Taking GG from good to great
Capturing true baseline and discharge status

Susan Krall, PT, RAC-CT, QRM
Corey Pauley, SimpleLTC
Agenda

• The Full Impact of GG Self Care and Mobility Scores in Today’s World
  • PDPM Reimbursement PT/OT and Nursing
  • QRPs – Telling our Outcome Story to CMS
  • Setting the stage for our future in a Post Acute Uniform Payment Model world...

• What is our Industry Reporting to CMS
• Gathering True Baseline / DC GG levels...who, what, where, how?
• Strategies to Gain Accuracy in Coding / Scoring
• Monitoring for Optimal Success – Clinically and Financially
  • Casper
  • SimpleLTC
  • PDPM baseline
GG Impact

• The IMPACT Act of 2014
  • Mandated a massive movement towards uniform gathering of data across all post acute providers – thus the birth of Section GG in 2016 in SNFs
  • Expectation of CMS is that by 2024, we will be functioning under a “Unified Post Acute Payment Model”

• GG Prior Level and Baseline Guides
  • Patient Specific Goals
  • Care Planning and Delivery of Care
  • Transition Readiness

• QRPs
  • 2% of Annual Payment Updates ($) every Oct at risk for Incomplete Assessments in GG (‘no dashes’ in baseline and DC “Performance” on MDS)
  • Capturing of Functional Improvement (baseline vs DC self care and mobility scores)

• PDPM
  • PT/OT and Nursing Reimbursement Drivers as of Oct 2019

• Future of SNFs Payment Models in the Post Acute Arena
  • CMS is currently assessing functional outcome differences as taken from uniform GG data - comparing LTACHs, IRFs, SNFs, and Home Health to model the future payment model

Minimum Data Set (MDS) Color-Coded

Source: https://www.briggshealthcare.com/MDS-3.0-Nursing-Home-Comprehensive-NC-V1.17.1

GG: Pages 17-23
### GG Scoring Worksheet Sample

#### GG Calculator

<table>
<thead>
<tr>
<th>Section GG Item</th>
<th>Section GG Response/Code</th>
<th>PT/OT</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care: Eating</td>
<td>04 Supervision or touching assistance</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Self-care: Toileting Hygiene</td>
<td>03 Partial / moderate assistance</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Self Care: Oral Hygiene</td>
<td>03 Partial / moderate assistance</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Self-care</strong></td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Mobility: Sit to lying</td>
<td>03 Partial / moderate assistance</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mobility: Lying to sitting on side of bed</td>
<td>03 Partial / moderate assistance</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Mobility: Lying Avg</strong></td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Mobility: Sit to stand</td>
<td>02 Substantial / maximal assistance</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mobility: Chair / bed-to-chair transfer</td>
<td>02 Substantial / maximal assistance</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mobility: Toilet transfer</td>
<td>02 Substantial / maximal assistance</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Mobility: Standing Avg</strong></td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Mobility: Walk 50 ft 2 turns</td>
<td>88 Not attempted d/t safety concerns</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mobility: Walk 150 ft</td>
<td>88 Not attempted d/t safety concerns</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Mobility: Walk Avg</strong></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total Score</strong></td>
<td><strong>10</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
# PDPM Functional Scoring

## PT / OT Function – MDS “Code” to PDPM “Score” Crosswalk

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>05, 06 Set-up assistance, Independent</td>
<td>4</td>
</tr>
<tr>
<td>4 Supervision or touching assistance</td>
<td>3</td>
</tr>
<tr>
<td>3 Partial / moderate assistance</td>
<td>2</td>
</tr>
<tr>
<td>2 Substantial / maximal assistance</td>
<td>1</td>
</tr>
<tr>
<td>01, 07, 09, 10, 88 Dependent, Refused, N/A, Not Attempted</td>
<td>0</td>
</tr>
</tbody>
</table>

* Coded based on response to GG0170H1 (does the resident walk?)
### Section GG Items Included in PT, OT & Nursing Functional Measure

