

Developed by Healthcentric Advisors

Understanding the New MDS 3.0 Quality Measures

Disclaimer: All material in this manual is current as of May 2020

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Introduction

As the IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO), Healthcentric Advisors, Qlarant, and IPRO, serve the six New England states, NY, NJ, OH, DE, MD, and the District of Columbia. We are pleased to provide you with this resource manual on the quality measures affecting nursing homes: **Understanding the New MDS 3.0 Quality Measures**. This edition also includes definitions for the new Centers for Medicare & Medicaid Services (CMS) **Claims-Based Quality Measures**.

This manual is designed to assist you in identifying how a resident will “trigger” for a quality measure based on quality measure specifications and the coding of the MDS 3.0 Resident Assessment Instrument ([RAI](#)). A snapshot definition is given for the 21 Quality Measures currently included on the CASPER MDS 3.0 Facility Level Quality Measure Report. We have also identified and provided snapshot definitions for other Quality Measures included on [Nursing Home Compare](#) that are not on the CASPER Reports.

Snapshot Images of the questions in the MDS Resident Assessment Instrument (RAI) provided within this manual are from the most recent version of the MDS Resident Assessment Instrument. The numerator, denominator, exclusions and covariates and descriptions provided are as defined in the *MDS 3.0 Quality Measures User’s Manuals*, the *Nursing Home Compare Claims-Based Quality Measure Technical Specifications Manuals*, and other Manuals as identified.

References and Resources and links to sources are included in Appendix A of this Manual.

This Manual will assist you in identifying how data from your facility’s Quality Measure Reports can be used in your Quality Improvement Projects. It may be useful in your review of policies and procedures to ensure they match the current quality measures.

NOTE: MDS 3.0 Software and electronic records may appear differently from the images provided, but the questions and content are the same.

Special Thanks to Pamela Heckman, RN, BSN, QCP, of Healthcentric Advisors, for the development of the “Understanding the New MDS 3.0 Quality Measures” Manual.

For updates or to download additional copies, visit: www.HealthcentricAdvisors.org/gm

Definitions/Acronyms

CASPER	Certification and Survey Provider Enhanced Report
CMS	Centers for Medicare & Medicaid Services
Covariates	Some of the Quality Measures have covariates, showing the complexity of the resident and are used as a risk adjustment (positively or negatively) and affect the QM Facility Adjusted Percent
DRR	Drug Regimen Review
FFS	Fee-For-Service Medicare Beneficiaries
FY	Fiscal Year
IRF	IRF (Inpatient Rehab Facility): An IRF can be a separate wing of a hospital or can be a stand-alone rehabilitation hospital. IRFs provide intensive, multi-disciplinary physical or occupational therapy under the supervision of a doctor as well as full-time skilled nursing care.
Long Stay	Defined as Cumulative Days in facility (CDIF) equal to or greater than 101 days
LTCH	Long Term Care Hospital
LTCF RAI 3.0 User's Manual / MDS 3.0 RAI Manual	Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, frequently referred to as the MDS 3.0 RAI Manual
MDS	Minimum Data Set - See RAI/MDS
OBRA	Omnibus Budget Reconciliation Act Federal Nursing Home Reform Act (OBRA '87) Law and Legal Definition . Nursing Home Reform Act (OBRA '87) is a federal law that sets some standard of care and establishes certain rights for elderly persons in the U.S. The provisions of the Act are contained in Omnibus Budget Reconciliation Act of 1987 (OBRA '87).
PAC	Post-Acute Care
PPR	Potentially Preventable 30-Day Post-Discharge Readmission
PPS	Prospective Payment System
QIES	Quality Improvement and Evaluation System
QIN	Quality Innovation Network
QIO	Quality Improvement Organization
QM	Quality Measure
RAI/MDS	Resident Assessment Instrument/Minimum Data Set (RAI/ MDS) The Resident Assessment Instrument /Minimum Data Set (RAI/ MDS) is a

comprehensive **assessment** and care planning process used by the nursing home industry since 1990 as a requirement for nursing home participation in the Medicare and Medicaid programs.

Short Stay	Defined as Cumulative Days in the Facility (CDIF) equal to or less than 100 days
SNF	Skilled Nursing Facility
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNFRM	Skilled Nursing Facility Readmission Measure

The **SNFRM** is defined as the percentage of patients admitted to a SNF who experience an all-cause, unplanned, hospital readmission within 30 days of discharge from their prior proximal hospitalization.

“Stay vs Episode”¹

Stay. The period of time between a resident’s entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first. A stay is also defined as a set of contiguous days in a facility. The start of a stay is either:

- An admission entry (A0310F = [01] **and** A1700 = [1]), **or**
- A reentry (A0310F = [01] **and** A1700 = [2]).

The end of a stay is the earliest of the following:

- Any discharge assessment (A0310F = [10, 11]), **or**
- A death in facility tracking record (A0310F = [12]), **or**
- The end of the target period.

Episode. A period of time spanning one or more stays. An episode begins with an admission (defined below) and ends with either (a) a discharge, or (b) the end of the target period, whichever comes first. An episode starts with:

- An admission entry (A0310F = [01] **and** A1700 = [1]).

The end of an episode is the earliest of the following:

- A discharge assessment with return not anticipated (A0310F = [10]), **or**
- A discharge assessment with return anticipated (A0310F = [11]) but the resident did not return within 30 days of discharge, **or**
- A death in facility tracking record (A0310F = [12]), **or**
- The end of the target period.

Admission. An admission entry record (A0310F = [01] **and** A1700 = [1]) is required when **any one** of the following occurs:

- Resident has never been admitted to this facility before; **or**
- Resident has been in this facility previously and was discharged return not anticipated; **or**
- Resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

¹ **Source:** MDS 3.0 Quality Measures User's Manual V 13.0

Target Period The span of time that defines the QM reporting period (e.g., a calendar quarter)

Technical Measure Name

Technical Measure Name is the full name given to a Quality Measure by CMS; A “plain language measure name” is used to describe the measure on Nursing Home Compare. For example: “Percent of SNF Residents or Patients with Pressure Ulcers That Are New or Worsened (SNF QRP) (NQF #0678) (CMS ID: S002.01)” is the Full Technical measure name for this Quality Measure. On Nursing Home Compare, the plain language measure name is: “Percentage of SNF residents with pressure ulcers that are new or worsened”

Type 1 SNF Stay SNF stays in which the resident did not die while in the facility

Type 2 SNF Stay SNF stays in which the resident died while in the facility

1.1 SHORT-STAY QUALITY MEASURES

Percent of Short-Stay Residents Who Self-Report Moderate to Severe Pain **[NOTE: This measure was ELIMINATED]**

Removal of quality measures related to pain: CMS removed two quality measures (QMs) from the Nursing Home Compare website and the Five-Star Quality Rating System in October 2019. These measures are:

Percentage of short-stay residents who report moderate to severe pain.

