCER MEASURE

- CMS changing how current QRP QM is determined.
- Effective 10/1/2018
- Will now include unstageable pressure ulcers (previously only looked at stage 2-4).
- Will no longer use M0800 data
- Will be based on data coded in M0300 only.

NEW PRESSURE ULCER MEASURE

Denominator

- The denominator is the number of Medicare Part A SNF stays in the selected time window* for SNF residents ending during the selected time window, except those who meet the exclusion criteria.

* Rolling 12 months.

NEW PRESSURE ULCER MEASURE

The **numerator** is the number of complete resident Medicare Part A stays 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.

- 1) Stage 2 (M0300B1) - (M0300B2) > 0, OR
- 2) Stage 3 (M0300C1) - (M0300C2) > 0, OR
- 3) Stage 4 (M0300D1) - (M0300D2) > 0, OR
- 4) Unstageable – Non-removable dressing/device (M0300E1) - (M0300E2) > 0, OR
- 5) Unstageable – Slough and/or eschar (M0300F1) - (M0300F2) > 0, OR
- 6) Unstageable – Deep tissue injury (M0300G1) - (M0300G2) > 0

NEW PRESSURE ULCER MEASURE

- The measure will be calculated quarterly using a rolling 12 months of data. For public reporting, the quality measure score reported for each quarter is calculated using a rolling 12 months of data. All Medicare Part A SNF stays, except those that meet the exclusion criteria, during the 12 months are included in the denominator and are eligible for inclusion in the numerator. For residents with multiple stays during the 12-month time window, each stay is eligible for inclusion in the measure.
- Risk adjusted (several different risk adjustment covariates).

REPORTING PERIODS

Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	October 1 – December 31, 2018	May 15, 2019
Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)	October 1 – December 31, 2018	May 15, 2019
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)	October 1 – December 31, 2018	May 15, 2019
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)	October 1 – December 31, 2018	May 15, 2019
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)	October 1 – December 31, 2018	May 15, 2019

**REPORTING
PERIODS**

Calendar Year Data Collection Quarter	Data Collection/Submission QRP	Quarterly Review and Correction Periods
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

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 - Track company/facility/resident/assessment level
- Save hours researching QRP problem triggers
 - Monitor assessment accuracy and compliance before sent
 - Easily locate problem assessments and modification deadlines
- Protest CMS non-compliance letters
 - Understand how/when to protest using real data

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Filters: All Facilities ▶

Example Company > Choose a Facility...

Jul 1st 2018 - Aug 21st 2018 ▶

QRP Compliance – Sunshine Nursing Centers

A tool for analyzing QRP.

3

Flagging Facilities

5

Warning Facilities

2019-02-15

Modification Deadline

Facility QRP

Columns ▾

Prev 1 2 Next

Provider	QRP Passing Percent	QRP Flagging Assessments	Modification Deadline
Bluffview Nursing & Rehab	68.81 %	11	2019-02-15
Austin Rehab Nursing	74.47 %	7	2019-02-15
Beachside Center	78.19 %	5	2019-02-15
Capitol Home Health	81.12 %	1	2019-02-15
Gallifrey Health	84.10 %	1	2019-02-15
Heartland Nursing	85.19 %	5	2019-02-15
Houston Nursing	88.24 %	1	2019-02-15
Keedsler Health	89.52 %	3	2019-02-15
Mid Cities Health	95.65 %	4	2019-02-15
Jones Central Nursing	95.83 %	2	2019-02-15
Senior Health Center	96.67 %	1	2019-02-15
Mountainside Health	96.88 %	1	2019-02-15

Filters: All Facilities ▶

Example Company > Choose a Facility...

Jul 1st 2018 - Aug 21st 2018 ▶

QRP Compliance – Bluffview Nursing & Rehab

A tool for analyzing QRP.

68.81 %

QRP Passing Percent

11

Flagging Assessments

2019-02-15

Modification Deadline

Resident QRP

Columns ▾

Resident	QRP Qualifying Assessments	QRP Flagging Assessments	Modification Deadline
Adams, Wilma	2	1	2019-02-15

Deadline: Feb. 15th, 2019 Complete: false

Stay: Jul. 11th, 2018 - Jul. 24th, 2018

Jul. 24th, 2018

ID: 61959701

View 

PPS Discharge Assessment

NQF0674



NQF0678



NQF2631



Reasons

NQF0678 - Pressure Ulcers New or Worsened

One of the number of Stage 2, 3, or 4 pressure ulcers is invalid.

M0300B2 = "-"

Calderon, Luis	3	1	2019-02-15
Dangerfield, Ronald	2	1	2019-02-15
Filmore, Janet	2	1	2019-02-15

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QUESTIONS & ANSWERS

RELIAS

THANK YOU!

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