<table>
<thead>
<tr>
<th>Section GG Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>GG0130A1</td>
<td>Self-care: Eating</td>
</tr>
<tr>
<td>GG0130B1</td>
<td>Self-care: Oral Hygiene*</td>
</tr>
<tr>
<td>GG0130C1</td>
<td>Self-care: Toileting Hygiene</td>
</tr>
<tr>
<td>GG0170B1</td>
<td>Mobility: Sit to lying</td>
</tr>
<tr>
<td>GG0170C1</td>
<td>Mobility: Lying to sitting on side of bed</td>
</tr>
<tr>
<td>GG0170D1</td>
<td>Mobility: Sit to stand</td>
</tr>
<tr>
<td>GG0170E1</td>
<td>Mobility: Chair / bed -to-chair transfer</td>
</tr>
<tr>
<td>GG0170F1</td>
<td>Mobility: Toilet transfer</td>
</tr>
<tr>
<td>GG0170J1</td>
<td>Mobility: Walk 50 feet with 2 turns*</td>
</tr>
<tr>
<td>GG0170K1</td>
<td>Mobility: Walk 150 feet*</td>
</tr>
</tbody>
</table>

*Not included in Nursing Functional Score*
## GG Breakdown for PT / OT & Nursing

<table>
<thead>
<tr>
<th>PDPM Breakdown by GG Score</th>
<th>PT / OT</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>More Dependent</strong></td>
<td>0 - 5</td>
<td>More Dependent</td>
</tr>
<tr>
<td></td>
<td>6 - 9</td>
<td>6 - 14</td>
</tr>
<tr>
<td></td>
<td>10 - 23</td>
<td>Independent / Set Up</td>
</tr>
<tr>
<td><strong>Independent</strong></td>
<td>24</td>
<td>15 - 16</td>
</tr>
</tbody>
</table>
### GG Items Included in Functional Outcome Scoring - QRP and **PDPM**

#### GG Items A – P: Admission Performance - Performance Goal – Discharge Performance

- *Eating*
- *Oral Hygiene*
- *Toileting Hygiene*
- Shower/ Bathe Self
- Upper Body Dressing
- Lower Body Dressing
- Putting on/Taking off Footwear
- Roll left and right
- *Sit to Lying*
- *Lying to Sitting on Side of Bed*
- *Sit to Stand*
- *Chair to Bed to Chair Transfer*
- *Toilet Transfer*
- Car Transfer
- *Walk 10 Feet*
- *Walk 50 Feet with 2 Turns*
- *Walk 10 Feet Uneven Surfaces*
- 1 Step (Curb)
- 4 Steps
- 12 Steps
- Picking up Object
- Type of Wheelchair or Scooter Used (Prior Level and Admission/DC)
- Wheel 100 Feet

*Source: CMS QRP Document*
Gathering True Baseline/ Goals/ DC “Usual”

Who, What, When, Where of GG Data Capture

- Who’s Involved:
  - Resident, Nurses, CNAs, Therapy, Family, MDS, Admissions...

- What / When is to be Determined by the IDT:
  - Prior Level of Function – prior to admission if possible
  - “Usual Performance” – first 3 days of the Part A Stay (admission to 11:59 pm day 3)
  - Goals based on Prior Level, Current Level and Anticipated DC plans
  - “Usual Performance” Last day of stay and 2 days prior

- Where is this Captured:
  - Documentation of level of assistance on GG items must be present in the Medical Record
  - Functional levels fluctuate: Multiple entries should be noted and most logically won’t match
    - time of day
    - level of assistance provided
    - fatigue
    - medication
  - Many trackers available (AANAC tool)
  - *IDT note entry is best practice once IDT determines “Usual Performance” for Admit and DC*
Gathering True Baseline/ Goals/ DC “Usual”