Percentage of long-stay residents who report moderate to severe pain.

As a result of dropping these two measures, the cut-points for the long-stay, short-stay, and overall QM ratings changed. These changes were made to maintain, as close as possible, the same distribution of short-stay and long-stay QM ratings as were posted on Nursing Home Compare in July 2019 Source: Technical User's Guide Oct 2019

Questions on Pain are still included in the MDS 3.0 Assessment and information on Pain is still included in the RAI Manual, Section J.

Rationale for Pain Evaluations and Assessments

Residents should always be checked regularly by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. Pain can cause suffering and is associated with inactivity, social withdrawal, depression, functional decline, and an overall poor quality of life. It can also interfere with participation in rehabilitation therapy. Remember, in some cases, pain should be expected – particularly in residents rehabilitating from hip/knee surgery. Thus, know your residents and report pain according to coding guidelines.

Some residents who are getting or have been prescribed treatment for their pain, may choose to refuse pain medicines or choose to take less. Some residents choose to accept a certain level of pain so they can stay more alert.

MDS Item Set Elements Related to Pain [RAI Version 3.0 Manual]

J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code ☐	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence

Pain Assessment Interview	
J0300. Pain Presence	
Enter Code ☐	Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency	
Enter Code ☐	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer
J0500. Pain Effect on Function	
Enter Code ☐	A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?" 0. No 1. Yes 9. Unable to answer
Enter Code ☐	B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?" 0. No 1. Yes 9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating 	A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
Enter Code ☐	B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

NOTES:

1. If a short-stay resident is unable to participate in the pain assessment interview (J0200 = [0]), Skip to J0800
2. When conducting the assessment for the MDS, you are instructed to use the wording provided in the MDS Assessment. *It is recommended to show the 00-10 pain scale or the verbal descriptor scale.* See the **Pain Intensity Screening Tool** on the following pages for a card you can use to show the resident the scales.
3. The **Pain Screening Tool** provided on the following page provides descriptors for the levels of pain and can be used outside of the *Assessment Reference Date* to familiarize a resident with use of the pain scale.
 - The **Pain Screening Tool** also provides an image of the Pain Assessment in Advanced Dementia Tool (**PAINAD Tool**), a validated tool for assessing pain in people with advanced dementia. Details and descriptors for the **PAINAD Tool** are available on line: <https://geriatricpain.org/assessment/cognitively-impaired/painad/pain-assessment-advanced-dementia-painad-tool>

4. To answer Pain Frequency (J0400), the frequency is not specified. From the RAI Version 3.0 Manual: *“No predetermined definitions are offered to the resident related to frequency of pain. The response should be based on the resident’s interpretation of the frequency options. Facility policy should provide standardized tools to use throughout the facility in assessing pain to ensure consistency in interpretation and documentation of the resident’s pain.”*
5. To answer Pain Intensity (J0600), either the Numeric Rating Scale is used or the Verbal Descriptor Scale is used. See the **Pain Intensity Screening Tool**. Side one of the tool shows the exact wording of the pain intensity question (J0600) and Side two shows the numeric rating scale and verbal descriptor scale in large font.
6. To download copies of the **Pain Screening Tool** and/or the **Pain Intensity Screening Tool**, go to our website: www.HealthcentricAdvisors.org/gm

Sources: Long-Term Care Facility Resident Assessment Instrument (RAI) User’s Manual (V 1.17.1)

Reference and Source: Archived: MDS Quality Measures User’s Manual V 12.1

[Quality Measures Archive](#)

Pain Assessment IN Advanced Dementia PAINAD Tool

	0	1	2	Score
Breathing Independent of Vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative Vocalization	None	Occasional moan or groan. Low level speed with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial Expression	Smiling, or inexpressive	Sad. Frightened. Frown.	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched, Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
Warden, Hurley, Volicer - 2001				
TOTAL				

Very Severe/ Horrible Pain	10	VERY SEVERE / HORRIBLE PAIN 10 – Unbearable pain. Worst pain that can be imagined. (Very few people ever experience this level of pain.)
Moderate to Severe Pain	9	MODERATE TO SEVERE PAIN 9 – Excruciating pain. Inability to converse. Uncontrolled crying out and/or moaning. 8 – Intense pain. Physical activity is severely limited. Conversing requires great effort 7 – Very strong pain that significantly limits the ability to perform normal daily activities. Interferes with sleep 6 – Strong pain that interferes with normal daily activities. It is difficult to concentrate. 5 – Strong pain that can't be ignored for more than a few minutes. Normal daily activities can be managed.
	8	
	7	
	6	
	5	
Mild Pain	4	MILD PAIN 4 – Pain can be ignored for a period of time but is distracting. 3 – Pain is noticeable. It is possible to get used to it and adapt. 2 – Pain is minor. 1 – Pain is barely noticeable.
	3	
	2	
No Pain	1	
	0	NO PAIN 0 – No pain

The RAI 3.0 User's Manual indicates that the resident should be shown a 00-10 pain scale or a verbal descriptor scale.

J0600. Pain Intensity -	
Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating	A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
Enter Code	B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last five days." (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

Numeric Scale	Verbal Descriptor Scale
Very Severe/Horrible Pain	10
Moderate to Severe Pain	9
	8
	7
	6
	5
Mild Pain	4
	3
	2
	1
No Pain	0

Percent of SNF Residents with Pressure Ulcers That Are New or Worsened

NOTE: This Measure is used in the Five-Star Quality Rating System; the CMS ID is N002.04. It is reported currently on Nursing Home Compare.

However, this quality measure is *calculated* using the **SNF** Quality Reporting Program version of this measure (CMS ID: S002.02). To review the measure logic specifications for CMS ID: S002.02, please refer to the SNF Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0 on the [SNF QRP Website](#) under the downloads section at the bottom of the page. The measure logical specifications, below, are from Chapter 7, Table 7-1 of that Manual.

