SNF Quality Reporting Program (QRP)

CRYSTAL PLANK, BSN, RN, RAC-CT
CLINICAL CONSULTANT/QUALITY EDUCATOR
QIPMO, MU MDS AND QUALITY RESEARCH TEAM
SINCLAIR SCHOOL OF NURSING

SNF QRP

- As a result of the **IMPACT Act**, CMS began collecting standardized data from Post Acute Care providers for Traditional Medicare Part A stays

IMPACT Act of 2014
Readiness Study Results
Improving
Medicare
Post
Acute
Care
Transformation

- 80% of qualifying MDS assessments submitted must contain the data necessary to calculate the MDS based QRP QMs or the SNF will have a 2% reduction in their APU (Annual Payment Update)

SNF QRP

- 80% of qualifying MDS assessments for CY 2018 must contain the data necessary to calculate the QRP QMs or the SNF will have a 2% reduction in their APU for FY 2020 (10/1/19 through 9/30/20)
- 80% of qualifying MDS assessments for CY 2019 must contain the data necessary to calculate the QRP QMs or the SNF will have a 2% reduction in their APU for FY 2021 (10/1/20 through 9/30/21)
- Any SNF found non-compliant will receive notification along with instructions for requesting reconsideration of this decision

TARGET PERIOD

- **Target Date:** The event date for an MDS record, which is used to determine the sort order of MDS records for a resident's stay
- The Quality Measure **Target Period** for all MDS-based quality measures in the SNF QRP is a 12-month calendar year (i.e., four quarters). Example: the 12-month Quality Measure Target Period for CY2020 is January 1, 2020 – December 31, 2020
- Include MDS assessments in the Quality Measure Target Period if their Target Dates fall on or after the beginning of the Target Period and on or before the end of the Target Period
    - Example: If the Quality Measure Target Period is January 1, 2020 – December 31, 2020, all MDS assessments with a Target Date on or after January 1, 2020 and on or before December 31, 2020 should be included

LOOK-BACK SCAN

- The look-back scan is conducted to review all qualifying Reasons for Assessments (RFAs) within a Medicare Part A SNF Stay to determine whether certain events or conditions occurred during that stay
- The look-back period consists of the entire Medicare Part A SNF Stay, specific to a resident
- All assessments identified below as qualifying RFAs, with target dates within the Medicare Part A SNF Stay (i.e., look-back period), are examined since some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed

QUALIFYING RFAS FOR THE LOOK-BACK SCAN INCLUDE:

- **Federal OBRA Assessments:** A0310A = [01 Admission, 02 Quarterly, 03 Annual, 04 Significant change in status, 05 Significant Correction to prior comprehensive, 06 Significant correction to prior quarterly]; *or*
- **Medicare Part A PPS 5-Day Assessment:** A0310B = [01]; *or*
- **OBRA Discharge Assessments:** A0310F = [10, 11]; *or*
- **Medicare Part A PPS Discharge Assessment:** A0310H = [1].

INCOMPLETE VERSES COMPLETE STAY

Incomplete Stay: Incomplete Medicare Part A SNF stays are defined based on the measure. Incomplete Medicare Part A SNF stays occur if the resident was discharged to an acute care setting (e.g., acute hospital, psychiatric hospital, or long-term care hospital), had an unplanned discharge, was discharged against medical advice, had a stay that was less than three days, or died while in the facility.

Complete Stay: Complete stays are identified as Medicare Part A SNF stays that are not incomplete stays. All Medicare Part A SNF stays not meeting the criteria for incomplete stays will be considered complete stays.

SNF QRP APU Threshold

- Complete a 5-day and PPS Discharge for **every** Traditional Medicare Part A stay (unless the resident passes away during their Med A stay, then a PPS Discharge is not required)

- **Only** submit PPS assessments that are for Traditional Med A stays (don't submit PPS assessments for Medicare Advantage or HMO stays)

- Do not dash items that are required for QRP compliance unless it is **absolutely** necessary

APU Threshold Calculation

- **Numerator**: Number of required assessments submitted with 100% of the data elements necessary to calculate the QRP QMs

- **Denominator**: Number of required assessments submitted before the submission deadline for the reporting period

$$\frac{\text{Numerator}}{\text{Denominator}} = \text{APU Compliance}$$

Under 80% of required data will result in a 2% reduction ⬇ in your Annual Payment

SNF QRP APU Threshold

Beginning 10/1/18, CMS added error codes that show on the VR to assist providers in meeting their QRP Assessment-Based QM 80% threshold requirement

Payment Reduction Warnings:

- Error ID 3891
- Error ID 3897
- Error ID 3908

⚠ WARNING

Payment Reduction Warnings:
Error ID 3891

Error Message: Discharge Goal Not Identified: If A0310B equals 01, then at least one of the Discharge Goal items GG0130A2 through GG0130H2, GG0170A2 through GG0170R2, and GG0170S2 should equal 01, 02, 03, 04, 05, 06, 07, 09, 10, or 88. Submitting dash (-) in the Discharge Goal items may result in a payment reduction of two percentage points for the affected payment determination.

Cause: If A0310B is 01, a value of 01, 02, 03, 04, 05, 06, 07, 09, 10, or 88 should be submitted for at least one of the following Self-care and Mobility Discharge Goals:

- GG0130A2 (Self-Care: Eating)
- GG0130C2 (Self-Care: Toileting hygiene)
- GG0130F2 (Self Care: Upper body dressing)
- GG0130H2 (Self-Care: Put on/take off footwear)
- GG0170B2 (Mobility: Sit to lying)
- GG0170C2 (Mobility: Lying to sitting on side of bed)
- GG0170E2 (Mobility: Chair/bed-to-chair transfer)
- GG0170J2 (Mobility: Walk 50 feet with two turns)
- GG0170K2 (Mobility: Walk 150 feet)
- GG0170L2 (Mobility: Walking 10 feet on uneven surfaces)
- GG0170O2 (Mobility: 12 steps)
- GG0170R2 (Mobility: Wheel 50 feet with two turns)

- GG0130B2 (Self-Care: Oral hygiene)
- GG0130E2 (Self-Care: Shower/bathe self)
- GG0130G2 (Self Care: Lower body dressing)
- GG0170A2 (Mobility: Roll left and right)
- GG0170D2 (Mobility: Sit to stand)
- GG0170F2 (Mobility: Toilet transfer)
- GG0170G2 (Mobility: Car transfer)
- GG0170I2 (Mobility: Walk 10 feet)
- GG0170M2 (Mobility: 1 step (curb))
- GG0170N2 (Mobility: 4 steps)
- GG0170P2 (Mobility: Picking up object)
- GG0170S2 (Mobility: Wheel 150 feet)

Action: Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.

Payment Reduction Warnings:

Error ID 3897
A dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Cause: The value submitted in this quality measure item is a dash (-) indicating that the item was not assessed, or information was not available. Not assessing a quality measure item may result in a payment reduction for your facility of 2% for the affected fiscal year payment determination.

Action: Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.

Payment Reduction Warnings:

Error ID 3908
If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Cause: The value submitted in this quality measure item is a dash (-) indicating that the item was not assessed, or information was not available. If A0310H (Is this a SNF Part A PPS Discharge Assessment?) is a 1, not assessing this quality measure item may result in a payment reduction for your facility of 2% for the affected fiscal year payment determination.

Action: Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.

SNF QRP Outreach Available

Swingtech sends informational messages to SNFs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline

If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates

SWING*tech*
CONSULTING INC.

QRP Claim-Based

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3 SNF QRP Claims-Based QMs
AS OF 10-1-18

- Discharge to Community–Post-Acute Care SNF QRP

- Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP

- Medicare Spending Per Beneficiary–Post-Acute Care SNF QRP

1 OF 3 SNF QRP CLAIMS-BASED QMs

DISCHARGE TO COMMUNITY - PAC SNF QRP

Assess successful discharge to the community for the PAC (SNF): includes no unplanned re-hospitalization and no death in the 31 days following discharge

Community is defined as home, self-care with or without home health

PURPOSE:

Overall goals of post-acute care is to optimize functional improvement, returning to a previous level of independence, and avoiding institutionalization; lower costs over the recovery episode compared to d/c to hospital, etc.

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1 OF 3 SNF QRP CLAIMS-BASED QMs

DISCHARGE TO COMMUNITY - PAC SNF QRP

Denominator:

Measures risk-adjusted expected number of discharges to the community

Numerator:

Not a simple form for numerator or denominator

It is a risk-adjusted estimate of number of residents who are d/c to the community, no unplanned re-admission to an acute care hospital or LTCH in the 31-day post-discharge observation and remain alive during the observation window

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1 OF 3 SNF QRP CLAIMS-BASED QMs

DISCHARGE TO COMMUNITY - PAC SNF QRP

EXCLUSIONS

Age under 18 years old (different cohort, living with family, expected higher d/c to community rates, small Medicare population)

No short-term acute care stay within the 30 days preceding the SNF admission (important risk-adjustment information would be missing)

D/C to psychiatric hospital (community living at d/c from hospital may be inappropriate or unsafe due to their mental health or psychiatric condition)

D/C against medical advice (d/c destination may not reflect facilities d/c recommendation, care plan has not been fully implemented, higher risk of re-hospitalization or death)

1 OF 3 SNF QRP CLAIMS-BASED QMS

DISCHARGE TO COMMUNITY - PAC SNF QRP

EXCLUSIONS (CONTINUED)

D/C to disaster alternative care sites or federal hospital (influenced by external emergency conditions and does not represent a discretionary discharge; also federal hospitals do not have inpatient claims to determine whether the hospital stay was planned or unplanned)

D/C to court/law enforcement (likely ineligible for d/c to community due to legal restrictions)

Residents d/c to hospice and those with a hospice benefit in the post-discharge observation window (terminally ill, different goals-death)

Residents who were not enrolled (continuously) in Med A for the 12 months prior to the SNF admission date and at least 30 days after the SNF d/c date (adjustment for certain co-morbidities in the measure require the one year prior for SNF admission/re-admission following the d/c) (resident's enrolled during any part of the required timeframe will have incomplete claims in the system)

1 OF 3 SNF QRP CLAIMS-BASED QMS

DISCHARGE TO COMMUNITY - PAC SNF QRP

EXCLUSIONS (CONTINUED)

Residents who had a short-term acute-care stay for non-surgical tx of cancer (because residents were identified as a very different trajectory after discharge, with a particularly high mortality rate)

Post-acute stays that end in transfer to the same level of care (their post-acute episode did not end, only the final post-acute provider is included in the measure)

SNF stays with data that are problematic (overlapping stays or erroneous/contradictory stays or residents who exhausted their Med benefits for SNF coverage)

Residents who receive care from a provider outside of the US, Puerto Rico or a U.S. Territory (will have an incomplete claim in the system)

Planned d/c to an acute or LTCH setting

1 OF 3 SNF QRP CLAIMS-BASED QMS

DISCHARGE TO COMMUNITY - PAC SNF QRP

EXCLUSIONS (CONTINUED)

Medicare Part A benefits exhausted (because the d/c destination decision may be related to exhaustion of benefits)

Swing Bed Stays in Critical Assess Hospital-SNF setting only (CAH swing beds are excluded because they do not submit quality data under the SNF QRP, and are exempt from SNF payment system) (non-CAH swing bed stay do require to submit quality data under the SNF QRP and are subject to the SNF payment system)

SNF Time Window

Measure is calculated using one year of data

Multiple SNF stays, each is eligible to be use in calculation

1 OF 3 SNF QRP CLAIMS-BASED QMs

DISCHARGE TO COMMUNITY - PAC SNF QRP

EXCLUSIONS (CONTINUED)

Risk Adjustment:
- ✓ Age/Sex
- ✓ Original reason for Med A entitlement (disability or ESRD)
- ✓ Surgery category (ICD-10)
- ✓ Dialysis in prior acute stay where ESRD not indicated
- ✓ Indicator for ESRD status
- ✓ Principal diagnosis (ICD-10)
- ✓ Length of prior acute hospital in days who prior acute stay was in a non-psychiatric hospital
- ✓ Ventilator use during the post-acute stay
- ✓ Co-morbidities from secondary dx
- ✓ Number of prior acute hospital discharges in the past year, not including the hospitalization in the 30 days prior to the post-acute stay

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2 OF 3 SNF QRP CLAIMS-BASED QMs

POTENTIALLY PREVENTABLE 30-DAY POST-DISCHARGE READMISSION MEASURE FOR SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for residents (Medicare fee-for-service [FFS] beneficiaries) who receive services in skilled nursing facilities

These outcome measures reflect readmission rates for patients/residents who are readmitted to a short-stay acute-care hospital or an LTCH with a principal diagnosis considered to be unplanned and potentially preventable

Estimated that 17-20% of Medicare beneficiaries d/c from the hospital were re-admitted within 30 days

76% were considered potentially avoidable-associated with $12 billion in Medicare expenditures

Re-admission to inpatient psychiatric facilities are considered planned and not counted for the purpose

*This measure does not have a simple form for the numerator or denominator.
*PPR Potentially Preventable Hospitalization

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2 OF 3 SNF QRP CLAIMS-BASED QMs

POTENTIALLY PREVENTABLE 30-DAY POST-DISCHARGE READMISSION MEASURE FOR SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

EXCLUSIONS (FOR DENOMINATOR)

Residents who died during the SNF/IRF/LTCH stay (no post-discharge period to observe)

Residents less than 18 years old (residents/patients are few and have different patterns of care than adults)

Residents who were transferred at the end of a stay to another SNF/IRF/LTCH or short-term acute care hospital (suggests that the SNF tx has not been completed or that their condition worsened requiring a transfer back to the acute care setting; the intent is to follow the resident who is well enough to be d/c to a less care setting (i.e. community etc.))