How to Capture Usual Performance
• Assessment of self-care and mobility performance based on:
  • Direct observation
  • Resident self-report (interview resident)
  • Report from qualified clinicians, care staff, or family documented in medical record (interview others)
• Usual performance – Resident’s functional status can be impacted by the environment or situations encountered at the facility. Observing the resident’s interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident’s functional status. If the resident’s functional status varies, record the resident’s usual ability to perform each activity. Do not record the resident’s best performance and do not record the resident’s worst performance, but rather record the resident’s usual performance.
  • Admission functional assessment, when possible, should be conducted prior to the resident benefiting from treatment interventions in order to reflect true admission baseline functional status.
  • Residents should be allowed to perform activities as independently as possible, as long as they are safe.
  • Activities may be completed with or without assistive devices. Use of AD to complete activity should not affect coding.
  • “Helper” is facility staff and facility-contracted staff.
  • “Helper” is NOT individuals outside of facility’s management and administration (compensated or not) i.e. hospice staff, students, family?
## GG Data Collection

### GG Data Gathering for True Baseline and DC

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**Section 30: Three-Day Admission and Discharge Performance Data Collection Tool**

**Resident Name:** [Name]

**Medical Record Number:** [Number]

Code the resident’s usual performance at both the beginning and the end of the 3-MP POS stay for each activity using the scoring system below. Use each code in the corresponding empty boxes (residents below), and place the code in the corresponding boxes (residents below) for each day noted.

### Score of Medical-Surgical Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>2/3 Medium Days</th>
<th>1/2 Medium Days</th>
<th>3/3 Medium Days</th>
<th>1/2 Medium Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Code</td>
<td>Score</td>
<td>Score</td>
<td>Score</td>
<td>Score</td>
</tr>
<tr>
<td>Activity Code</td>
<td>Score</td>
<td>Score</td>
<td>Score</td>
<td>Score</td>
</tr>
</tbody>
</table>

**Notes:** Additional information can be found on page 21.

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**Definitions:**

**Self-Care Eating:** The ability to use suitable utensils to bring food to the lips, pick up and feed yourself and others, cut and/or fork and use the knife and fork and drink and/or spoon and use the cup; include activities such as dressing, grooming, eating, and other similar activities.

**Gait:** The ability to walk and stand, without assistance, being able to walk and stand, being able to walk and stand, being able to walk and stand.

**Sitting:** The ability to sit for a long time, without assistance, being able to sit for a long time, being able to sit for a long time, being able to sit for a long time.

**Standing:** The ability to stand for a long time, being able to stand for a long time, being able to stand for a long time, being able to stand for a long time.

**Walking:** The ability to walk for a long time, being able to walk for a long time, being able to walk for a long time, being able to walk for a long time.

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**Supervision or assistance needed:** The need for supervision or assistance in the performance of daily living activities.

**Not arranged due to medical condition or other reasons:** The need for supervision or assistance in the performance of daily living activities due to medical condition or other reasons.

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**More information:** Additional information can be found on the webpage.

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GG Data Gathering for True Baseline and DC
NEW Video Tutorials Available to Assist with Coding Specific Section GG

The Centers for Medicare & Medicaid Services is releasing three short video tutorials to assist providers with coding Section GG. These videos, ranging from 5 to 10 minutes, are designed to provide targeted guidance using simulated patient scenarios. To access the videos, click on the links below:

- **GG0130H. Putting on/taking off footwear.**
- **GG0170L. Walking 10 feet on uneven surfaces.**
- **GG1070P. Picking up object.**
CMS GG Training Videos
Top 5 GG Myths & Opportunities

Myth #1: You must wait for therapy to eval to start collecting GG data

**Reality:** Start collecting GG upon admission from all caregivers, across all shifts. Capture and document level of function in multiple environments at different times of the day until the benefit of intervention from therapy or other sources are noted – code “usual” performance based on what was captured prior to benefit.

**Opportunity:** Therapy should not be withheld. Baseline ‘usual’ performance is rarely seen by therapists who work hard to set up their patients for the highest possible level of function. Therapy should be part of the IDT discussion of baseline and identification of prioritized functional goals as well as DC progress.