This currently reported measure does **not** include **Unstageable** pressure ulcers

Quality Measure Description

This MDS 3.0 quality measure reflects the percent of **Medicare Fee-for-Service beneficiaries** who develop new or worsening Stage II-IV pressure ulcers **during their Medicare Part A SNF Stay** from admission to discharge. To be in this measure, the resident must be a Fee-for-Service Medicare Beneficiary and the stay is being billed to Medicare Part A. *This measure compares the pressure ulcer status on admission to status on discharge, for Medicare Fee-for-Service beneficiaries only during their Medicare Part A SNF Stay.* It is one of six **SNF QRP** quality measures now reported on Nursing Home Compare. **This measure is used in the Five-Star Quality Rating System.** Data for this measure is also reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Rationale

Skin and soft tissue changes associated with aging, illness, small blood vessel disease, and malnutrition increase vulnerability, and can have serious consequences for the elderly. They are also costly and time consuming to treat. Facilities should initiate interventions to help identify risk and mitigate/eliminate risk factors; monitor the impact of interventions; and to modify the interventions as appropriate based on the individualized needs of the resident. Improvement in resident/patient quality of care and quality of life can be expected by following appropriate pressure ulcer prevention and treatment guidelines.

Quality Measure Specifications (S002.02)

Numerator

The numerator is the number of Medicare Part A SNF Stays (**Type 1 SNF Stays**¹ only) in the denominator for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers compared to admission. This is determined by the following conditions on the target assessment (which may be a stand-alone Part A PPS Discharge, or Part A PPS Discharge combined with an OBRA Discharge Assessment).

1. Stage 2 (M0300B1) - (M0300B2) > 0, **or**
2. Stage 3 (M0300C1) - (M0300C2) > 0, **or**
3. Stage 4 (M0300D1) - (M0300D2) > 0

Denominator

The denominator is the number of Medicare Part A SNF Stays (**Type 1 SNF Stays** only) that are defined by a 5-day PPS assessment and a discharge assessment, which may be a stand-alone Part A PPS Discharge, or a Part A PPS Discharge combined with an OBRA Discharge Assessment, except those who meet the exclusion criteria.

¹Type 1 SNF Stays are SNF stays in which the resident did not die while in the facility

Exclusions

Medicare Part A SNF Stays are excluded if:

1. Data on new or worsened Stage 2, 3, and 4 pressure ulcers are missing at discharge, i.e.:

- a. Stage 2 (M0300B1= [-]) or (M0300B2= [-]), **and**
- b. Stage 3 (M0300C1= [-]) or (M0300C2= [-]), **and**
- c. Stage 4 (M0300D1= [-]) or (M0300D2= [-])

or

2. The resident died during the SNF stay (i.e. **Type 2 SNF Stays²**).

²Type 2 SNF Stays are SNF stays with a PPS 5-day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

Covariates

For details on Covariates see:

SNF QRP-Measure-Calculations-and-Reporting-Users-Manual-Version 3.0

Technical Measure Name: Percent of SNF Residents or Patients with Pressure Ulcers That Are New or Worsened (SNF QRP) (NQF #0678) (CMS ID: S002.02)

NOTE:

This measure will be removed and will be replaced later in CY 2020 with “**Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury**” (CMS ID: S038.01), which will include **Unstageable** pressure ulcers in the measure.

Source: SNF QRP Measure Calculations and Reporting User’s Manual V3.0 – Effective: October 1, 2019

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-Measure-Calculations-and-Reporting-Users-Manual-V30_FINAL_508C_081419-002.pdf

MDS Item Set Elements Related to the New or Worsened Pressure Ulcers Quality Measure

M0300: Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage:

Enter Number Enter Number	B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 2. Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling 1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device 2. Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

NOTE:

- For documenting and coding a pressure ulcer, please refer to the detailed information in RAI MDS 3.0 Manual
- CMS began collecting data on October 1, 2018 from the MDS Assessments for another Quality Measure, **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury** (CMS ID: S038.01), which will eventually *replace* this current **SNF QRP Pressure Ulcer** quality measure.

Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who are receiving an antipsychotic medication in the **past 7 days** during the target period but *not* on their initial assessment. This measure involves a look-back scan. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

NOTE: This is one of the **look-back scan** quality measures. *If a short-stay resident is eligible for a look-back scan, has no exclusions, and has a new antipsychotic medication that was **not** present on the initial assessment, then this resident will trigger this measure.*

Please see the Selection Logic and Rationale for Look-Back Scans for the Long-Stay Measures and Short-Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User's Manual.

A **black box warning** is the strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug. Residents who are taking an antipsychotic with a black box warning must have a signed consent on file that includes the actual wording of the Black Box Warning.

Rationale for this Quality Measure

Residents taking the medications in this medication category and these pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life. These drugs are sometimes prescribed for controlling mood/behavior associated with a neurological or mental disease like schizophrenia. But they should not be given for behaviors associated with non-disease states such as dementia. *Suddenly stopping* this type of medication can also put a resident at risk of serious side effects.

Quality Measure Specifications (N011.02)

Numerator

A short-stay resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if one or more MDS assessments in a look-back scan (not including the initial assessment) indicate that antipsychotic medication was received: (NO410A = [1, 2, 3, 4, 5, 6, or 7 days]).

NOTE: Residents are excluded from this measure if their initial assessment indicates antipsychotic medication use **or** if antipsychotic medication use is unknown on the initial assessment (See Exclusion #3, below).

Denominator

All short-stay residents who do not have exclusions and who meet all of the following conditions:

1. The resident has a target assessment, **and**
2. The resident has an initial assessment, **and**
3. The target assessment is not the same as the initial assessment.

Exclusions

Resident is excluded if:

1. For **all** assessments in the look-back scan (excluding the initial assessment) (N0410A = [-])
2. **Any** of the following related conditions are present on **any** assessment in a look-back scan:
Schizophrenia (I6000 = [1])
Tourette's syndrome (I5350 = [1])
Huntington's Disease (I5250 = [1])
3. The resident's **initial** assessment indicates antipsychotic medication **use**, or antipsychotic medication use is unknown: (N0410A = [1, 2, 3, 4, 5, 6, 7, -]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Newly Received Antipsychotic Medication Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
☐	I5250. Huntington's Disease
☐	I5350. Tourette's Syndrome
Psychiatric/Mood Disorder	
☐	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days 	A. Antipsychotic

Source: MDS 3.0 Quality Measures USER'S MANUAL (V 13.0)

NOTE: Situations: If a resident, on admission, was not prescribed an antipsychotic medication, and after his/her admission, began taking an antipsychotic medication, he/she will trigger your SS quality measure based on MDS assessments done after admission, up until his/her 100th day in the facility. If a resident is still in your facility after 100 days, and he/she is taking an antipsychotic medication, this resident will then begin to impact your long-stay QM.