Residents who were not enrolled (continuously) in Med A for the 12 months prior to the SNF admission date and at least 30 days after the SNF d/c date (adjustment for certain co-morbidities in the measure require the one year prior for SNF admission/re-admission following the d/c) (residents enrolled during any part of the required timeframe will have incomplete claims in the system)

EXCLUSIONS

Residents who did not have a short-term acute-care stay within 30 days prior to a SNF admission date (used in the risk adjustment)

Residents discharged against medical advise (AMA) (they did not have their full course of tx)

Residents who had a short-term acute-care stay for non-surgical tx of cancer (because residents were identified as a very different trajectory after discharge, with a particularly high mortality rate)

Residents who were transferred to a federal hospital from the Post-Acute Care Facility (they will have a incomplete inpatient claim in the system)

Residents who receive care from a provider outside of the US, Puerto Rico or a U.S. Territory (will have an incomplete claim in the system)

SNF stays with data that are problematic (overlapping stays or erroneous/contradictory stays or residents who exhausted their Med benefits for SNF coverage)

SNF stays for post hospital stay for pregnancy (atypical reason to be admitted to SNF)

2 OF 3 SNF QRP CLAIMS-BASED QMs

PLANNED RE-ADMISSIONS ARE NOT COUNTED IN THE NUMERATOR

SNF TIME WINDOW:

Measure is calculated using one year of data.

Multiple SNF stays, each is eligible to be use in calculation.

RISK ADJUSTMENT:

Age/Sex

Original reason for Med A entitlement (age, disability or ESRD)

Surgery category (ICD-10)

Dialysis in ST stay

Principal diagnosis (ICD-10)

Co-morbidities from secondary dx

3 OF 3 SNF QRP CLAIMS-BASED QMs

MEDICARE SPENDING PER BENEFICIARY - POST ACUTE CARE SNF QRP

This measure evaluates SNF providers' efficiency relative to the efficiency of the national median SNF provider

Specifically, the measure assesses the cost to Medicare for services performed by the SNF provider during an MSPB-PAC SNF episode

The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each SNF divided by the episode-weighted median MSPB-PAC amount across all SNF providers

MEDICARE SPENDING PER BENEFICIARY
POST-ACUTE CARE SNF QRP

The MSPB-PAC Amount is the average risk-adjusted episode spending across all episodes for the attributed provider, multiplied by the national average episode spending level for all PAC providers in the same setting

The MSPB-PAC Amount for each PAC provider depends on two factors:

i. the average of the ratio of the standardized episode spending level to the expected episode spending for each PAC provider; and

ii. the average standardized episode spending across all PAC providers of the same type

The denominator for a PAC provider's MSPB-PAC measure is the episode-weighted national median of the MSPB-PAC Amounts across all PAC providers in the same setting

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MEDICARE SPENDING PER BENEFICIARY
POST-ACUTE CARE SNF QRP

Episode Definition: An MSPB-PAC episode includes all Medicare Part A and Part B services with a start date in the episode window, except for a limited set of services that are excluded for being clinically unrelated to PAC treatment

Episode Trigger: Admission to SNF

Specific Condition: Readmissions of the same patient to the same provider within 7 or fewer days after discharge do not trigger a new episode; readmissions after 8 or more days trigger a new episode

Treatment Period: Begins at trigger and ends at discharge

Associated Service Period: Begins at trigger, ends 30 days after the end of the treatment period

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MEDICARE SPENDING PER BENEFICIARY
POST-ACUTE CARE SNF QRP

Episode Characteristic	Definition
Trigger Event	Admission to a SNF
Episode Window	Comprises two periods: Treatment period: begins at trigger, ends at discharge / Associated services period: begins at trigger, ends 30 days after the end of the treatment period
Treatment Services	Part A & B services delivered with a start date during the tx period, and are directly related to the beneficiary's care plan that are provided directly or reasonably managed by the provider / Certain services occurring on the first day of the episode are excluded
Associated Services	Claims in the following settings that occur during the associated services period are included in the episode: Inpatient, Outpatient, SNF, HHA, IRF, LTCH, Part B, DMEPOS, Hospice
Services Exclusions	Planned Hospital admissions / Routine management of certain preexisting chronic conditions (e.g., dialysis for ESRD, enzyme tx for genetic conditions, tx for preexisting cancers and tx for organ transplants) / Some routine screening and health care maintenance (e.g., colonoscopy/ mammograms) / Immune modulating medications (e.g., immunosuppressants for organ transplant or RA)
Episode Exclusions	SNF claim outside of the 50 states, DC, Puerto Rico and US territories. / Any SNF tx that has a standard allowed amt of zero or cannot be calculated / Any episode which a beneficiary is not enrolled in Medicare FFS for the entire 90 day look back period / Beneficiary dies in episode window / Is enrolled in Part C for any part of the look-back period plus episode window / Any episode that the claim has a providers tx include at least one related condition code indicating that it is not a PPS bill.

MEDICARE SPENDING PER BENEFICIARY –POST ACUTE CARE SNF QRP

SNF Risk Adjustment Variables

HCC1: HIV/AIDS	
HCC2: Septicemia/Shock	
HCC5: Opportunistic Infections	HCC81: Acute Myocardial Infarction
HCC7: Metastatic Cancer and Acute Leukemia	HCC82: Unstable Angina and Other Acute Ischemic Heart Disease
HCC8: Lung, Upper Digestive Tract, and Other Severe Cancers	HCC83: Angina Pectoris/Old Myocardial Infarction
HCC9: Lymphatic, Head and Neck, Brain, and Other Major Cancers	HCC92: Specified Heart Arrhythmias
HCC10: Breast, Prostate, Colorectal and Other Cancers and Tumors	HCC95: Cerebral Hemorrhage
HCC15: Diabetes with Renal or Peripheral Circulatory Manifestation	HCC96: Ischemic or Unspecified Stroke
HCC16: Diabetes with Neurologic or Other Specified Manifestation	HCC100: Hemiplegia/Hemiparesis
HCC17: Diabetes with Acute Complications	HCC101: Cerebral Palsy and Other Paralytic Syndromes
HCC18: Diabetes with Ophthalmologic or Unspecified Manifestation	HCC104: Vascular Disease with Complications
HCC19: Diabetes without Complication	HCC105: Vascular Disease
HCC21: Protein-Calorie Malnutrition	HCC107: Cystic Fibrosis
HCC25: End-Stage Liver Disease	HCC108: Chronic Obstructive Pulmonary Disease
HCC26: Cirrhosis of Liver	HCC111: Aspiration and Specified Bacterial Pneumonias
HCC27: Chronic Hepatitis	HCC112: Pneumococcal Pneumonia, Empyema, Lung Abscess
HCC31: Intestinal Obstruction/Perforation	HCC119: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
HCC32: Pancreatic Disease	HCC130: Dialysis Status
HCC33: Inflammatory Bowel Disease	HCC131: Renal Failure
HCC37: Bone/Joint/Muscle Infections/Necrosis	HCC132: Nephritis
HCC38: Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	HCC148: Decubitus Ulcer of Skin
HCC44: Severe Hematological Disorders	HCC149: Chronic Ulcer of Skin, Except Decubitus
HCC45: Disorders of Immunity	HCC150: Extensive Third-Degree Burns
HCC51: Drug/Alcohol Psychosis	HCC154: Severe Head Injury
HCC52: Drug/Alcohol Dependence	HCC155: Major Head Injury
HCC54: Schizophrenia	HCC157: Vertebral Fractures without Spinal Cord Injury
HCC55: Major Depressive, Bipolar, and Paranoid Disorders	HCC158: Hip Fracture/Dislocation
HCC57: Quadriplegia, Other Extensive Paralysis	HCC161: Traumatic Amputation
HCC68: Paraplegia	HCC164: Major Complications of Medical Care and Trauma
HCC69: Spinal Cord Disorders/Injuries	HCC174: Major Organ Transplant Status
HCC70: Muscular Dystrophy	HCC176: Artificial Openings for Feeding or Elimination
HCC71: Polyneuropathy	HCC177: Amputation Status, Lower Limb/Amputation
HCC72: Multiple Sclerosis	
HCC73: Parkinsons and Huntingtons Diseases	
HCC74: Seizure Disorders and Convulsions	
HCC75: Coma, Brain Compression/Anoxic Damage	
HCC77: Respirator Dependence/Tracheostomy Status	
HCC78: Respiratory Arrest	
HCC79: Cardio-Respiratory Failure and Shock	
HCC80: Congestive Heart Failure	

MEDICARE SPENDING PER BENEFICIARY POST-ACUTE CARE SNF QRP

OTHER SNF RISK ADJUSTMENT VARIABLES

- ✓ Age
- ✓ Indicator with particular Dx & Services (ESRD, Hospice etc.)
- ✓ Clinical Case Mix
- ✓ Prior ICU Stay Length
- ✓ Prior Inpatient Stay Length

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016_07_20_mspb_pac_ltch_irf_snf_measure_specs.pdf

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SNF ASSESSMENT-BASED (MDS) QM AND MEASURES

SNF Assessment-Based (MDS) Quality Measure and Measure Reference Name Crosswalk

Quality Measure	Measure Reference Name	Type of Quality of Measure
Percent of Residents or Patients with Pressure Ulcers that are New or Worsened. (SS) ~~REMOVED: Changed to Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury 2020~~	Pressure Ulcer	SNF QRP MDS-Based QM
Applications of Percent of Residents Experiencing One or more falls with major injury. (LS)	Application of Falls	SNF QRP MDS-Based QM
Application of Percent of LTC Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function.	Application of Functional Assessment/ Care Plan	SNF QRP MDS-Based QM
Drug Regimen Review Conducted with Follow-up for Identified Issues- PAC SNF QRP.	DRR	SNF QRP MDS-Based QM
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	Pressure Ulcer/Injury	SNF QRP MDS-Based QM
SNF Functional Outcome Measure: Discharge Self-Care Score for SNF Residents.	Discharge Self-Care Score	SNF QRP MDS-Based QM- Section GG
SNF Functional Outcome Measure: Discharge Mobility Score for SNF Residents.	Discharge Mobility Score	SNF QRP MDS-Based QM- Section GG
SNF Functional Outcome Measure: Change in Self Care Score for SNF Residents.	Change in Self-Care Score	SNF QRP MDS-Based QM- Section GG
SNF Functional Outcome Measure: Change in Mobility Score for SNF Residents.	Change in Mobility Score	SNF QRP MDS-Based QM- Section GG

QRP Casper Reports

Welcome to the CMS QIES Systems for Providers

MDS and ePOC User Registration

Payroll Based Journal User Registration

Add ePOC - PBJ - MDS Access to your Active Individual User Account

MDS 3.0 Submissions

PBJ Submissions

Payroll Based Journal (PBJ) Provider User Guide

MDS 3.0 Provider User's Guide [Choose a Section] [Select]

CASPER Reporting User's Guide for MDS Providers [Choose a Section] [Select]

CASPER Reporting- Select this link to access the Final Validation and Provider reports.