**RAI Manual:** “Treatment should not be withheld in order to conduct the functional assessment.”
Top 5 GG Myths & Opportunities

Myth #2: All GG goals must be selected to avoid dashing

**Reality: RAI Manual:** “For the SNF Quality Reporting Program (QRP), a minimum of one self-care or mobility discharge goal must be coded. However, facilities may choose to complete more than one self-care or mobility discharge goal. Code the resident’s discharge goal(s) using the six-point scale. Use of the “activity was not attempted” codes (07, 09, 10, and 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded. Of note, at least one Discharge Goal must be indicated for either Self-Care or Mobility. Using the dash in this allowed instance after the coding of at least one goal does not affect the Annual Payment Update (APU) determination.”

**Opportunity:** Determine which of the GG goals are most appropriate for each individual patient to achieve to safely transition to the next level of care. Ensure all IDT members are aware of the goals established and addressing progress towards those goals at least weekly.
Top 5 GG Myths & Opportunities

Myth #3: Avoid using “not-assessed” coding options

Reality: An enhancement in Section GG vs G providing answers for why certain items cannot be assessed without using dashes. (See above quote from the RAI manual surrounding use of the “not assessed” coding).

  - Code 07, Resident refused
  - Code 09, Not applicable: if the activity was not attempted and the resident did not perform this activity previously
  - Code 10, Not attempted due to environmental limitations
  - Code 88, Not attempted due to medical condition or safety concerns

Opportunity: Utilize the not assessed options to present an accurate picture of the patient's baseline.

RAI Manual Example:
Walk 10 feet: Mrs. C has resolving sepsis and has not walked in three weeks because of her medical condition. A physical therapist determines that it is unsafe for Mrs. C to use a walker, and the resident only walks using the parallel bars. On day 3 of the Admission assessment period, Mrs. C walks 10 feet using the parallel bars while the therapist provides substantial weight-bearing support throughout the activity.

Coding: GG0170I would be coded 88, Not attempted due to medical condition or safety concerns. Rationale: When assessing a resident for GG0170 walking items, do not consider walking in parallel bars, as parallel bars are not a portable assistive device. If the resident is unable to walk without the use of parallel bars because of his or her medical condition or safety concerns, use code 88, Activity not attempted due to medical condition or safety concerns.
Myth #4: It’s OK to use what therapy provides for GG coding

**Reality:** Therapy is not able to provide “usual” performance on GG tasks. Their input will provide what they have seen within those first 3 days but will NOT present an accurate and complete picture to determine “usual” performance during the remaining hours of the day with nursing and other care providers.

**Opportunity:** Utilize whatever tool works in your location to gather and assess “usual” performance from time of admission through 11:59 pm day 3 of stay. Then determine “usual” performance during an IDT review of information gathered, document the IDT decision and enter into the medical record.

**RAI Manual:**
“CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period.”
Top 5 GG Myths & Opportunities

Myth #5: Section G and GG should “Match”:

Reality: It is not possible for G and GG to “Match”.

Different Assessment Windows -
• G is a 7 day look back capturing “most support provided over all shifts” – RULE OF 3
• GG is an assessment of the first and last 3 days “usual” performance – NO RULE OF 3

Inverse Coding -
• G is a scale from 0 (Independent) to 4 (Dependent) – 8 (did not occur)
• GG is a scale from 6 (Independent) to 01 (Dependent) – Not Assessed codes: 0 7,09,10, 88

Opportunity: Utilize whatever tool works in your location to gather and assess GG “usual” performance from time of admission through 11:59 pm day 3 of stay. Then determine “usual” performance during an IDT review of information gathered, document the IDT decision and enter into the medical record.
Monitoring for Progress and Optimal Success

• Monitor Progress Towards Goals during IDT gatherings
  • Rehab Goals and POC should mirror Functional Goals established by IDT in Section GG
  • Transition Readiness should include a review surrounding accomplishment of GG Goals as discussed by the IDT