Percent of Short-Stay Residents Who Made Improvements in Function

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who were discharged from the nursing home (return not anticipated) who gained more independence in transfer, locomotion on unit and walking in corridors during their episodes of care. This QM captures improvement in function in these three mid-loss activities of daily living. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

The Numerator and Denominator include all short-stay residents who have resided in the nursing home for an episode of 100 days or fewer as of the end of the target period.

Rationale for this Quality Measure

The purpose of this measure is to determine, among short-stay nursing home residents who are discharged from the nursing home, the percentage of residents who gain more independence in transfer, locomotion, and walking during their episodes of care.

Quality Measure Specifications (N037.03)

Numerator:

Short-stay residents will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if they:

1. Have a valid discharge assessment (A0310F = [10]) **and** a valid preceding 5-day PPS assessment (A0310B = [01]) **or** OBRA admission assessment (A0310A = [01]);
 - **and**
2. Have a change in performance score that is negative ([valid discharge assessment] - [valid preceding 5-day PPS assessment or OBRA admission assessment] < [0]); using the earlier assessment if resident has both 5-day and admission assessments.

Performance is calculated as the sum of G0110B1 (transfer: self-performance), G0110E1 (locomotion on unit: self-performance), and G0110D1 (walk in corridor: self-performance), with 7's (activity occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence).

Denominator

Short-stay residents who meet all of the following conditions, except those with exclusions:

1. Have a valid discharge assessment (A0310F = [10]); **and**
2. Have a valid preceding 5-day assessment (A0310B = [01]) **or** OBRA admission assessment (A0310A = [01]).

Exclusions

1. Residents satisfying any of the following conditions:
 - 1.1. Comatose (B0100 = [1]) on the 5-day PPS assessment or OBRA admission assessment, whichever was used in the QM
 - 1.2. Life expectancy of less than 6 months (J1400 = [1]) on the 5-day PPS or OBRA Admission assessment, whichever was used in the QM

- 1.3. Hospice (O0100K = [2]) on the 5-day PPS or OBRA admission assessment
- 1.4. Residents with G0110B1, G0110D1 or G0110E1 missing on any of the assessments used to calculate the QM (i.e., valid discharge assessment, and 5-day PPS or OBRA admission assessment, whichever was used in the QM).
- 1.5. Residents with no impairment (sum of G0110B1, G0110D1, and G0110E1 = [0]) on the 5-day PPS or OBRA admission assessment, whichever was used in the QM.
- 1.6. Residents with an unplanned discharge on any assessment during the care episode (A0310G = [02]).

Covariates

There are multiple covariates for this quality measure and it is risk-adjusted based on the 5-day assessment: age, gender, cognitive impairment, long-form ADL score, heart failure, stroke, hip fracture, other fracture, feeding/IV. *Please refer to the MDS 3.0 Quality Measures User's Manual.*

NOTE:

1. A "valid preceding 5-day PPS assessment or OBRA admission assessment" refers to the date of the earliest assessment if a resident has both 5-day PPS assessment (A0310B = [01]) and an OBRA admission assessment (A0310A = [01]).
2. A valid "discharge assessment" refers to a discharge assessment with a date closest to the valid preceding 5-day PPS or OBRA admission assessment where a return is not anticipated (A0310F = [10]).

MDS Item Set Elements Related to Short-Stay Residents Who Made Improvements in Function

B0100. Comatose		
Enter Code ☐	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	
J1400. Prognosis		
Enter Code ☐	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes	
O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	1. While NOT a Resident ↓ Check all that apply ↓	2. While a Resident ↓ Check all that apply ↓
K. Hospice care		☐

Additional MDS Item Set Elements Related to Short-Stay Residents Who Made Improvements in Function

G0110. Activities of Daily Living (ADL) Assistance		
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding		
Instructions for Rule of 3 ■ When an activity occurs three times at any one given level, code that level. ■ When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). ■ When an activity occurs at various levels, but not three times at any given level, apply the following: ○ When there is a combination of full staff performance, and extensive assistance, code extensive assistance. ○ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). If none of the above are met, code supervision.		
1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time Coding: <u>Activity Occurred 3 or More Times</u> 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period <u>Activity Occurred 2 or Fewer Times</u> 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification Coding: 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	
	1. Self-Performance ↓ Enter Codes in Boxes ↓	2. Support ↓ Enter Codes in Boxes ↓
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	☐	☐
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	☐	☐
C. Walk in room - how resident walks between locations in his/her room	☐	☐
D. Walk in corridor - how resident walks in corridor on unit	☐	☐
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	☐	☐
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	☐	☐
G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	☐	☐
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	☐	☐

Source: MDS 3.0 Quality Measures USER'S MANUAL (V 13.0)

Percent of Short-Stay Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N003.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment, they:

1. Received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); **or**
2. Were offered and declined the influenza vaccine (O0250C = [4]); **or**
3. Were ineligible due to contraindications¹. (O0250C = [3]).

Denominator

All short-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident is excluded if:

1. Age on target date of selected target assessment is 179 days or less. (Per CDC all persons over six months of age and older should receive flu vaccination annually, with some exceptions. Source: [KEY FACTS](#) [Available at cdc.gov/flu/prevent/keyfacts])

Covariates

There are no covariates for this quality measure.

NOTE: This short-stay quality measure is only calculated once per 12-month influenza season which begins on July 1 of a given year and ends on June 30 of the subsequent year and reports data for residents who were in the facility for at least one day during the target period of October 1 through March 31, known as the official Influenza Vaccination Season.

MDS Item Set Elements Related to the Seasonal Influenza Vaccine Quality Measure

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code ☐	A. Did the resident receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season? 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received
	B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? - - Month Day Year
Enter Code ☐	C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above

¹Contraindications include but are not limited to: anaphylactic hypersensitivity to eggs or other components of the vaccine; a physician order not to immunize, moderate to severe illness with or without fever, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months.

Source: MDS 3.0 Quality Measures User's Manual V 13.0 Table 2-2

Percent of Short-Stay Residents Assessed and Appropriately Given the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents whose pneumococcal vaccine status is up to date during the 12-month reporting period. This measure is reported on *Nursing Home Compare*.

Rationale for this Quality Measure

Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.

Quality Measure Specifications (N007.02)

Numerator

Short-stay residents will be in the numerator if they meet **any** of the following criteria on the selected target assessment:

- Pneumococcal vaccine status is up to date (O0300A = [1]); **or**
- Were offered and declined the vaccine (O0300B = [2]); **or**
- Were ineligible due to medical contraindications¹ (O0300B = [1]).

Denominator

All short-stay residents with a selected target assessment.