QIES User Maintenance Application

QIES User Maintenance Application User's Guide

ASPEN Access (ePOC)

CASPER

Once logged in to CASPER, focus on:

- **Reports Tab**: Contains categories of reports you can request.
- **Folders Tab**:
  - **My Inbox**: Contains reports you requested
  - **Facility MO [FacID] Inbox**: Contains information automatically deposited by CMS for the facility to review
- **MO LTC [FacID] folder**: Contains reports (other than Validation Reports) such as preview reports and special notifications from CMS
- **MO LTC [FacID] VR folder**: Contains Validation Reports which are automatically deposited after MDS submissions

RUNNING CASPER REPORTS

- Once you highlight a report category on the left of the screen, the available reports you can run within that report category will show in the center of the screen. Click on the report you want to request.
- Some reports must be requested by selecting dates. Click submit. After submitting, the reports you request will be deposited in the **Folders** tab under **My Inbox.**
- CASPER Report Category for QRP:
  - SNF Quality Reporting Program

SNF QUALITY REPORTING PROGRAM (QRP) REPORT CATEGORY

SNF QRP REVIEW AND CORRECT REPORT

Contains facility-level and resident-level measure information

Updated on a quarterly basis with data refreshed weekly

Allows providers to obtain facility performance data and resident data for the past 12 months (4 quarters)

Allows providers access to reports prior to the quarterly data submission deadline to ensure accuracy of the data; also allows for data to be use for quality improvement purposes

- **X**: Triggered
- **NT**: Not triggered
- **E**: Excluded based on QM exclusion criteria
- **Dash (-)**: Data not available or not applicable

SNF QRP REVIEW AND CORRECT REPORT

- You select the timeframe; defaults to the most recently completed calculated quarter
- Identifies facility-level performance data for the MDS based QRP QMs
- Allows SNF providers to review their QRP data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline
- Does not identify whether or not the 80% threshold for the SNF QRP APU is met
- Updated weekly and on the first day of each quarter with assessments submitted since the previous calculation

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CMS

CASPER Report
SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q3 2019
Report Release Date: 01/01/2021
Report Run Date: 01/01/2021
Data Calculation Date: 01/30/2019
Report Version Number: 2.0

MDS 3.0 Quality Measure:

Table Legend
Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	5002.1	07/01/2019	09/30/2019	02/15/2020	Closed	40	487	8.2%
Q2 2019	5002.1	04/01/2019	06/30/2019	11/15/2019	Closed	2	6	33.3%
Q4 2018	5002.1	10/01/2018	12/31/2018	05/15/2019	Closed	-	-	-
Cumulative	-	10/01/2018	09/30/2019	-	-	42	493	8.5%

Includes Facility and Cumulative Percent

Includes: Application of Falls,
            Application of Functional Assessment/Care Plan
            DRR (Drug Regimen Review)
            PU/Injury
            Functional Status Outcome: Discharge Self-Care Score
            Functional Status Outcome: Discharge Mobility Score
            Functional Status Outcome: Change in Self-Care Score
            Functional Status Outcome: Change in Mobility Score

DRUG REGIMEN REVIEW (DRR)
CONDUCTED WITH FOLLOW-UP FOR IDENTIFIED ISSUES

- Reports the percentage of Med A SNF stays in which a DRR was conducted at the time of admission (N2001) and timely follow-up with a physician occurred each time potential or actual clinically significant medication issues were identified throughout the stay (N2003 on 5-day and N2005 on PPS DC)

- Higher percentages are better

- **Exclusions**: Resident died during Med A stay (death in facility tracking completed)

- **Covariates**: None

DRUG REGIMEN REVIEW (DRR)
CONDUCTED WITH FOLLOW-UP FOR IDENTIFIED ISSUES

NUMERATOR:

Total number of Med A SNF stays in meeting each of the following two criteria:

I. A DRR on admission resulted in one of the three scenarios:

No potential or actual clinically significant medication issues were found during the review (N2001 = 0

OR

Potential or actual clinically significant medication issues were found during the review (N2001 = 1) and then a physician (or designee) was contacted and prescribed/recommended actions were completed by midnight of the next calendar day (N2003=1)

OR

The resident was not taking any medications (N2001 =9)

II. Appropriate f/u occurred each time a potential or actual clinically significant medication issues was identified during the stay (N2005=1) or no potential or actual clinically significant medications issues were identified since the admission or resident was not taking any medications (N2005=9)

DENOMINATOR: Total number of Medicare A SNF stays during the reporting period

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EXAMPLE

CMS

CASPER Report
SNF QRP Review and Correct Report

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Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q4 2019
Report Release Date: 01/01/2020
Report Run Date: 01/08/2020
Data Calculation Date: 01/06/2020
Report Version Number: 2.0

MDS 3.0 Quality Measure: DRR

Table Legend
Dash (-): Data not available or not applicable

					Facility-Level Data			
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2019	S007.02	10/01/2019	12/31/2019	05/15/2020	Open	18	18	100.0%
Q3 2019	S007.01	07/01/2019	09/30/2019	02/15/2020	Open	9	9	100.0%
Q2 2019	S007.01	04/01/2019	06/30/2019	11/15/2019	Closed	12	12	100.0%
Q1 2019	S007.01	01/01/2019	03/31/2019	08/15/2019	Closed	5	6	83.3%
Cumulative	-	01/01/2019	12/31/2019	-	-	44	45	97.8%

The higher percentage the better

CHANGES IN SKIN INTEGRITY POST-ACUTE CARE: PRESSURE ULCER/INJURY

- Reports the percentage of Med A 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
- Calculated by reviewing those MDS pressure ulcers as stated above on the discharge assessment that were not present or were at a lesser stage at the time of admission

If a resident has multiple Med A SNF stays during the target 12 months, then all stays are included in this measure

Lower percentages are better

CHANGES IN SKIN INTEGRITY POST-ACUTE CARE: PRESSURE ULCER/INJURY

EXCLUSIONS

- Missing data (i.e., dash [-]) on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers, including deep tissue injuries, at discharge; M0300B1-M0300G1 & M0300B2- M0300G2 = dash [-]

- Resident died during the SNF stay

CHANGES IN SKIN INTEGRITY POST-ACUTE CARE: PRESSURE ULCER/INJURY

COVARIATES: Risk-adjusted for the following on the 5-day:

- Dependent or substantial/maximal assistance for Lying to Sitting on Side of Bed

GG0170C1 (Yes) = 01, 02, 07, 09, 10, 88
01 = Dependent , 02 = Substantial/Max Assist, 07 = Resident Refused, 09 = Not Applicable, 10 = Not Attempted due to environmental limitation, or 88 = Not Attempted due to medical condition or safety concern.

GG0170C1 (No) = 03, 04, 05, 06, dash
03 =Partial/moderate assistance, 04 =Supervision or touching assistance, 05 =Setup or clean-up assistance, 06 = Independent, - =No response available)

- Bowel Incontinence

H0400 at admission (Yes) = 1, 2, 3
1 = Occasionally incontinent, 2 = Frequently incontinent, 3 = Always incontinent

(No) = 0, 9, - dash
0 = Always continent, 9 = Not rated, - = Not assessed/no information

CHANGES IN SKIN INTEGRITY POST-ACUTE CARE: PRESSURE ULCER/INJURY

DIABETES MELLITUS, PERIPHERAL VASCULAR OR ARTERIAL DISEASE

If any of the following are true in the last 7 days (coded a 1= yes):

I0900 Active PVD or PAD
I2900 Active DM

Verses

If I0900 or I2900 is (coded a 0 or – dash)

LOW BODY MASS INDEX

(based on height (K0200A) and Weight (K0200B):
1 = yes if BMI ≥ 12.0 AND ≤ 19.0
0 = no if BMI < 12.0 OR BMI > 19.0 or K0200 A/B is – dashed = not assessed/no information

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EXAMPLE

The lower percentage the better

APPLICATION OF PERCENT OF RESIDENTS
EXPERIENCING ONE OR MORE FALLS WITH MAJOR INJURY (LS)

- This QM reports the percentage of Med A stays where one or more falls with major injury (defined as bone fractures, joint dislocations, closed-head injuries with altered consciousness, or subdural hematoma) were reported during the SNF stay

  If the resident has multiple Med A stays during the target 12 months, then all the stays are included in the measure

  NUMERATOR: J1900C = 1,2 (1=One fall with major injury, 2=Two or more falls with major injuries)

  DENOMINATOR: Total number of Med A stays with one or more assessments that are eligible

- Lower percentages are better

FALLS WITH MAJOR INJURY

EXCLUSIONS

- J1900C. Falls with Major Injury = - dashes or was a 0 (no injuries)

- Resident died during the SNF stay

- **COVARIATES**: None

EXAMPLE

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CASPER Report
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Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q4 2019
Report Release Date: 01/01/2020
Report Run Date: 01/06/2020
Data Calculation Date: 01/06/2020
Report Version Number: 2.0

MDS 3.0 Quality Measure: Application of Falls

Table Legend
Dash (-): Data not available or not applicable

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2019	S013.02	10/01/2019	12/31/2019	05/15/2020	Open	1	18	5.6%
Q3 2019	S013.01	07/01/2019	09/30/2019	02/15/2020	Open	0	9	0.0%
Q2 2019	S013.01	04/01/2019	06/30/2019	11/15/2019	Closed	1	12	8.3%
Q1 2019	S013.01	01/01/2019	03/31/2019	08/15/2019	Closed	0	6	0.0%
Cumulative	-	01/01/2019	12/31/2019	-	-	2	45	4.4%

The lower percentage the better

ADMISSION AND DISCHARGE FUNCTIONAL ASSESSMENT AND A CARE PLAN THAT ADDRESSES FUNCTION

- This QM reports the % of Med A SNF stays with an admission and discharge functional assessment and at least one goal that addresses function.
- **Incomplete Stays** are identified based on the following:
   - Unplanned discharge (includes AMA) coded in A0310G (Type of D/C =2 as unplanned d/c).
   - OR
   - A2100 D/C to acute hospital (03), psychiatric hospital (04) or LTC hospital (09)
   - OR
   - SNF PPS Part A stay less than 3 days (A2400C minus A2400B is less than 3 days)
   - OR
   - Resident died during the SNF stay
   - (For an incomplete stay, if Section GG Admission Performance data has not yet been assessed, then these items will need to be dashed)
- **Complete Stays** should have:
   - Complete Section GG Admission Performance data on the PPS 5-day;
   - Discharge goal for at least one self-care or mobility item on 5-day; and
   - Complete Section GG Discharge Performance data on the PPS Discharge

ADMISSION AND DISCHARGE FUNCTIONAL
ASSESSMENT AND A CARE PLAN THAT ADDRESSES FUNCTION

For the admission functional assessment **data to be completed, each condition must be met:**

GG0130A1 thru GG0130C1 Eating, Oral hygiene, Toileting hygiene and

GG0170B1 thru GG0170I1 Sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer, walk 10 feet and

(Does not include GG0130E1-GG0130H1 Shower/bathe self, upper body dressing, lower body dressing, putting on/off footwear) and

For residents who are walking (as indicated by valid functional code for GG0170I1 (walk 10 feet)

GG0170J1 and GG0170K1 (Walk 50 feet with 2 turns & Walk 150 feet) and/or

For residents who use a w/c as indicated by GG170Q1 (Does the resident use a w/c and/or scooter?)
GG0170R1 through GG0170SS1 Wheel 50 ft with 2 turns, type of w/c/scooter, wheel 150 ft, type of w/c/scooter

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ADMISSION AND DISCHARGE FUNCTIONAL
ASSESSMENT AND A CARE PLAN THAT ADDRESSES FUNCTION

For the admission functional assessment **d/c goal, at least one of the items listed below must be coded:**

GG0130A2- GG0130C2 (Eating, Oral hygiene, Toileting hygiene) or

GG0130E2- GG0130H2 (Shower/bathe self, Upper body dressing, Lower body dressing, Putting on/off footwear) or

GG0170A2- GG0170G2 (Roll Lt & Rt, Sit to lying, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Car transfer) or

GG0170I2- GG0170P2 (Walk 10 ft, Walk 50 ft with two turns, Walk 150 ft, Walking 10 ft on uneven surfaces, 1 step curb, 4 steps, 12 steps, Picking up objects) or

GG0170R2 & GG0170S2 (Wheel 50 ft with two turns, Wheel 150 ft)

Higher percentages are better

EXCLUSIONS: None
COVARIATES: None

ADMISSION AND DISCHARGE FUNCTIONAL
ASSESSMENT AND A CARE PLAN THAT ADDRESSES FUNCTION

For the discharge functional assessment **d/c goal, each of the items listed below must be coded:**

GG0130A3- GG0130C3 (Eating, Oral hygiene, Toileting hygiene) and

GG 0170B3- GG0170F3 (Sit to lying, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer) and

GG 0170I3- GG0170K3 (Walk 10 ft, Walk 50 ft with two turns, Walk 150 ft) and

GG0170R3- GG0170SS3 (Wheel 50 feet with two turns, Type of w/c or scooter used, Wheel 150 ft, Type of w/c or scooter used)

DENOMINATOR: Total number of Med A SNF stays with a Med A SNF Stay End Date (A2400C during the target period.