• Utilize CASPER Reports
  SNF QRP Provider Preview –
  • Previews data reported on Nursing Home Compare prior to release
  • MDS and Claims based measures impacting SNF QRP compared to national rates
  CASPER Review and Correct Report –
  • Resident and Facility Quality Measure (QM) information updated on a quarterly bases, refreshed weekly
  • Review reports prior to quarterly data submission deadline to ensure accuracy
  • CASPER QM Reports –
    • Refreshed Monthly 2 reports: Facility and Resident level QMs for a single reporting period
  • SNF Resident-Level Quality Measure Report –
    • Displays Residents assessments impacting SNF quality measures – verify accuracy
  • SNF Facility-Level Quality Measure Report –
    • Facility level QM values for selected 12-month period from MDS and Medicare FFS Claims
# Monitoring for Optimal Success – Clinical and Financial

## CASPER Report
**SNF QR Review and Correct Report**

### Facility-Level Data

<table>
<thead>
<tr>
<th>Reporting Quarter</th>
<th>CMS ID</th>
<th>Start Date</th>
<th>End Date</th>
<th>Data Correction Deadline</th>
<th>Data Correction Period as of Report Run Date</th>
<th>Number of SNF Stays that Triggered the Quality Measure</th>
<th>Number of SNF Stays Included in the Denominator</th>
<th>Facility Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2019</td>
<td>S002.1</td>
<td>07/01/2019</td>
<td>09/30/2019</td>
<td>07/15/2020</td>
<td>Closed</td>
<td>40</td>
<td>481</td>
<td>8.9%</td>
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<td>Q2 2019</td>
<td>S002.1</td>
<td>04/01/2019</td>
<td>06/30/2019</td>
<td>07/15/2019</td>
<td>Closed</td>
<td>40</td>
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<td><strong>Cumulative</strong></td>
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### Resident-Level Data

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<th>Resident Name</th>
<th>Resident ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Data Correction Deadline</th>
<th>Data Correction Period as of Report Run Date</th>
<th>Status</th>
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<tbody>
<tr>
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<td>07/09/2019</td>
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<td>Q3 2019</td>
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<td>Q3 2019</td>
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<td>07/09/2019</td>
<td>02/15/2020</td>
<td>Closed</td>
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</table>

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

## CASPER Report

**SNF QRP Facility-Level Quality Measure (QM) Report**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Report Period</th>
<th>CMS ID</th>
<th>CMS ID Discharge Dates</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Observed Percent</th>
<th>Facility Risk-Adjusted Percent</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5050.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>135</td>
<td>670</td>
<td>19.9%</td>
<td>75.5%</td>
<td>7.3%</td>
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<tr>
<td>Pressure Ulcer</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5050.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>141</td>
<td>677</td>
<td>20.6%</td>
<td>75.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5050.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>141</td>
<td>677</td>
<td>20.6%</td>
<td>75.7%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Report Period</th>
<th>CMS ID</th>
<th>CMS ID Discharge Dates</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Percent</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of Falls (NQF #0574)</td>
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<td>5013.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>71</td>
<td>972</td>
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<tr>
<td>Application of Functional Assessment/Care Plan (NQF #0533)</td>
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<td>5021.02</td>
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<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Report Period</th>
<th>CMS ID</th>
<th>CMS ID Discharge Dates</th>
<th>Average Observed Discharge Score</th>
<th>Average Expected Discharge Score</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Percent</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Status Outcome - Discharge Self-Care Score (NQF #0530)</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5024.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>16.0</td>
<td>27.0</td>
<td>76</td>
<td>422</td>
<td>49.0%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Functional Status Outcome - Discharge Mobility Score (NQF #0536)</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5020.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>56.4</td>
<td>67.8</td>
<td>18</td>
<td>422</td>
<td>2.3%</td>
<td>43.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Report Period</th>
<th>CMS ID</th>
<th>CMS ID Discharge Dates</th>
<th>Average Observed Discharge Score</th>
<th>Average Expected Discharge Score</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Facility Percent</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Status Outcome - Change in Self-Care (NQF #0532)</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5022.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>519</td>
<td>14.6</td>
<td>17.9</td>
<td>3.2</td>
<td>1.6</td>
<td>11.2</td>
</tr>
<tr>
<td>Functional Status Outcome - Change in Mobility (NQF #0545)</td>
<td>9/1/2018 - 9/30/2018</td>
<td>5023.01</td>
<td>9/1/2018 - 9/30/2018</td>
<td>622</td>
<td>49.2</td>
<td>35.4</td>
<td>-13.8</td>
<td>-10.3</td>
<td>22.7</td>
</tr>
</tbody>
</table>