Exclusions

Resident is excluded if the resident's age on target date of the selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to Residents Assessed and Appropriately Given the Pneumococcal Vaccine

O0300. Pneumococcal Vaccine	
Enter Code ☐	A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies
Enter Code ☐	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered

¹Examples of medical contraindications include but are not limited to: anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; **or** receiving a course of chemotherapy within the past two weeks. Refer to the RAI Version 3.0 Manual Chapter 3 MDS Items O for additional details.

Source: Appendix D, MDS 3.0 Quality Measures User's Manual V 13.0

NOTE: Per the following statement in the RAI 3.0 User's Manual Version 1.17.1, effective October 2019:

Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

• “Up to date” in item O0300A means *in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations*.

For up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations available at

- <https://www.cdc.gov/vaccines/schedules/hcp/index.html>
- <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

For up-to-date vaccine information from the Centers for Disease Control (CDC), including information on PCV13 or PPSV23:

- <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

1.2 SHORT-STAY CLAIMS-BASED QUALITY MEASURES

Percent of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission

Quality Measure Description

This Claims-Based short-stay re-hospitalization quality measure reflects the percentage of Medicare Fee-for-Service beneficiaries who entered or reentered the nursing home from a hospital and were readmitted to a hospital for an unplanned inpatient stay or observation stay within 30 days of the start of the nursing home stay. Planned readmissions are excluded. This QM is reported on *Nursing Home Compare*. This measure is *calculated only for Medicare Fee-for-Service beneficiaries*. **This Claims-Based measure is used in the Five-Star Quality Rating System.**

Rationale for 30 Day All-Cause Readmissions

Nursing homes help residents recuperate from a hospital stay and avoid going back to the hospital. Sometimes it's necessary for a resident to return to the hospital. However, if a nursing home sends many residents back to the hospital, it may indicate that the nursing home isn't properly assessing or taking care of its residents who are admitted to the nursing home from a hospital.

Quality Measure Specifications

Numerator and Denominator Window:

The numerator and denominator include stays that started over a 12 – month period. The data are updated every quarter (in January, April, July and October of each year), with a lag time of six months (i.e. stays that started 6 -18 months ago).

Numerator

The numerator includes nursing home stays for beneficiaries who:

- a) Met the inclusion criteria for the denominator; **and**
- b) Were admitted to a hospital for an inpatient stay or outpatient observation stay within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the hospital readmission. Inpatient hospitalizations and observation stays are identified using Medicare claims; **and**
- c) The hospital readmission did not meet the definition of a planned hospital readmission (Identified using principal discharge diagnosis and procedure codes on Medicare claims for the inpatient stay).

Denominator

Included in the measure are stays for residents for whom both of the following are true:

- a) Entered or reentered the nursing home within one day of discharge from an inpatient hospitalization. (Note that inpatient rehabilitation facility (IRF) and long term care hospitalizations (LTCH) are not included). These hospitalizations are identified using Medicare Part A claims; **and**
- b) Entered or reentered the nursing home within the 12-month target period.

Denominator Exclusions

Short-stay residents are excluded if:

- a) The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (Measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); **or**
- b) The resident was ever enrolled in hospice care during their stay; **or**
- c) The resident was comatose (B0100 = [01]) or missing data on comatose on the first MDS assessment after the start of the stay; **or**
- d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; **or**
- e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.

Covariates and Risk Adjustments:

- For details: [Nursing Home Compare Claims-Based Quality Measure Technical Specifications, Final, April 2019, Abt Associates](#)

Source: The information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Claims-Based Quality Measure Technical Specifications*, prepared by Abt Associates for CMS in April 2019

Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit

Quality Measure Description

This Claims-Based short-stay outpatient ED visit quality measure determines the percent of Medicare Fee-for-Service Part A beneficiaries who were admitted or re-admitted to a nursing home from a hospital who experienced an emergency department visit within 30 days of the start of the stay, and this visit did not result in an inpatient hospital admission or observation stay. This QM is reported on *Nursing Home Compare*. *This measure is calculated only for Medicare Fee-for-Service beneficiaries. This Claims-Based measure is used in the Five-Star Quality Rating System.*

Rationale for Outpatient Emergency Department Visit Quality Measure

If a Nursing home often sends many of its residents to the emergency department (ED), it may indicate that the nursing home is not properly assessing or taking care of its residents who are admitted to the nursing home from a hospital. Better preventative care and access to physicians and nurse practitioners in an emergency may reduce rates of ED visits.

Quality Measure Specifications

Numerator and Denominator Window:

The numerator and denominator include stays that started over a 12 – month period. The data are updated every quarter (in January, April, July, and October of each year), with a lag time of six months (i.e. stays that started 6-18 months ago).

Numerator

The numerator includes nursing home stays for beneficiaries who:

- a) Met the inclusion criteria for the denominator; **and**
- b) Were admitted to an emergency department within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the emergency department visit. These outpatient emergency department visits are identified using Medicare Part B claims; **and**
- c) Were not admitted to a hospital for an inpatient stay or observation stay immediately after the visit to the emergency department. Inpatient and observation stays are determined using Medicare Parts A and B claims.

Denominator

Included in the measure are stays for residents who:

- a) Entered or reentered the nursing home within one day of discharge from an inpatient hospitalization. These hospitalizations are identified using Medicare Part A claims; (Note that inpatient rehabilitation facility (IRF) and long term care hospitalizations (LTCH) are not included), **and**
- b) Entered or reentered the nursing home within the target 12-month period

Denominator Exclusions

Short-stay residents are excluded from the denominator if:

- a) The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (Measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); **or**
- b) The resident was ever enrolled in hospice care during their nursing home stay; **or**
- c) The resident was comatose (B0100 = [01]) or missing data on comatose on the first MDS assessment after the start of the stay; **or**
- d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; **or**
- e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.

Covariates and Risk Adjustments:

- For details: [Nursing Home Compare Claims-Based Quality Measure Technical Specifications, Final, April 2019, Abt Associates](#)

Source: The information contained in this Quality Measure description is taken directly from the **final** version of the Nursing Home Compare Claims-Based Quality Measure Technical Specifications, prepared by Abt Associates for CMS in April 2019 [Click Here](#)

Rate of Successful Return to Home and Community from a SNF

This Claims-Based short stay quality measure assesses successful discharge to the community from a post-acute care setting and is one of six **SNF QRP*** quality measures now reported on Nursing Home Compare. *This measure is calculated only for Medicare Fee-for-Service beneficiaries. This measure is used in the Five-Star Quality Rating System.* Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Technical Measure Name: Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (SNF QRP).