Higher percentages are better

EXCLUSIONS: None
COVARIATES: None

EXAMPLE

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q4 2019
Report Release Date: 01/01/2020
Report Run Date: 01/06/2020
Data Calculation Date: 01/06/2020
Report Version Number: 2.0

MDS 3.0 Quality Measure: Application of Functional Assessment/Care Plan

Table Legend
Dash (-): Data not available or not applicable

						Facility-Level Data		
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2019	S001.03	10/01/2019	12/31/2019	05/15/2020	Open	18	18	100.0%
Q3 2019	S001.02	07/01/2019	09/30/2019	02/15/2020	Open	11	11	100.0%
Q2 2019	S001.02	04/01/2019	06/30/2019	11/15/2019	Closed	14	14	100.0%
Q1 2019	S001.02	01/01/2019	03/31/2019	08/15/2019	Closed	6	6	100.0%
Cumulative	-	01/01/2019	12/31/2019	-	-	49	49	100.0%

The higher percentage the better

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

This QM estimates the risk-adjusted mean change in self-care item (GG0130) scores between the 5-day and PPS DC for Med A Stays

- There is not a simple form for the numerator and denominator
- Scores are summed for the self-care items from the 5-day; scores are summed for the self-care items from the PPS DC - the sum of the scores can range from 7 to 42, with a higher score indicating greater independence.
- DC self-care score minus 5-day self-care score equals the change in self-care score; this can be a positive or negative number

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FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

- There is a change in self-care score for each Med A stay

- The facility-level average self-care change score is the average of the self-care change scores for each Med A stay, except those stays that are excluded

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

EXCLUSIONS:

Med A Stay is an incomplete stay: unplanned discharge, d/c to acute hospital, psychiatric hospital or LTCH, PPS Part A stay is less than 3 days, died during SNF stay

Following medical condition: Coma, vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain
(Identified by B0100 and ICD 10 codes)

Resident is younger than age 21 (uses Admit date A1600 & DOB A0900)

Resident is D/C to hospice or received hospice while a resident (O0100K2 Hospice while a resident & A2100 d/c status = 07 Hospice)

Resident did not receive PT or OT services at the time of admission (5 day Ax)

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

COVARIATES:

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 (J2000 yes verse no)
Prior functioning: self-care (GG0100A = dependent or some help)
Prior functioning: indoor mobility (ambulation) (GG0100B =Dependent or some help)
Prior mobility device use (GG0110A-E =Walker, W/C, Mechanical Lifts, Orthotics/Prosthetics vs no use)
Stage 2 pressure ulcer (Admission Ax M0300B1 = yes vs no))
Stage 3, 4, or unstageable pressure ulcer/injury (Admission Ax M033C1-G1 vs no)
Cognitive abilities*
Communication Impairment*
Urinary Continence (H0300 = 1,2,3 Occasionally, frequently or always incontinent vs no)
Bowel Continence (H0400 = 1,2,3 Occasionally, frequently or always incontinent vs no)
Tube feeding or total parenteral nutrition (K0510B2 =1 or K0510A2 = 1 vs no)
Comorbidities

*Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting Users Manual

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FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

AGE COVARIATE

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations	Change in Self-Care Score
Age Group	Less than 54 years	Truncate(Item A1600 – Item A0900) = age; If age <=55 years = 1; else = 0	Y
Age Group	55-64 years	Truncate(Item A1600 – Item A0900) = age; If age 55-64 years = 1; else = 0	Y
Age Group	65-74 years (reference)	Truncate(Item A1600 – Item A0900) = age; If age 65-74 years = 1; else = 0	N/A
Age Group	75-84 years	Truncate(Item A1600 – Item A0900) = age; If age 75-84 years = 1; else = 0	Y
Age Group	85-90 years	Truncate(Item A1600 – Item A0900) = age; If age 85-90 years = 1; else = 0	Y
Age Group	Greater than 90 years	Truncate(Item A1600 – Item A0900) = age; If age >90 years = 1; else = 0	Y

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS
EXCLUSION DIAGNOSIS

Primary Medical Condition Category (Item I0020B and I8000A thru I8000J)	ICD 10 CM Codes			
Severe brain damage	G93.9	G97.82		
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1	G93.5	G93.6	
Complete Tetraplegia	G82.51	S14.113A	S14.115S	S14.118A
	G82.53	S14.113D	S14.116A	S14.118D
	S14.111A	S14.113S	S14.116D	S14.118S
	S14.111D	S14.114A	S14.116S	S14.119A
	S14.111S	S14.114D	S14.117A	S14.119D
	S14.112A	S14.114S	S14.117D	S14.119S
	S14.112D	S14.115A	S14.117S	
	S14.112S	S14.115D		

Includes Coma, Persistent vegetative state also.

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS
SELF CARE AND PRIMARY MEDICAL CONDITION COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Admission Self-Care - continuous form		Note: use recoded item values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.b Admission Self-Care Score = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)
Admission Self-Care - squared form		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.b Admission Self-Care Score Squared = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1) * (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)
Primary Medical Condition Category	Stroke	= 1 if Item I0020 = [01]; else = 0
Primary Medical Condition Category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	= 1 if Item I0020 = [02 or 03]; else = 0
Primary Medical Condition Category	Non-Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [04]; else = 0
Primary Medical Condition Category	Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [05]; else = 0
Primary Medical Condition Category	Progressive Neurological Conditions	= 1 if Item I0020 = [06]; else = 0
Primary Medical Condition Category	Other Neurological Conditions	= 1 if Item I0020 = [07]; else = 0
Primary Medical Condition Category	Fractures and Other Multiple Trauma	= 1 if Item I0020 = [10]; else = 0

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS
SELF CARE AND PRIMARY MEDICAL CONDITION COVARIATES

Continuation

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Primary Medical Condition Category	Amputation	= 1 if Item I0020 = [08]; else =0
Primary Medical Condition Category	Other Orthopedic Conditions	= 1 if Item I0020 = [11]; else = 0
Primary Medical Condition Category	Debility, Cardiorespiratory Conditions	= 1 if Item I0020 = [12]; else = 0
Primary Medical Condition Category	Medically Complex Conditions and Other Medical Condition	= 1 if Item I0020 = [13]; else = 0

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS

COGNITIVE FUNCTION AND COMMUNICATION

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Cognitive Function: Brief Interview for Mental Status score - Admission	Moderately Impaired	=1 if Admission C0500 = 8, 9, 10, 11, or 12 or ([C0900A = 1 and C0900B = 1] or [C0900B = 1 and C0900C = 1] or [C0900A = 1 and C0900C = 1]) or [C0900A = 1 and C0900D = 1] or [C0900B = 1 and C0900D = 1] or [C0900C = 1 and C0900D = 1]); else = 0
Cognitive Function: Brief Interview for Mental Status score - Admission	Severely Impaired	=1 if Admission C0500 = ≤ 7 or [C0900Z = 1 or ([C0900A=1 and C0900B = 0, and C0900C = 0, and C0900D = 0] or [C0900B=1 and C0900A = 0, and C0900C = 0, and C0900D = 0] or [C0900C=1 and C0900A = 0, and C0900B = 0, and C0900D = 0] or [C0900D=1 and C0900A = 0, and C0900B = 0, and C0900C = 0]; else = 0
Communication Impairment - Admission	Moderate to Severe	=1 if Admission B0800 = 3 or B0800 = 2 or B0700 = 3 or B0700 = 2; else = 0
Communication Impairment - Admission	Mild	=1 if Admission B0700 = 1 and B0800 = 1; OR B0700 = 0 and B0800 = 1 OR B0700 = 1 and B0800 = 0; else = 0

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS
COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 1	Major Infections: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (HCC2), Other Infectious Diseases (HCC7)	=1 if Admission I2100 (Septicemia) = 1 or if Admission O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious diseases) =1 or '=1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category) = see Crosswalk ICD-10 codes to HCC2, HCC7; else = 0
Comorbidity HCC Group 4 ★	Metastatic Cancer and Acute Leukemia (HCC8)	=1 if Admission I0100 (Cancer with or without metastasis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC8; or; else = 0
Comorbidity HCC Group 7	Diabetes: Diabetes with Chronic Complications (HCC18), Diabetes without Complication (HCC19)	=1 if Admission Item I2900 (Diabetes Mellitus) =1 or =1 [if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC18, HCC19; else = 0
Comorbidity HCC Group 8	Other Significant Endocrine and Metabolic Disorders (HCC23)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC23; else = 0
Comorbidity HCC Group 9	Delirium and Encephalopathy (HCC50)	=1 if Admission [(C1310A = 1) or (C1310B = 2 or C1310C = 2 or C1310D = 2)] and (C1310B = 1 or 2) and either [(C1310C =1 or 2)
Comorbidity HCC Group 10 ★	Dementia: Dementia With Complications (HCC51), Dementia Without Complications (HCC52)	=1 if Admission I4800 (Non-Alzheimer's Dementia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC51, HCC52; else = 0
Comorbidity HCC Group 12 ★	Tetraplegia (excluding complete tetraplegia) (HCC70) and paraplegia (HCC71)	=1 if [Admission I5000 (Paraplegia) or I5100 (quadriplegia)] = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC70, HCC71; =0 if Admission I0020 = 04 (Non-traumatic spinal cord dysfunction) or 05 (Traumatic spinal cord dysfunction); or 05 (Traumatic spinal cord dysfunction); else = 0d
Comorbidity HCC Group 13 ★	Multiple Sclerosis (HCC77)	=1 if Admission I5200 (Multiple Sclerosis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC77; =0 if Admission I0020 = 06 (Progressive Neurological Conditions); else = 0

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN SELF-CARE SCORE FOR SNF RESIDENTS
COMORBIDITY COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 14	Parkinson's and Huntington's Diseases (HCC78)	=1 if [Admission I5250 (Huntington's Disease) or I5300 (Parkinson's)] =1; or '=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC78; '=0 if Admission I0020 =06 (Progressive Neurological Conditions); else = 0
Comorbidity HCC Group 15	Angina Pectoris (HCC88)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC88; =0 if Admission I0020 = 12 Debility, Cardiorespiratory Conditions; else = 0
Comorbidity HCC Group 16 ★	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease (HCC89)	=1 if Admission I0400 (Coronary Artery Disease) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC89; else = 0
Comorbidity HCC Group 17 ★	Hemiplegia/Other Late Effects of CVA: Hemiplegia/Hemiparesis (HCC103), Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)	=1 if [Admission I4900 (Hemiplegia or Hemiparesis) or I4500 (Cerebrovascular Accident, TIA, or Stroke) or I4300 (Aphasia)] =1; or =0 if Admission I0020 = 01 (Stoke) or 02 (Non-Traumatic Brain Dysfunction) or 03 (Traumatic Brain Dysfunction); else = 0
Comorbidity HCC Group 20 ★	Dialysis Status (HCC134), Chronic Kidney Disease, Stage 5 (HCC136)	= O0100J1 or O0100J2 – (Special treatment, procedures, and programs: Dialysis)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC134, HCC136; else = 0
Comorbidity HCC Group 22	Urinary Obstruction and Retention (HCC142)	=1 if Admission H0100D (Intermittent catheterization) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC142; else = 0
Comorbidity HCC Group 24 ★	Amputations: Traumatic Amputations and Complications (HCC173), Amputation Status, Lower Limb/ Amputation Complications (HCC189), Amputation Status, Upper Limb (HCC190)	=1 if [Admission G0600D (Limb prosthesis) or O0500I (Training and skill practice in Amputation)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC173, HCC189, HCC190; =0 if Primary Medical Condition Category I0020 = 08 (Amputation); else = 0
*HCC= Hierarchical Condition Category		