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

# Monitoring for Optimal Success – Clinical and Financial

**Casper Report**

**SNF QRP Resident-Level Quality Measure (QM) Report**

<table>
<thead>
<tr>
<th>QM #</th>
<th>Measure Name</th>
<th>Measure Interpretation</th>
<th>Report Period</th>
<th>CMS ID</th>
<th>CMS ID Discharge Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pressure Ulcer</td>
<td>Undesirable Outcomes</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8002.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>2</td>
<td>Pressure Ulcer</td>
<td>Undesirable Outcomes</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8003.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>3</td>
<td>Application of Falls (NQF #0574)</td>
<td>Desirable Outcomes or Processors Performed</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8004.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>4</td>
<td>Application of Functional Assessment/Care Plan (NQF #0531)</td>
<td>Desirable Outcomes</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8005.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>5</td>
<td>Functional Status Outcome: Discharge Self-Care Score (NQF #0533)</td>
<td>Desirable Outcomes</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8006.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>6</td>
<td>Functional Status Outcome: Discharge Mobility Score (NQF #0534)</td>
<td>Desirable Outcomes</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8007.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>7</td>
<td>MRM</td>
<td>Change in Function Scores</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8008.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>8</td>
<td>Functional Status Outcome: Change in Self-Care (NQF #0535)</td>
<td>Change in Function Scores</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8009.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
<tr>
<td>9</td>
<td>Functional Status Outcome: Change in Mobility (NQF #0536)</td>
<td>Change in Function Scores</td>
<td>10/01/2018 - 05/30/2019</td>
<td>8010.01</td>
<td>10/01/2018 - 09/30/2019</td>
</tr>
</tbody>
</table>

**Table Legend**

- **Data not available or not applicable:** Not Applicable
- **NT:** Not Triggered (indicates a desirable outcome did not occur or process was not performed)
- **E:** Excluded from analysis based on quality measure exclusion criteria
- **Change in Function Scores:** Values are observed change in function scores from admission to discharge

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Undesirable Outcomes</th>
<th>Desirable Outcomes</th>
<th>Change in Function Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td>94523967</td>
<td>05/01/2019</td>
<td>06/09/2019</td>
<td>E E E E X X X</td>
<td>X X X X X X X X X</td>
<td>E E E E E E E E</td>
</tr>
<tr>
<td>Resident 2</td>
<td>94520020</td>
<td>06/01/2019</td>
<td>07/09/2019</td>
<td>E E E E X X X</td>
<td>X X X X X X X X</td>
<td>E E E E E E E E</td>
</tr>
<tr>
<td>Resident 3</td>
<td>94523996</td>
<td>05/01/2019</td>
<td>06/09/2019</td>
<td>X X X X X X X X X X</td>
<td>X X X X X X X X</td>
<td>E E E E E E E E</td>
</tr>
<tr>
<td>Resident 4</td>
<td>94520054</td>
<td>06/01/2019</td>
<td>07/09/2019</td>
<td>X X X X X X X X X X</td>
<td>X X X X X X X X</td>
<td>E E E E E E E E</td>
</tr>
</tbody>
</table>

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Monitoring for Optimal Success – Clinical and Financial

**Casper Report**

**FY 2022 SNF QRP Provider Threshold Report**

**CCN:**

**Facility Name:**

**Facility City/State:**

**Data Collection Start Date:** 01/10/2020

**Data Collection End Date:** 12/31/2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td># of MDS 3.0 Assessments Submitted</td>
<td>4,132</td>
</tr>
<tr>
<td># of MDS 3.0 Assessments Submitted Complete</td>
<td>2,105</td>
</tr>
<tr>
<td>% of MDS 3.0 Assessments Submitted Complete</td>
<td>52%</td>
</tr>
</tbody>
</table>

* FY 2022 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRF compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