Quality Measure Description

Specifically, this measure reports a SNF's risk-standardized rate of Medicare Part A Fee-for-Service beneficiaries who are discharged to the community following a SNF stay, and do not experience an unplanned readmission to an acute care hospital, or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to Community. Community is defined as home or self-care, with or without home health services.

Rationale for Successful Return to the Community Quality Measure

Returning to the community is an important outcome for many patients for whom the overall goals of post-acute care include optimizing functional improvement, regaining a previous level of independence, and avoiding hospitalization. If a nursing home discharges few residents back to the community successfully, it may indicate that a nursing home is not properly assessing its residents who are admitted to the nursing home from a hospital, or not adequately preparing them for transition back to the community, which includes ensuring proper medication management once discharged.

Quality Measure Specifications

Numerator / Denominator Description

The measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method does not make the observed number of community discharges the numerator, and a predicted number the denominator. The measure numerator is the risk-adjusted estimate of the number of patients/residents who are discharged to the community, do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. This estimate starts with the observed discharges to community, and is risk-adjusted for patient/resident characteristics and a statistical estimate of the facility effect beyond case mix. – (From *Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule*.)

The target population for the measure is the group of Medicare FFS beneficiaries/residents who are not excluded for the reasons listed below.

* SNF QRP: Skilled Nursing Facility Quality Reporting Program Quality Measures (See Section 2.1 of this Manual)

Exclusions

Short-stay residents are excluded if:

- a) Age under 18 years
- b) No short-term acute care Stay within the 30 days preceding an IRF, SNF, or LTCH admission
- c) Discharges to psychiatric hospital
- d) Discharges against medical advice
- e) Discharges to disaster alternative care sites or federal hospitals
- f) Discharges to court/law enforcement
- g) Patients/residents discharged to hospice and those with a hospice benefit in the post-discharge observation window
- h) Patients/residents not continuously enrolled in Part A FFS Medicare for the 12 months prior to the post-acute admission date, and at least 31 days after post-acute discharge date
- i) Patients/residents whose prior short-term acute care stay was for non-surgical treatment of cancer
- j) Post-Acute stays that end in transfer to the same level of care
- k) Post-acute stays with claims data that are problematic (e.g., anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory)
- l) Planned discharges to an acute or LTCH setting
- m) Medicare Part A benefits exhausted
- n) Patients/residents who received care from a facility located outside of the United States, Puerto Rico or a U.S. territory
- o) Swing Bed Stays in Critical Access Hospitals (SNF setting only)
- p) New exclusion: Residents who had a long-term NF stay in the 180 days preceding their hospitalization and SNF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion (i.e., baseline NF residents)

This measure is calculated using one year of data.

NOTE:

"If a resident is discharged to the community from a SNF, and is readmitted to a SNF or NH after that discharge home (without an intervening acute stay), that first SNF stay would still be considered a successful discharge to the community, for the purposes of measure calculation." Per the SNF Quality Questions Help Desk 7/2019. For questions, email: SNFQualityQuestions@cms.hhs.gov

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Final-Specifications-for-SNF-QRP-Quality-Measures-and-SPADEs.pdf>

July 2019

See Pages 14 – 25 of the *Final Specifications for SNF-QRP Quality measures and SPADES*, for detailed description of this Claims Based SNF QRP Quality Measure

1.3 LONG-STAY QUALITY MEASURES

Percent of Long-Stay Residents Who Self-Report Moderate to Severe Pain **[NOTE: This measure was ELIMINATED]**

Removal of quality measures related to pain: CMS removed two quality measures (QMs) from the Nursing Home Compare website and the Five-Star Quality Rating System in October 2019. These measures are:

Percentage of short-stay residents who report moderate to severe pain.

Percentage of long-stay residents who report moderate to severe pain.

As a result of dropping these two measures, the cut-points for the long-stay, short-stay, and overall QM ratings changed. These changes were made to maintain, as close as possible, the same distribution of short-stay and long-stay QM ratings as were posted on Nursing Home Compare in July 2019 Source: Technical User's Guide Oct 2019

Questions on Pain are still included in the MDS 3.0 Assessment and information on Pain is still included in the RAI Manual, Section J.

Rationale for Pain Evaluations and Assessments

Residents should always be checked regularly by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. Pain can cause suffering and is associated with inactivity, social withdrawal, depression, functional decline, and an overall poor quality of life. It can also interfere with participation in rehabilitation therapy. Remember, in some cases, pain should be expected – particularly in residents rehabilitating from hip/knee surgery. Thus, know your residents and report pain according to coding guidelines.

Some residents who are getting or have been prescribed treatment for their pain, may choose to refuse pain medicines or choose to take less. Some residents choose to accept a certain level of pain so they can stay more alert.

MDS Item Set Elements Related to Pain

J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code ☐	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence
Pain Assessment Interview	
J0300. Pain Presence	
Enter Code ☐	Ask resident: " Have you had pain or hurting at any time in the last 5 days? " 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency	
Enter Code ☐	Ask resident: " How much of the time have you experienced pain or hurting over the last 5 days? " 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer
J0500. Pain Effect on Function	
Enter Code ☐	A. Ask resident: " Over the past 5 days, has pain made it hard for you to sleep at night? " 0. No 1. Yes 9. Unable to answer
Enter Code ☐	B. Ask resident: " Over the past 5 days, have you limited your day-to-day activities because of pain? " 0. No 1. Yes 9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating 	A. Numeric Rating Scale (00-10) Ask resident: " Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine. " (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
Enter Code ☐	B. Verbal Descriptor Scale Ask resident: " Please rate the intensity of your worst pain over the last 5 days. " (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

NOTES:

1. If a long-stay resident is unable to participate in the pain assessment interview (J0200 = [0]), skip to J0800.
2. When conducting the assessment for the MDS, you are instructed to use the wording provided in the MDS Assessment. *It is recommended to show the 00-10 pain scale or the verbal descriptor scale.* See the **Pain Intensity Screening Tool** in the beginning of this manual for a card you can use to show the resident the scales.
3. The **Pain Screening Tool** provided in the beginning of this manual suggests descriptors for the levels of pain and can be used outside of the *Assessment Reference Date* to familiarize a resident with use of the pain scale.