EXAMPLE

CMS

CASPER Report
SNF QRP Review and Correct Report

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Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q4 2019
Report Release Date: 01/01/2020
Report Run Date: 01/08/2020
Data Calculation Date: 01/06/2020
Report Version Number: 2.0

MDS 3.0 Quality Measure: Functional Status Outcome: Change in Self-Care Score

Table Legend

*   Observed Change in Self-Care Score = (Observed Discharge Self-Care Score - Observed Admission Self-Care Score)
Dash (-): Data not available or not applicable

						Facility-Level Data	
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Eligible SNF Stays	Your SNF's Average Observed Change in Self-Care Score*
Q4 2019	S022.02	10/01/2019	12/31/2019	05/15/2020	Open	11	9.4
Q3 2019	S022.01	07/01/2019	09/30/2019	02/15/2020	Open	7	9.0
Q2 2019	S022.01	04/01/2019	06/30/2019	11/15/2019	Closed	12	8.2
Q1 2019	S022.01	01/01/2019	03/31/2019	08/15/2019	Closed	6	3.2
Cumulative	-	01/01/2019	12/31/2019	-	-	36	7.9

Higher score the greater the independence
May be positive or negative
Score between 7 to 42

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

This QM estimates the risk-adjusted mean change in mobility item (GG0170) scores between the 5-day and PPS DC for Med A Stays

- There is n o t a simple form for the numerator and denominator
- Scores a r e summed for the mobility items from the 5-day
  – Scores are summed for the mobility items from the PPS DC
  – The sum of the scores can range from 15 to 90, with a higher score indicating greater independence
- PPS DC mobility score minus 5-day mobility score e q u a l s the change in mobility score; this can be a positive or negative number

If resident has multiple Med A stays during the target 12 months, they are all included

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FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

- There is a change in mobility score for e a c h Med A stay
- The facility-level average mobility change score is the a v e r a g e of the mobility change scores for each Med A stay, except those stays that are excluded

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

EXCLUSIONS:

Med A stay is an incomplete stay: unplanned discharge (including AMA), d/c to acute hospital, psychiatric hospital or LTCH, PPS Part A stay is less than 3 days, died during SNF stay

Following medical condition: coma, vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain
(Identified by B0100 and ICD 10 codes)

Resident is younger than age 21 (uses admit date A1600 and DOB A0900)

Resident is d/c to hospice or received hospice while a resident (O0100K2 Hospice while a resident and A2100 d/c status = 07 Hospice)

Resident did not receive PT or OT services at the time of admission (5 day Ax)

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

COVARIATES:

- Age group
- Admission mobility score – continuous score*
- Admission mobility score – squared form *
- Primary medical condition category
- Interaction between primary medical condition category and admission self-care score*
- Prior surgery (J2000 yes verse no)
- Prior functioning: stairs (GG0100C = Dependent or some help)
- Prior functioning: indoor mobility (ambulation) (GG0100B =Dependent or some help)
- Prior functioning: functional cognition (GG0100D = Dependent)
- Prior mobility device use (GG0110A-E =Walker, W/C, Mechanical Lifts, Orthotics/Prosthetics vs no use)
- Stage 2 pressure ulcer (Admission Ax M0300B1 = yes vs no)
- Stage 3, 4, or unstageable pressure ulcer/injury (Admission Ax M033C1-G1 vs no)
- Cognitive abilities*
- Communication Impairment*
- Urinary Continence (H0300 = 1,2,3 Occasionally, frequently or always incontinent vs no)
- Bowel Continence (H0400 = 1,2,3 Occasionally, frequently or always incontinent vs no)
- Tube feeding or total parenteral nutrition (K0510B2 =1 or K0510A2 = 1 vs no)
- Comorbidities
- History of falls (J1700A-C = yes vs none)

*Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting Users Manual

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FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS
AGE COVARIATE

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations	Change in Self-Care Score
Age Group	Less than 54 years	Truncate(Item A1600 – Item A0900) = age; If age <=55 years = 1; else = 0	Y
Age Group	55-64 years	Truncate(Item A1600 – Item A0900) = age; If age 55-64 years = 1; else = 0	Y
Age Group	65-74 years (reference)	Truncate(Item A1600 – Item A0900) = age; If age 65-74 years = 1; else = 0	N/A
Age Group	75-84 years	Truncate(Item A1600 – Item A0900) = age; If age 75-84 years = 1; else = 0	Y
Age Group	85-90 years	Truncate(Item A1600 – Item A0900) = age; If age 85-90 years = 1; else = 0	Y
Age Group	Greater than 90 years	Truncate(Item A1600 – Item A0900) = age; If age >90 years = 1; else = 0	Y

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Age Covariate

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS
EXCLUSION DIAGNOSIS

Primary Medical Condition Category (Item I0020B and I8000A thru I8000J)	ICD 10 CM Codes			
Severe brain damage	G93.9	G97.82		
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1	G93.5	G93.6	
Complete Tetraplegia	G82.51	S14.113A	S14.115S	S14.118A
	G82.53	S14.113D	S14.116A	S14.118D
	S14.111A	S14.113S	S14.116D	S14.118S
	S14.111D	S14.114A	S14.116S	S14.119A
	S14.111S	S14.114D	S14.117A	S14.119D
	S14.112A	S14.114S	S14.117D	S14.119S
	S14.112D	S14.115A	S14.117S	
	S14.112S	S14.115D		

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Exclusion Diagnosis
Includes Coma, Persistent vegetative state also.

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS
PRIMARY MEDICAL CONDITION COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Primary Medical Condition Category	Stroke	= 1 if Item I0020 = [01]; else = 0
Primary Medical Condition Category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	= 1 if Item I0020 = [02 or 03]; else = 0
Primary Medical Condition Category	Non-Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [04]; else = 0
Primary Medical Condition Category	Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [05]; else = 0
Primary Medical Condition Category	Progressive Neurological Conditions	= 1 if Item I0020 = [06]; else = 0
Primary Medical Condition Category	Other Neurological Conditions	= 1 if Item I0020 = [07]; else = 0
Primary Medical Condition Category	Fractures and Other Multiple Trauma	= 1 if Item I0020 = [10]; else = 0
Primary Medical Condition Category	Amputation	= 1 if Item I0020 = [08]; else =0
Primary Medical Condition Category	Other Orthopedic Conditions	= 1 if Item I0020 = [11]; else = 0
Primary Medical Condition Category	Debility, Cardiorespiratory Conditions	= 1 if Item I0020 = [12]; else = 0
Primary Medical Condition Category	Medically Complex Conditions and Other Medical Condition	= 1 if Item I0020 = [13]; else = 0

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents for Primary Medical Condition Covariates

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS
COGNITIVE FUNCTION AND COMMUNICATION

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Cognitive Function: Brief Interview for Mental Status score - Admission	Moderately Impaired	=1 if Admission C0500 = 8, 9, 10, 11, or 12 or ([C0900A = 1 and C0900B = 1] or [C0900B = 1 and C0900C = 1] or [C0900A = 1 and C0900C = 1]) or [C0900A = 1 and C0900D = 1] or [C0900B = 1 and C0900D = 1] or [C0900C = 1 and C0900D = 1]); else = 0
Cognitive Function: Brief Interview for Mental Status score - Admission	Severely Impaired	=1 if Admission C0500 = ≤ 7 or (C0900Z = 1 or ([C0900A=1 and C0900B = 0, and C0900C = 0, and C0900D = 0] or [C0900B=1 and C0900A = 0, and C0900C = 0, and C0900D = 0] or [C0900C=1 and C0900A = 0, and C0900B = 0, and C0900D = 0] or [C0900D=1 and C0900A = 0, and C0900B = 0, and C0900C = 0]; else = 0
Communication Impairment - Admission	Moderate to Severe	=1 if Admission B0800 = 3 or B0800 = 2 or B0700 = 3 or B0700 = 2; else = 0
Communication Impairment - Admission	Mild	=1 if Admission B0700 = 1 and B0800 = 1; OR B0700 = 0 and B0800 = 1 OR B0700 = 1 and B0800 = 0; else = 0

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Cognitive Function and Communication

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FUNCTIONAL OUTCOME MEASURE: CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 2	Other Infectious Diseases (HCC7)	=1 if [Admission I2100 (Septicemia) or O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious diseases)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or item I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC7; else = 0
Comorbidity HCC Group 3	Central Nervous System Infections: Bacterial, Fungal, and Parasitic Central Nervous System Infections (HCC3), Viral and Late Effects Central Nervous System Infections (HCC4)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC3, HCC4; = 0
Comorbidity HCC Group 4 ★	Metastatic Cancer and Acute Leukemia (HCC8)	=1 if [Admission I0100 (Cancer with or without metastasis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC8; or; else = 0
Comorbidity HCC Group 5	Lymphoma and Other Cancers (HCC10)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC10; else = 0
Comorbidity HCC Group 6	Other Major Cancers: Colorectal, Bladder, and Other Cancers (HCC11), Other Respiratory and Heart Neoplasms (HCC13), Other Digestive and Urinary Neoplasms (HCC14), Other Neoplasms (HCC15)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC11, HCC 13, HCC14, HCC15; else = 0
Comorbidity HCC Group 10 ★	Dementia: Dementia With Complications (HCC51), Dementia Without Complications (HCC52)	=1 if Admission I4800 (Non-Alzheimer's Dementia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC51, HCC52; else = 0

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FUNCTIONAL OUTCOME MEASURE: CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Comorbidity HCC Group 11	Mental Health Disorders: Schizophrenia (HCC57), Major Depressive, Bipolar, and Paranoid Disorders (HCC58), Reactive and Unspecified Psychosis (HCC59), Personality Disorders (HCC60)	=1 if [Admission I6000 (Schizophrenia) or I5800 (Depression) or I5900 (Bipolar) or I5950 (Psychotic-other than schizophrenia)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC57, HCC58, HCC59, HCC60; else = 0
Comorbidity HCC Group 12 ★	Tetraplegia (excluding complete tetraplegia) (HCC70) and paraplegia (HCC71)	=1 if [Admission I5000 (Paraplegia) or I5100 (quadriplegia)] = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC70, HCC71; =0 if Admission I0020 = 04 (Non-traumatic spinal cord dysfunction) or 05 (Traumatic spinal cord dysfunction); or 05 (Traumatic spinal cord dysfunction); else = 0d
Comorbidity HCC Group 13 ★	Multiple Sclerosis (HCC77)	=1 if Admission I5200 (Multiple Sclerosis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC77; =0 if Admission I0020 = 06 (Progressive Neurological Conditions); else = 0
Comorbidity HCC Group 16 ★	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease (HCC89)	=1 if Admission I0400 (Coronary Artery Disease) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC89; =0 if Admission I0020 =12 Debility, Cardiorespiratory Conditions; else = 0
Comorbidity HCC Group 17 ★	Hemiplegia/Other Late Effects of CVA: Hemiplegia/Hemiparesis (HCC103), Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)	=1 if [Admission I4900 (Hemiplegia or Hemiparesis) or I4500 (Cerebrovascular Accident, TIA, or Stroke) or I4300 (Aphasia)] =1; or =0 if Admission I0020 = 01 (Stroke) or 02 (Non-Traumatic Brain Dysfunction) or 03 (Traumatic Brain Dysfunction); else = 0
Comorbidity HCC Group 18	Aspiration, Bacterial, and Other Pneumonias: Aspiration and Specified Bacterial Pneumonias (HCC114), Pneumococcal Pneumonia, Empyema, Lung Abscess (HCC115)	=1 if Admission I2000 (Pneumonia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC114, HCC115; =0 if Admission I0020 =12 (Debility, Cardiorespiratory Conditions); else = 0