**SNF Definitions:**

- **# of MDS 3.0 Assessments Submitted:** The total number of PPIS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collector. Start Date and Data Collection End Date identified on the report. This is the denominator: The data collection timelines and submission deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information page. See [www.cms.hhs.gov > Medicare > Skilled Nursing Facility Quality Reporting Program (under the Quality Initiatives/Future Assessment Instruments heading) > Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Quality Measures for the FY APU pdf at the bottom of the page for the FY of the report.**

- **# of MDS 3.0 Assessments Submitted Complete:** The number of PPIS 5-Day and PPS Discharge assessments identified in the denominator that do not contain a (.) for any of the required data elements used to determine APU Compliance for the SNF QRP for the applicable fiscal year. This is the numerator.

- **% of MDS 3.0 Assessments Submitted Complete:** Divides the numerator (# of PPIS 5-Day and PPS Discharge assessments submitted) by the denominator (# of PPIS 5-Day and PPS Discharge assessments submitted). Calculates the SNF’s percent of complete assessments. SNFs with a percentage under 60% are determined to be non-compliant with the SNF QRP.

Source: [https://qts0.cms.gov/system/files/qts0/cspsec13_mds_prvdr_3.pdf](https://qts0.cms.gov/system/files/qts0/cspsec13_mds_prvdr_3.pdf)
Measuring Self-care & Mobility

To measure performance we compare the baseline admission scores to the discharge scores.

**Self-care Score (7 to 42)**

\[ \sum (GG0130A-C, GG0130E-H) \]

**Mobility Score (15 to 90)**

\[ \sum (GG0170A-G, GG0170I-P) \]

Note: All dashed and unmeasured values [-, 07, 09, 10, 88] are assumed to be dependent (=01)
Completed Medicare stays (Q4 2019)

Self-care & Mobility
Medicare stays: 59,762
Avg LOS: 34

SOURCE: SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)
Urban vs. rural (Q4 2019)

**Self-care**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>21.21</td>
<td>21.56</td>
</tr>
<tr>
<td>Rural</td>
<td>21.57</td>
<td>22</td>
</tr>
</tbody>
</table>

**Source:** SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)

**Urban**
- Medicare stays: 46,416
- Avg LOS: 33

**Rural**
- Medicare stays: 13,351
- Avg LOS: 37
Urban vs. rural (Q4 2019)

SOURCE: SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)
Common diagnoses (Q4 2019)

Self-care

- **Hypertension & Diabetes**
  - Medicare stays: 21,298
  - Avg LOS: 35
- **Orthopedic primary dx (hip/knee replacement)**
  - Medicare stays: 23,430
  - Avg LOS: 31
- **Stroke**
  - Medicare stays: 9,935
  - Avg LOS: 42

**SOURCE**: SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)
Common diagnoses (Q4 2019)

Mobility

Hypertension & Diabetes
Medicare stays: 21,298
Avg LOS: 35

Orthopedic primary dx
Avg LOS: 31

Stroke
Medicare stays: 9,935
Avg LOS: 42

SOURCE: SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)
Quality Rehab Management (QRM)

• Comprehensive Rehab Management
  • In-House Transitions
  • Ongoing Program Management
  • Cost Containment
  • Operational Expertise

• PDPM Training
  • Analytics
  • Onsite/Remote Support
  • Webinars
  • PDPM Tool Kit
  • Podcasts

• Clinical Programming & Education
  • Outcome Focused
  • Compliance Driven

• Medical Review
• Recruitment & Staffing
• Home Health

QRMhealth.com
SimpleAnalyzer™

- MDS Five-Star analytics
- PDPM performance insights
- Real-time QM improvement
- Pre-transmission MDS scrubbing
- Trusted by thousands of providers

Sign up for a live demo
Helpful Resources

- GG Scoring Calculator (QRM)
- Color-coded MDS (Briggs)
- Decision Tree tool (AANAC)
- GG Data Collection tool (AANAC)
- GG training videos (CMS)


Thanks for attending!

Find all our Learning Lab handouts at

simpleltc.com/learninglab