- The **Pain Screening Tool** also provides an image of the Pain Assessment in Advanced Dementia Tool (**PAINAD Tool**), a validated tool for assessing pain in people with advanced dementia. Details and descriptors for the **PAINAD Tool** are available on line: <https://geriatricpain.org/assessment/cognitively-impaired/painad/pain-assessment-advanced-dementia-painad-tool>
4. To answer Pain Frequency (J0400), the frequency is not specified. From the RAI Version 3.0 Manual: *“No predetermined definitions are offered to the resident related to frequency of pain. The response should be based on the resident’s interpretation of the frequency options. Facility policy should provide standardized tools to use throughout the facility in assessing pain to ensure consistency in interpretation and documentation of the resident’s pain.”*
 5. To answer Pain Intensity (J0600), either the Numeric Rating Scale is used or the Verbal Descriptor Scale is used. See the Pain Intensity Screening Tool. Side one of the tool shows the exact wording of the pain intensity question (J0600) and Side two shows the numeric rating scale and verbal descriptor scale in large font. One corresponds to the other.
 6. To download copies of the **Pain Screening Tool** or the **Pain Intensity Screening Tool**, go to our website: www.HealthcentricAdvisors.org/qm

Reference and Source: Archived: MDS Quality Measures User’s Manual V 12.1

[Quality Measures Archive](#)

Percent of Long-Stay Residents with High-Risk/Unstageable Pressure Ulcers

Quality Measure Description

This MDS 3.0 quality measure captures the percentage of long-stay, high-risk residents with **Stage II-IV or Unstageable** pressure ulcers. **This measure is used in the Five-Star Quality Rating System.** This measure is currently reported on CASPER Reports and on Nursing Home Compare.

Rationale for the High-Risk Pressure Ulcer Quality Measure

Skin and soft tissue changes associated with aging, illness, small blood vessel disease, and malnutrition increase vulnerability, and can have serious consequences for the elderly. They are also costly and time consuming to treat. Facilities should initiate interventions to help identify risk and mitigate/eliminate risk factors; monitor the impact of interventions; and to modify the interventions as appropriate based on the individualized needs of the resident. Improvement in resident/patient quality of care and quality of life can be expected by following appropriate pressure ulcer prevention and treatment guidelines.

Quality Measure Specifications (NO15.03)

Numerator

A resident will trigger this Measure on your MDS 3.0 Facility Level Quality Measure Report if they meet the high-risk definition (see denominator, below) **and** have a Stage II - IV pressure ulcer or **Unstageable** pressure ulcer as indicated by **any** of the following six conditions:

MO300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] (Number of Stage 2 Pressure Ulcers), **or**

MO300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] (Number of Stage 3 Pressure Ulcers), **or**

MO300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] (Number of Stage 4 Pressure Ulcers), **or**

MO300E1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] (Number of Unstageable pressure ulcers due to non-removable dressing/device), **or**

MO300F1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] Number of Unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar), **or**

MO300G1 = [1, 2, 3, 4, 5, 6, 7, 8, 9 or more] Number of Unstageable pressure ulcers with suspected deep tissue injury in evolution

Denominator

All long-stay residents with a selected target assessment who meet the definition of high-risk, except those with exclusions.

Residents are defined as high-risk if they meet **one or more** of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated by **either or both** of the following:
 - a) Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8]
 - b) Transfer, self-performance (G0110B1) = [3, 4, 7, 8]
2. Comatose (B0100 = [1])
3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked)

Exclusions

Resident is excluded if:

1. Target assessment is an OBRA Admission assessment (A0310A = [01]) **or** a 5-day PPS **or** a Medicare Readmission/return assessment (A0310B = [01, 06]).
2. The resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) **and any** of the following conditions are true:
M0300B1= [-] **or** M0300C1= [-] **or** M0300D1= [-] **or** M0300E1= [-] **or** M0300F1= [-] **or** M0300G1= [-]

Covariates

There are no covariates for this measure.

Source: The specifications for this quality measure are found in MDS Quality Measures User's Manual V 13.0

MDS Item Set Elements Related to the High-Risk Pressure Ulcer Quality Measure

B0100. Comatose		
Enter Code ☐	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	
G0110. Activities of Daily Living (ADL) Assistance		
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding		
	1. Self-Performance ↓ Enter Codes in Boxes ↓	2. Support ↓ Enter Codes in Boxes ↓
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	☐	☐
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	☐	☐

Source: The specifications for this quality measure are found in MDS Quality Measures User's Manual V 12.1

Active Diagnoses in the last 7 days - Check all that apply							
☐	Nutritional						
	I5600. Malnutrition (protein or calorie) or at risk for malnutrition						
	Other						
	I8000. Additional active diagnoses						
	Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.						
	A. _____						
B. _____							

M0300: Current Number of Unhealed Pressure Ulcers/*Injuries* at Each Stage

Enter Number Enter Number	B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 2. Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling 1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device 2. Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device 1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar 2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar 1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable: Deep tissue 2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number Enter Number	G. Unstageable - Deep tissue injury: 1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers 2. Number of <u>these</u> unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Percent of Long-Stay Residents Who Were Physically Restrained

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who are physically restrained on a daily basis during the 7-day period preceding the MDS 3.0 target assessment date.

The intent of RAI Manual Section P: Restraints “is to record the frequency over the 7-day look back period that the resident was restrained by any of the listed devices at any time during the day or night.” Please refer to the MDS 3.0 RAI Manual Section P for additional information.

NOTE: CMS has *removed* this quality measure from the Five-Star Quality Measure Rating system; however, it is still reported on CASPER Reports and on Nursing Home Compare.

Rationale for Physical Restraints Quality Measure

The goal for this Quality Measure is to ensure that each person attains and maintains his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints.

Quality Measure Specifications (N027.02)

Numerator

A long-stay resident will trigger this measure on your CASPER Report (MDS 3.0 Facility Level Quality Measure Report) if the most recent MDS 3.0 (Target Assessment) indicates **any** daily physical restraint* use: (P0100B, P0100C, P0100E, P0100F, **or** P0100G) = [2]).

* Bed Rails may or may not constitute a restraint but in any event will not cause a resident to trigger for this quality measure.

Denominator

All long-stay residents with a target assessment, except those with exclusions.