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FUNCTIONAL OUTCOME MEASURE: CHANGE IN MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Comorbidity HCC Group 19	Legally Blind (HCC119)	=1 if Admission B1000 (Vision) = 2, Moderately impaired; 3, Highly impaired; 4, Severely impaired; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC119; else = 0
Comorbidity HCC Group 20 ★	Dialysis Status (HCC134), Chronic Kidney Disease, Stage 5 (HCC136)	=1 O0100J1 or O0100J2 – (Special treatment, procedures, and programs: Dialysis)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC134, HCC136; else = 0
Comorbidity HCC Group 21	Chronic Kidney Disease - Stages 1-4, Unspecified: Chronic Kidney Disease, Severe (Stage 4) (HCC137), Chronic Kidney Disease, Moderate (Stage 3) (HCC138), Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified) (HCC139)	=1 if Admission I1500 (Renal Insufficiency, renal failure, or ESRD) = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC137, HCC138, HCC139; else = 0
Comorbidity HCC Group 23	Major Fracture, Except of Skull, Vertebrae, or Hip (HCC171)	=1 if Admission I3900 (Hip Fracture) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)= see Crosswalk ICD-10 codes to HCC171; =0 if Admission I0020 = 09 (Hip and Knee replacement) or 10 (Fractures and Other Multiple Trauma) or 11 (Other Orthopedic Conditions); else = 0
Comorbidity HCC Group 24 ★	Amputations: Traumatic Amputations and Complications (HCC173), Amputation Status, Lower Limb/ Amputation Complications (HCC189), Amputation Status, Upper Limb (HCC190)	=1 if [Admission G0600D (Limb prosthesis) or O0500I (Training and skill practice in Amputation)] >1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC173, HCC189, HCC190; =0 if Primary Medical Condition Category I0020 = 08

*HCC= Hierarchical Condition Category

EXAMPLE

CASPER Report
SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q2 2019
Report Release Date: 07/01/2019
Report Run Date: 09/09/2019
Data Calculation Date: 09/09/2019
Report Version Number: 2.0

MDS 3.0 Quality Measure: Functional Status Outcome: Change in Mobility Score

Table Legend
*: Observed Change in Mobility Score = (Observed Discharge Mobility Score - Observed Admission Mobility Score)
Dash (-): Data not available or not applicable
E: Excluded from analysis based on quality measure exclusion criteria

						Facility-Level Data	
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Eligible SNF Stays	Your SNF's Average Observed Change in Mobility Score*
Q2 2019	S023.01	04/01/2019	06/30/2019	11/15/2019	Open	11	26.5
Q1 2019	S023.01	01/01/2019	03/31/2019	08/15/2019	Closed	9	22.7
Cumulative	-	01/01/2019	06/30/2019	-	-	20	24.8

Greater the score the more independent
Scores range from 15-90
May be a positive or negative number

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS

This QM estimates the % of Med A stays that meet or exceed an expected discharge self-care score

- Expected scores are calculated and risk-adjusted based on resident characteristics

- Higher scores indicate a higher percentage of residents met or exceeded expected discharge self-care scores

- Each resident-stay's observed discharge self-care score is compared to the expected discharge self-care score, except those stays that are excluded

If resident has multiple Med A stays during the target 12 months, they are all included

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FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS

Self-Care items:

GG0130A3-GG0130H3: Eating, Oral Hygiene, Toileting Hygiene, Shower/bathe self, Upper and Lower body dressing, Putting on/taking off footwear

Codes:

06 Independent, 05 Setup/clean up, 04 Supervision/touching, 03 partial/moderate, 02 Substantial/maximal, 01 Dependent, 07 Resident Refused, 09 N/A, 10 Not attempted due to environmental limitations, 88 Not attempted due to medical condition/safety concern. ^ Skip pattern,

- Not assessed/no info

To obtain the discharge self-care score, use the following procedure:

- If code is between 01 and 06, then use code as the score.

- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score.

- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the score.

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

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS

EXCLUSIONS:

Med A Stay is an incomplete stay: unplanned discharge (including AMA), d/c to acute hospital, psychiatric hospital or LTCH, PPS Part A stay is less than 3 days, died during SNF stay

Following medical condition: Coma, vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain

(Identified by B0100 and ICD 10 codes)

Resident is **younger** than age 21 (uses Admit date A1600 and DOB A0900)

Resident is **d/c** to hospice or received hospice while a resident (O0100K2 Hospice while a resident and A2100 d/c status = 07 Hospice)

Resident did not **receive** PT or OT services at the time of admission (5 day Ax)

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS
EXCLUSION DIAGNOSIS

Primary Medical Condition Category (Item I0020B and I8000A thru I8000J)	ICD 10 CM Codes			
Severe brain damage	G93.9	G97.82		
Locked-in state	G83.5			
compression	G93.1	G93.5	G93.6	
Complete Tetraplegia	G82.51	S14.113A	S14.115S	S14.118A
	G82.53	S14.113D	S14.116A	S14.118D
	S14.111A	S14.113S	S14.116D	S14.118S
	S14.111D	S14.114A	S14.116S	S14.119A
	S14.111S	S14.114D	S14.117A	S14.119D
	S14.112A	S14.114S	S14.117D	S14.119S
	S14.112D	S14.115A	S14.117S	
	S14.112S	S14.115D		

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Exclusion Diagnosis
Includes Coma, Persistent vegetative state also.

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS
AGE COVARIATE

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations	Change in Self-Care Score
Age Group	Less than 54 years	Truncate(Item A1600 – Item A0900) = age; If age <=55 years = 1; else = 0	Y
Age Group	55-64 years	Truncate(Item A1600 – Item A0900) = age; If age 55-64 years = 1; else = 0	Y
Age Group	65-74 years (reference)	Truncate(Item A1600 – Item A0900) = age; If age 65-74 years = 1; else = 0	N/A
Age Group	75-84 years	Truncate(Item A1600 – Item A0900) = age; If age 75-84 years = 1; else = 0	Y
Age Group	85-90 years	Truncate(Item A1600 – Item A0900) = age; If age 85-90 years = 1; else = 0	Y
Age Group	Greater than 90 years	Truncate(Item A1600 – Item A0900) = age; If age >90 years = 1; else = 0	Y

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Age Covariate

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE SCORE FOR SNF RESIDENTS

COVARIATES:

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 (J2000 yes verse no)
Prior functioning: self-care (GG0100A = dependent or some help)
Prior functioning: indoor mobility (ambulation) (GG0100B =Dependent or some help)
Prior mobility device use (GG0110A-E =Walker, W/C, Mechanical Lifts, Orthotics/Prosthetics vs no use)
Stage 2 pressure ulcer (Admission Ax M0300B1 = yes vs no))
Stage 3, 4, or unstageable pressure ulcer/injury (Admission Ax M033C1-G1 vs no)
Cognitive abilities
Communication Impairment
Urinary Continence (H0300 = 1,2,,3 Occasionally, frequently or always incontinent vs no)
Bowel Continence (H0400 = 1,2,3 Occasionally, frequently or always incontinent vs no)
Tube feeding or total parenteral nutrition (K0510B2 =1 or K0510A2 = 1 vs no)
Comorbidities

*Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting Users Manual
(Does not have the mobility covariates-prior functioning stairs, functional cognition or hx of falls)

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE FOR SNF RESIDENTS
SELF CARE AND PRIMARY MEDICAL CONDITION COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Admission Self-Care - continuous form		Note: use recoded item values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.b Admission Self-Care Score = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)
Admission Self-Care - squared form		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.b Admission Self-Care Score Squared = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1) * (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)
Primary Medical Condition Category	Stroke	= 1 if Item I0020 = [01]; else = 0
Primary Medical Condition Category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	= 1 if Item I0020 = [02 or 03]; else = 0
Primary Medical Condition Category	Non-Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [04]; else = 0
Primary Medical Condition Category	Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [05]; else = 0
Primary Medical Condition Category	Progressive Neurological Conditions	= 1 if Item I0020 = [06]; else = 0
Primary Medical Condition Category	Other Neurological Conditions	= 1 if Item I0020 = [07]; else = 0
Primary Medical Condition Category	Fractures and Other Multiple Trauma	= 1 if Item I0020 = [10]; else = 0

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE FOR SNF RESIDENTS
SELF CARE AND PRIMARY MEDICAL CONDITION COVARIATES

Continued

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Primary Medical Condition Category	Amputation	= 1 if Item I0020 = [08]; else =0
Primary Medical Condition Category	Other Orthopedic Conditions	= 1 if Item I0020 = [11]; else = 0
Primary Medical Condition Category	Debility, Cardiorespiratory Conditions	= 1 if Item I0020 = [12]; else = 0
Primary Medical Condition Category	Medically Complex Conditions and Other Medical Condition	= 1 if Item I0020 = [13]; else = 0

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FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE FOR SNF RESIDENTS
COGNITIVE FUNCTION AND COMMUNICATION

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Cognitive Function: Brief Interview for Mental Status score - Admission	Moderately Impaired	=1 if Admission C0500 = 8, 9, 10, 11, or 12 or ([C0900A = 1 and C0900B = 1] or [C0900B = 1 and C0900C = 1] or [C0900A = 1 and C0900C = 1]) or [C0900A = 1 and C0900D = 1] or [C0900B = 1 and C0900D = 1] or [C0900C = 1 and C0900D = 1]); else = 0
Cognitive Function: Brief Interview for Mental Status score - Admission	Severely Impaired	=1 if Admission C0500 = ≤ 7 or (C0900Z = 1 or ([C0900A=1 and C0900B = 0, and C0900C = 0, and C0900D = 0] or [C0900B=1 and C0900A = 0, and C0900C = 0, and C0900D = 0] or [C0900C=1 and C0900A = 0, and C0900B = 0, and C0900D = 0] or [C0900D=1 and C0900A = 0, and C0900B = 0, and C0900C = 0); else = 0
Communication Impairment - Admission	Moderate to Severe	=1 if Admission B0800 = 3 or B0800 = 2 or B0700 = 3 or B0700 = 2; else = 0
Communication Impairment - Admission	Mild	=1 if Admission B0700 = 1 and B0800 = 1; OR B0700 = 0 and B0800 = 1 OR B0700 = 1 and B0800 = 0; else = 0

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FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE FOR SNF RESIDENTS
COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 1	Major Infections: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (HCC2), Other Infectious Diseases (HCC7)	=1 if Admission I2100 (Septicemia) = 1 or if Admission O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious disease) =1 or =1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category) = see Crosswalk ICD-10 codes to HCC2, HCC7; else = 0
Comorbidity HCC Group 4 ★	Metastatic Cancer and Acute Leukemia (HCC8)	=1 if Admission I0100 (Cancer with or without metastasis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)= see Crosswalk ICD-10 codes to HCC8; or; else = 0
Comorbidity HCC Group 7	Diabetes: Diabetes with Chronic Complications (HCC18), Diabetes without Complication (HCC19)	=1 if Admission Item I2900 (Diabetes Mellitus) =1 or =1 [if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC18, HCC19; else = 0
Comorbidity HCC Group 8	Other Significant Endocrine and Metabolic Disorders (HCC23)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC23; else = 0
Comorbidity HCC Group 9	Delirium and Encephalopathy (HCC50)	=1 if Admission [(C1310A = 1) or (C1310B = 2 or C1310C = 2 or C1310D = 2)] and (C1310B = 1 or 2) and either [(C1310C = 1 or 2)
Comorbidity HCC Group 10 ★	Dementia: Dementia With Complications (HCC51), Dementia Without Complications (HCC52)	=1 if Admission I4800 (Non-Alzheimer's Dementia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC51, HCC52; else = 0
Comorbidity HCC Group 12 ★	Tetraplegia (excluding complete tetraplegia) (HCC70) and paraplegia (HCC71)	=1 if [Admission I5000 (Paraplegia) or I5100 (quadriplegia)] = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)= see Crosswalk ICD-10 codes to HCC70, HCC71; =0 if Admission I0020 = 04 (Non-traumatic spinal cord dysfunction) or 05 (Traumatic spinal cord dysfunction); or 05 (Traumatic spinal cord dysfunction); else = 0d
Comorbidity HCC Group 13 ★	Multiple Sclerosis (HCC77)	=1 if Admission I5200 (Multiple Sclerosis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC77; =0 if Admission I0020 = 06 (Progressive Neurological Conditions); else = 0

Slide 3

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE SELF-CARE FOR SNF RESIDENTS
COMORBIDITY COVARIATES

Comorbidity HCC Group 14	Parkinson's and Huntington's Diseases (HCC78)	=1 if [Admission I5250 (Huntington's Disease) or I5300 (Parkinson's)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC78; =0 if Admission I0020 =06 (Progressive Neurological Conditions); else = 0
Comorbidity HCC Group 15	Angina Pectoris (HCC88)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC88; =0 if Admission I0020 = 12 Debility, Cardiorespiratory Conditions); else = 0
Comorbidity HCC Group 16 ★	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease (HCC89)	=1 if Admission I0400 (Coronary Artery Disease) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10
Comorbidity HCC Group 17 ★	Hemiplegia/Other Late Effects of CVA: Hemiplegia/Hemiparesis (HCC103), Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)	=1 if [Admission I4900 (Hemiplegia or Hemiparesis) or I4500 (Cerebrovascular Accident, TIA, or Stroke) or I4300 (Aphasia)] =1; or =0 if Admission I0020 = 01 (Stoke) or 02 (Non-Traumatic Brain Dysfunction) or 03 (Traumatic Brain Dysfunction); else = 0
Comorbidity HCC Group 20 ★	Dialysis Status (HCC134), Chronic Kidney Disease, Stage 5 (HCC136)	=1 O0100J1 or O0100J2 – (Special treatment, procedures, and programs: Dialysis)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC134, HCC136; else = 0
Comorbidity HCC Group 22	Urinary Obstruction and Retention (HCC142)	=1 if Admission H0100D (Intermittent catheterization) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC142; else = 0
Comorbidity HCC Group 24 ★	Amputations: Traumatic Amputations and Complications (HCC173), Amputation Status, Lower Limb/ Amputation Complications (HCC189), Amputation Status, Upper Limb (HCC190)	=1 if [Admission G0600D (Limb prosthesis) or O0500I (Training and skill practice in Amputation)] >1]; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)= see Crosswalk ICD-10 codes to HCC173, HCC189, HCC190; =0 if Primary Medical Condition Category I0020 = 08 (Amputation); else = 0
*HCC= Hierarchical Condition Category		

EXAMPLE

CMS
Centers for Medicare & Medicaid Services

CASPER Report
SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q3 2019
Report Release Date: 10/01/2019
Report Run Date: 10/22/2019
Data Calculation Date: 10/21/2019
Report Version Number: 2.0

MDS 3.0 Quality Measure: Functional Status Outcome: Discharge Self-Care Score

Table Legend
Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria
Note: Triggered if the resident had an observed discharge self-care score that met or exceeded the expected discharge self-care score
Note: This measure is risk-adjusted; only observed data are available at this time

Facility-Level Data									
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Average Observed Discharge Self-Care Score	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	S024.01	07/01/2019	09/30/2019	02/15/2020	Open	34.9	47	68	69.1%
Q2 2019	S024.01	04/01/2019	06/30/2019	11/15/2019	Open	36.0	70	89	78.7%
Q1 2019	S024.01	01/01/2019	03/31/2019	08/15/2019	Closed	35.2	58	83	69.9%
Cumulative	-	01/01/2019	09/30/2019	-	-	35.4	175	240	72.9%

Higher percentage means residents met or exceeded expected d/c self care score
Higher score means greater independence
D/C Self Care Score from 7-42

Sinclair School of Nursing

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

This QM estimates the % of Med A stays that **meet** or **exceed** an expected discharge mobility score

- Expected scores are calculated and is risk-adjusted based on resident characteristics
- Higher scores indicate a higher percentage of residents met or exceeded expected discharge mobility scores
- Sum the scores of the discharge mobility items to create a discharge mobility score for each Med A SNF stay
- Scores can range from 15 to 90, with a higher ⬆ score indicating greater independence

Sinclair School of Nursing

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

Each resident-stay's observed discharge mobility score is compared to the expected discharge mobility score, except those stays that are excluded

If a resident has multiple Med A stays during the target 12 months, then all the stays are included in this measure

EXCLUSIONS: Multiple, see list
COVARIATES: Multiple, see list

Sinclair School of Nursing

3/16/2020

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

MOBILITY ITEMS INCLUDED:

GG170A3-GG0170P3

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 with 2 turns, Walk 150 feet, Walking 10 feet on uneven surfaces, 1 step (curb), 4 steps, 12 steps, picking up objects.

06 Independent, 05 Set-up/clean up, 04 Supervision/touching, 03 Partial/moderate, 02 Substantial/maximal, 01 Dependent, 07 Resident refused, 09 N/A, 10 Not attempted due to environmental limitations, 88 Not attempted due to medical/safety, ^ Skip patterns, - Not assessed/no information.

To obtain the discharge mobility score, use the following procedure

- If code is between 01 and 06, then use code as the score.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score.
- If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the score.

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.

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

EXCLUSIONS:

Med A Stay is an incomplete stay: unplanned discharge (including AMA), d/c to acute hospital, psychiatric hospital or LTCH, PPS Part A stay is less than 3 days, died during SNF stay.

Following medical condition: Coma, vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain (identified by B0100 and ICD 10 codes)

Resident is younger than age 21 (uses Admit date A1600 and DOB A0900)

Resident is D/C to hospice or received hospice while a resident (O0100K2 Hospice while a resident and A2100 d/c status = 07 Hospice)

Resident did not receive PT or OT services at the time of admission (5 day Ax)

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS
MEDICAL CONDITIONS AT THE TIME OF ADMISSION

Primary Medical Condition Category (Item I0020B and I8000A thru I8000J)	ICD 10 CM Codes			
Severe brain damage	G93.9	G97.82		
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1	G93.5	G93.6	
Complete Tetraplegia	G82.51	S14.113A	S14.115S	S14.118A
	G82.53	S14.113D	S14.116A	S14.118D
	S14.111A	S14.113S	S14.116D	S14.118S
	S14.111D	S14.114A	S14.116S	S14.119A
	S14.111S	S14.114D	S14.117A	S14.119D
	S14.112A	S14.114S	S14.117D	S14.119S
	S14.112D	S14.115A	S14.117S	
	S14.112S	S14.115D		

Includes Coma, Persistent vegetative state also

FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

COVARIATES:

Age group
Admission mobility score – continuous score*
Admission mobility score – squared form *
Primary medical condition category
Interaction between primary medical condition category and admission self-care score*
Prior surgery (J2000 yes verse no)
Prior functioning: stairs (GG0100C = Dependent or some help)
Prior functioning: indoor mobility (ambulation) (GG0100B = Dependent or some help)
Prior functioning: functional cognition (GG0100D = Dependent)
Prior mobility device use (GG0110A-E =Walker, W/C, Mechanical Lifts, Orthotics/Prosthetics vs no use)
Stage 2 pressure ulcer (Admission Ax M0300B1 = yes vs no)
Stage 3, 4, or unstageable pressure ulcer/injury (Admission Ax M033C1-G1 vs no)
Cognitive abilities*
Communication Impairment*
Urinary Continence (H0300 = 1,2,,3 Occasionally, frequently or always incontinent vs no)
Bowel Continence (H0400 = 1,2,3 Occasionally, frequently or always incontinent vs no)
Tube feeding or total parenteral nutrition (K0510B2 =1 or K0510A2 = 1 vs no)
Comorbidities
History of falls (J1700A-C = yes vs none)

*Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting Users Manual (minus the prior function self score)

FUNCTIONAL OUTCOME MEASURE:
CHANGE IN DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS
AGE COVARIATE

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations	Change in Self-Care Score
Age Group	Less than 54 years	Truncate(Item A1600 – Item A0900) = age; If age <=55 years = 1; else = 0	Y
Age Group	55-64 years	Truncate(Item A1600 – Item A0900) = age; If age 55-64 years = 1; else = 0	Y
Age Group	65-74 years (reference)	Truncate(Item A1600 – Item A0900) = age; If age 65-74 years = 1; else = 0	N/A
Age Group	75-84 years	Truncate(Item A1600 – Item A0900) = age; If age 75-84 years = 1; else = 0	Y
Age Group	85-90 years	Truncate(Item A1600 – Item A0900) = age; If age 85-90 years = 1; else = 0	Y
Age Group	Greater than 90 years	Truncate(Item A1600 – Item A0900) = age; If age >90 years = 1; else = 0	Y

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents Age Covariate

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FUNCTIONAL OUTCOME MEASURE:
DISCHARGE MOBILITY FOR SNF RESIDENTS
PRIMARY MEDICAL CONDITION COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Primary Medical Condition Category	Stroke	= 1 if Item I0020 = [01]; else = 0
Primary Medical Condition Category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	= 1 if Item I0020 = [02 or 03]; else = 0
Primary Medical Condition Category	Non-Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [04]; else = 0
Primary Medical Condition Category	Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [05]; else = 0
Primary Medical Condition Category	Progressive Neurological Conditions	= 1 if Item I0020 = [06]; else = 0
Primary Medical Condition Category	Other Neurological Conditions	= 1 if Item I0020 = [07]; else = 0
Primary Medical Condition Category	Fractures and Other Multiple Trauma	= 1 if Item I0020 = [10]; else = 0
Primary Medical Condition Category	Amputation	= 1 if Item I0020 = [08]; else =0
Primary Medical Condition Category	Other Orthopedic Conditions	= 1 if Item I0020 = [11]; else = 0
Primary Medical Condition Category	Debility, Cardiorespiratory Conditions	= 1 if Item I0020 = [12]; else = 0
Primary Medical Condition Category	Medically Complex Conditions and Other Medical Condition	= 1 if Item I0020 = [13]; else = 0

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents
for Primary Medical Condition Covariates

FUNCTIONAL OUTCOME MEASURE: DISCHARGE MOBILITY FOR SNF RESIDENTS COGNITIVE FUNCTION AND COMMUNICATION

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Cognitive Function: Brief Interview for Mental Status score - Admission	Moderately Impaired	=1 if Admission C0500 = 8, 9, 10, 11, or 12 or ([C0900A = 1 and C0900B = 1] or [C0900B = 1 and C0900C = 1] or [C0900A = 1 and C0900C = 1] or [C0900A = 1 and C0900D = 1] or [C0900B = 1 and C0900D = 1] or [C0900C = 1 and C0900D = 1]); else = 0
Cognitive Function: Brief Interview for Mental Status score - Admission	Severely Impaired	=1 if Admission C0500 = ≤ 7 or (C0900Z = 1 or ([C0900A=1 and C0900B = 0, and C0900C = 0, and C0900D = 0] or [C0900B=1 and C0900A = 0, and C0900C = 0, and C0900D = 0] or [C0900C=1 and C0900A = 0, and C0900B = 0, and C0900D = 0] or [C0900D=1 and C0900A = 0, and C0900B = 0, and C0900C = 0]); else = 0
Communication Impairment - Admission	Moderate to Severe	=1 if Admission B0800 = 3 or B0800 = 2 or B0700 = 3 or B0700 = 2; else = 0
Communication Impairment - Admission	Mild	=1 if Admission B0700 = 1 and B0800 = 1; OR B0700 = 0 and B0800 = 1 OR B0700 = 1 and B0800 = 0; else = 0

Same as Functional Outcome Measure: Change in Self-Care Score for SNF Residents
Cognitive Function and Communication

FUNCTIONAL OUTCOME MEASURE: CHANGE IN DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

★ Comorbidities the same for Self Care and Mobility

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 2	Other Infectious Diseases (HCC7)	=1 if [Admission I2100 (Septicemia) or O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious diseases] =1; or =1 if [Admission I8000 (Additional active diagnoses) or Item I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC7; else = 0
Comorbidity HCC Group 3	Central Nervous System Infections: Bacterial, Fungal, and Parasitic Central Nervous System Infections (HCC3), Viral and Late Effects Central Nervous System Infections (HCC4)	=1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC3, HCC4; = 0
Comorbidity HCC Group 4 ★	Metastatic Cancer and Acute Leukemia (HCC8)	=1 if Admission I0100 (Cancer with or without metastasis) =1; or =1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC8; or; else = 0
Comorbidity HCC Group 5	Lymphoma and Other Cancers (HCC10)	=1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC10; else = 0
Comorbidity HCC Group 6	Other Major Cancers: Colorectal, Bladder, and Other Cancers (HCC11), Other Respiratory and Heart Neoplasms (HCC13), Other Digestive and Urinary Neoplasms (HCC14), Other Neoplasms (HCC15)	=1 if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC11, HCC 13, HCC14, HCC15; else = 0
Comorbidity HCC Group 10 ★	Dementia: Dementia With Complications (HCC51), Dementia Without Complications (HCC52)	=1 if Admission I4800 (Non-Alzheimer's Dementia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC51, HCC52; else = 0

FUNCTIONAL OUTCOME MEASURE: CHANGE IN DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

Risk Adjustor	Risk Adjustor Category	MDS Item(s) & Calculations
Comorbidity HCC Group 11	Mental Health Disorders: Schizophrenia (HCC57), Major Depressive, Bipolar, and Paranoid Disorders (HCC58), Reactive and Unspecified Psychosis (HCC59), Personality Disorders (HCC60)	=1 if [Admission I6000 (Schizophrenia) or I5800 (Depression) or I5900 (Bipolar) or I5950 (Psychotic-other than schizophrenia)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC57, HCC58, HCC59, HCC60; else = 0
Comorbidity HCC Group 12 ★	Tetraplegia (excluding complete tetraplegia) (HCC70) and paraplegia (HCC71)	=1 if [Admission I5000 (Paraplegia) or I5100 (quadriplegia)] = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC70, HCC71; =0 if Admission I0020 = 04 (Non-traumatic spinal cord dysfunction) or 05 (Traumatic spinal cord dysfunction); or; 05 (Traumatic spinal cord dysfunction); else = 0d
Comorbidity HCC Group 13 ★	Multiple Sclerosis (HCC77)	=1 if Admission I5200 (Multiple Sclerosis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC77; =0 if Admission I0020 = 06 (Progressive Neurological Conditions); else = 0
Comorbidity HCC Group 16 ★	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease (HCC89)	=1 if Admission I0400 (Coronary Artery Disease) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC89; =0 if Admission I0020 =12 Debility, Cardiorespiratory Conditions; else = 0
Comorbidity HCC Group 17	Hemiplegia/Other Late Effects of CVA: Hemiplegia/Hemiparesis (HCC103), Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)	=1 if [Admission I4900 (Hemiplegia or Hemiparesis) or I4500 (Cerebrovascular Accident, TIA, or Stroke) or I4300 (Aphasia)] =1; or =0 if Admission I0020 = 01 (Stroke) or 02 (Non-Traumatic Brain Dysfunction) or 03 (Traumatic Brain Dysfunction); else = 0
Comorbidity HCC Group 18	Aspiration, Bacterial, and Other Pneumonias: Aspiration and Specified Bacterial Pneumonias (HCC114), Pneumococcal Pneumonia, Empyema, Lung Abscess (HCC115)	=1 if Admission I2000 (Pneumonia)=1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC114, HCC115; =0 if Admission I0020 =12 (Debility, Cardiorespiratory Conditions); else = 0

FUNCTIONAL OUTCOME MEASURE: CHANGE IN DISCHARGE MOBILITY SCORE FOR SNF RESIDENTS

COMORBIDITY COVARIATES

Comorbidity HCC Group 19	Legally Blind (HCC119)	=1 if Admission B1000 (Vision) = 2, Moderately impaired; 3, Highly impaired; 4, Severely impaired; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC119; else = 0
Comorbidity HCC Group 20 ★	Dialysis Status (HCC134), Chronic Kidney Disease, Stage 5 (HCC136)	=1 O0100J1 or O0100J2 – (Special treatment, procedures, and programs: Dialysis)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC134, HCC136; else = 0
Comorbidity HCC Group 21	Chronic Kidney Disease - Stages 1-4, Unspecified: Chronic Kidney Disease, Severe (Stage 4) (HCC137), Chronic Kidney Disease, Moderate (Stage 3) (HCC138), Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified) (HCC139)	=1.0 Admission I1500 (Renal Insufficiency, renal failure, or ESRD) = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC137, HCC138, HCC139; else = 0
Comorbidity HCC Group 23	Major Fracture, Except of Skull, Vertebrae, or Hip (HCC171)	=1 if Admission I3900 (Hip Fracture) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC171; =0 if Admission I0020 = 09 (Hip and Knee replacement) or 10 (Fractures and Other Multiple Trauma) or 11 (Other Orthopedic Conditions); else = 0
Comorbidity HCC Group 24 ★	Amputations: Traumatic Amputations and Complications (HCC173), Amputation Status, Lower Limb/ Amputation Complications (HCC189), Amputation Status, Upper Limb (HCC190)	=1 if [Admission G0600D (Limb prosthesis) or O0500I (Training and skill practice in Amputation)] >1]; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC173, HCC189, HCC190; =0 if Primary Medical Condition Category I0020 = 08
*HCC= Hierarchical Condition Category		

EXAMPLE

CMS

SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q3 2019
Report Release Date: 10/01/2019
Report Run Date: 10/22/2019
Data Calculation Date: 10/21/2019
Report Version Number: 2.0

MDS 3.0 Quality Measure: Functional Status Outcome: Discharge Mobility Score

Table Legend
Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria
Note: Triggered if the resident had an observed discharge mobility score that met or exceeded the expected discharge mobility score
Note: This measure is risk-adjusted; only observed data are available at this time

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Average Observed Discharge Mobility Score	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	5025.01	07/01/2019	09/30/2019	02/15/2020	Open	61.7	45	68	66.2%
Q2 2019	5025.01	04/01/2019	06/30/2019	11/15/2019	Open	63.2	62	99	69.7%
Q1 2019	5025.01	01/01/2019	03/31/2019	08/15/2019	Closed	60.4	50	83	60.2%
Cumulative	-	01/01/2019	09/30/2019	-	-	61.6	157	248	65.4%

Higher percentage means residents met or exceeded expected D/C mobility score
Higher score means greater independence
D/C mobility score 15-90

SNF QRP FACILITY-LEVEL QM REPORT

- You select the timeframe - defaults to the end date of the most recently calculated quarter
- Provides facility-level MDS **and** Claims-based QM values for a select 12-month period
- Identifies the facilities performance on QRP QMs; also lists the national average performance
- Helps identify possible areas for quality improvement
- MDS-based QMs updated on the first day of each month
- Claims-based data updated annually

CMS
CASPER Report
SNF QRP Facility-Level Quality Measure (QM) Report

CMS
CASPER Report
SNF QRP Facility-Level Quality Measure (QM) Report

Potentially Preventable Re-admission
Discharge to Community
Medicare Spending per Beneficiary

CMS
CASPER Report
SNF QRP Resident-Level Quality Measure (QM) Report

SNF QRP PROVIDER THRESHOLD REPORT

- You select the timeframe - defaults to the most recent fiscal year for which there is data
- Identifies facility performance on meeting the threshold compliance requirement for each SNF QRP QM
- Allows SNF providers to review their QRP compliance data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline
- The information included in this report is as current as the date of the last submission by the facility
- One page for each QM

CMS

CASPER Report
FY 2020 SNF QRP Provider Threshold Report

Run Date: 12/31/2019
Page 1 of 9

CCN:
Facility Name:
Facility City:
State:

Resident Assessment Measures:

Target Percentage for Resident Assessments Meeting Data Completion Threshold: 80%

Definitions:

Resident Assessments Meeting Data Completion Threshold: Number of Resident Assessments with 100 percent of the Resident Assessment data element items for this measure for the time period.
Percentage of Resident Assessments Meeting Data Completion Threshold: Total number of Resident Assessments Meeting Data Completion Threshold divided by the Number of Successfully Submitted Resident Assessments, multiplied by 100 and rounded to the next highest whole number for the time period.
Successfully Submitted: A new Resident Assessment, or new Resident Assessments, that meet the data criteria for uploaded files and are found "valid" and accepted by the QIES national data warehouse.
* A symbol used to denote an intentionally empty field. For example, there will never be a date under the "Data Submission Deadline" column for the Year row, as no "Yearly" deadline exists for the measure.

Pressure Ulcer

Totals by Year and Quarter:

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 18 Q1	01/01/2018	03/31/2018	08/15/2018	56%	967	540
CY 18 Q2	04/01/2018	06/30/2018	11/15/2018	60%	1070	640
CY 18 Q3	07/01/2018	09/30/2018	02/15/2019	55%	1086	594
CY 18 Q4	10/01/2018	12/31/2018	05/15/2019	51%	1628	819
Year	01/01/2018	12/31/2018	*	55%	4751	2593

Totals by Month:

Month	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 18 January	65%	368	238
CY 18 February	56%	283	156
CY 18 March	47%	316	146
CY 18 April	61%	326	197
CY 18 May	64%	374	236
CY 18 June	56%	370	207
CY 18 July	56%	352	195
CY 18 August	59%	394	229
CY 18 September	50%	340	170
CY 18 October	47%	581	268
CY 18 November	56%	549	303
CY 18 December	50%	498	248

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

CMS

CASPER Report
FY 2022 SNF QRP Provider Threshold Report

Run Date: 01/08/2020
Page 1 of 1

CCN:
Facility Name:
Facility City:
State:

Data Collection Start Date: 01/01/2020
Data Collection End Date: 12/31/2020

# of MDS 3.0 Assessments Submitted: 1

# of MDS 3.0 Assessments Submitted Complete: 1

% of MDS 3.0 Assessments Submitted Complete: 100%*

* FY 2022 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP 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 and 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 PPS 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 Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes 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/Patient 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 PPS 5-Day and PPS Discharge assessments identified in the denominator that do not contain dashes (-) 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: Divide the numerator (# of PPS 5-Day and PPS Discharge assessments Submitted Complete) by the denominator (# of PPS 5-Day and PPS Discharge assessments Submitted) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 80% are determined to be non-compliant with the SNF QRP.

Time Periods FOR SNF QRP Review AND Correct Report

Discharge Dates for Each Quarter Defined by Calendar Year		
Calendar Year Quarter	Discharge Dates Included in the Report	Data Correction Period
Quarter 1	January 1 through March 31	August 15
Quarter 2	April 1 through June 30	November 15
Quarter 3	July 1 through September 30	February 15
Quarter 4	October 1 through December 31	May 15

SNF QRP Deadlines

Currently, the submission deadline for the next four quarters of MDS data is as follows:

- MDS data for 7/1/19 –9/30/19 due by 2/15/20
- MDS data for 10/1/19 –12/31/19 due by 5/15/20
  - MDS data for 1/1/20 –3/31/20 due by 8/15/10
  - MDS data for 4/1/20 –6/30/20 due by 11/15/20

Don't Miss the
DEADLINE!

SNF QRP QM Items TO NOT DASH

- Section GG Admission and Discharge Performance Items for GG0130 and GG0170
- At least one Discharge Goal must be filled out on the 5-day, the rest of the Discharge Goals can be dashed on the 5-day
- H0400 Bowel continence
- I0900 Peripheral Vascular or Peripheral Arterial Disease
- I2900 Diabetes Mellitus
- J1900C Falls with Major Injury
- K0200A Height
- K0200B Weight
- M0300: B1, B2, C1, C2, D1, D2, E1, E2, F1, F2, G1, G2
- N2001, N2003, N2005

For SNF Quality Reporting Program comments or questions:
SNFQualityQuestions@cms.hhs.gov

REFERENCES

CASPER Reporting User's Guide: https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers

SNF QRP Measures and Technical Info Webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html

SNF QRP Training Webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016_07_20_mspb_pac_ltch_irf_snf_measure_specs.pdf