Exclusions

Resident is excluded if the resident is not in the numerator and **any** of the following is true:

(P0100B, **or** P0100C, **or** P0100E, **or** P0100F, **or** P0100G = [-]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Residents Physically Restrained Quality Measure

Section P		Restraints	
P0100. Physical Restraints			
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body			
Coding: 0. Not used 1. Used less than daily 2. Used daily	↓ Enter Codes in Boxes		
	Used in Bed		
	☐	A. Bed rail	
	☐	B. Trunk restraint	
	☐	C. Limb restraint	
	☐	D. Other	
	Used in Chair or Out of Bed		
	☐	E. Trunk restraint	
	☐	F. Limb restraint	
	☐	G. Chair prevents rising	
	☐	H. Other	

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Experiencing One or More Falls with Major Injury

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period. This measure involves a look-back scan. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

NOTE: This is one of the **look-back scan** quality measures. *Please see the Selection Logic and Rationale for Look-Back Scans for the Long-Stay Measures and Short-Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User's Manual V 13.0. These sections will explain why a resident who experiences even one fall with a major injury will continue to "trigger" the related quality measure for up to one year after the incident.*

Rationale for the Residents Experiencing One or More Falls with Major Injury Quality Measure

Numerous studies have identified risk factors for falls within the nursing home population, including history of falls, impaired cognitive function, postural hypotension, psychotropic and cardiovascular medications, use of restraints, balance problems during transfer and ambulation, and insomnia. Hypoglycemia is common in older people who have diabetes and when unrecognized, also presents a risk of falls. The identification of such risk factors suggests the potential for nursing facilities to reduce and prevent the incidence of falls among their residents. Additionally, each year, one in every three adults age 65 and older falls. One-third of falls among nursing home residents results in an injury. There are many interventions that a facility can employ to prevent falls and fall-related injuries, which make falls an important health outcome to monitor in the nursing home.

Quality Measure Specifications (N013.02)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if one or more of the look-back scan assessments indicate one or more falls that resulted in major injury (J1900C = [1, 2]).

Denominator

All long-stay nursing home residents with one or more look-back scan assessments, except those with exclusions.

NOTE: CMS also has a SNF QRP measure that reports Falls with Major Injury sustained by short stay residents. It is reported on Nursing Home Compare. See Section 2.1 of this manual for a description of the SNF QRP Falls with Major Injury Quality Measure.

Exclusions

Resident is excluded if one of the following is true for all of the look-back scan assessments:

- The occurrence of falls was not assessed: (J1800 = [-]) **or**
- The assessment indicates that a fall occurred (J1800 = [1]) **and** the number of falls with major injury was not assessed (J1900C = [-]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Residents Experiencing One or More Falls with Major Injury Quality Measure

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code ☐	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to K0100, Swallowing Disorder 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes In Boxes
	☐ A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	☐ B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	☐ C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Who Received an Antipsychotic Medication

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who are receiving antipsychotic medications in the target period during the 7-day period preceding the MDS 3.0 target assessment date. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for this Quality Measure

Antipsychotic drugs are an important treatment for patients with certain mental health conditions. However, the FDA has warned that antipsychotic medications are associated with an increased risk of sudden death when used in elderly patients with dementia and the medications have side effects. Therefore, these medications must be used appropriately. Interventions that do not involve medications should be used first, if possible, and the continued use of antipsychotics should be carefully monitored or safer alternatives used. Residents taking antipsychotics should have drug reviews to eliminate negative outcomes related to drug-to-drug interactions. Interventions that do not require medications, such as higher staffing ratios, many and varied activities, and consistent assignment, have been shown to be successful in many cases.

NOTE:

A **black box warning** is the strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug. Residents who are taking an antipsychotic with a black box warning *must have a signed consent on file* that includes the actual wording of the Black Box Warning.

Quality Measure Specifications (N031.03)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that antipsychotic medications were received (N0410A = [1, 2, 3, 4, 5, 6, 7]).

Denominator

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

Exclusions

1. The resident did not qualify for the numerator **and** the following is true: (N0410A = [-]).
2. **Any** of the following related conditions are present on the target assessment (unless otherwise indicated):
 - Schizophrenia (I6000 = [1]).
 - Tourette's syndrome (I5350 = [1]).
 - Tourette's Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment **and** if a prior assessment is available.
 - Huntington's disease (I5250 = [1]).

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Received an Antipsychotic Medication Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
☐	I5250. Huntington's Disease
☐	I5350. Tourette's Syndrome
Psychiatric/Mood Disorder	
☐	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days 	A. Antipsychotic

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

Quality Measure Description

This publicly reported MDS 3.0 quality measure reports the percentage of long-stay residents who received an antianxiety or hypnotic medication during the 7-day period preceding the MDS 3.0 target assessment date. This Quality Measure is reported on CASPER reports and Nursing Home Compare.

Rationale for this Quality Measure

Residents taking medications in these medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life. The purpose of this measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practices consistent with clinical recommendations and guidelines.

NOTE: This Quality Measure was added as a new measure to *Nursing Home Compare* in April 2016 and added to MDS 3.0 Facility Level Quality Measure Report [CASPER Reports] in January 2018. This Quality Measure differs from the Prevalence of Antianxiety or Hypnotic Medication Use Quality Measure in that it has different and fewer exclusions.

[See Section 1.5 of this manual for the Quality Measure Specifications for *Prevalence of Antianxiety or Hypnotic Medication Use*].

Quality Measure Specifications (N036.02)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that **either** antianxiety **or** hypnotic medications were received during any of the last 7 days (N0410B = [1, 2, 3, 4, 5, 6, 7]) **or** (N0410D = [1, 2, 3, 4, 5, 6, 7]).

Denominator

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

Exclusions

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

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Received an Anti-Anxiety/Hypnotic Medication Quality Measure

N0410. Medications Received
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days

Enter Days 	B. Antianxiety
------------------------------------	-----------------------

Enter Days 	D. Hypnotic
------------------------------------	--------------------

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Who Have Depressive Symptoms

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date. The measure involves a Resident Mood Interview [PHQ-9] (Condition A) **or** a Staff Assessment of Resident Mood [PHQ-9-OV] (Condition B). This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for this Quality Measure

Depression is a medical problem of the brain that can affect how you think, feel, and behave. Signs of depression may include fatigue, a loss of interest in normal activities, poor appetite, and problems with concentration and sleeping.

Feeling depressed can lessen your quality of life and lead to other health problems. Nursing home residents are at a high risk for developing depression and anxiety for many reasons, such as receiving a terminal diagnosis, loss of a spouse/family member/friend, chronic pain and illness, difficulty adjusting to the nursing home, and frustration with memory loss. Identifying depression can be difficult in residents because the signs may be confused with the normal aging process, a side effect of medication, or the result of a medical condition. Proper treatment may include medication, therapy, or an increase in social support.

Quality Measure Specifications (N030.02)

Numerator

A Long-Stay resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) meets **either** of the following two conditions (A **or** B):

CONDITION A: The **Resident Mood Interview** (PHQ-9) must meet Part 1 **and** Part 2 below:

Part 1	Part 2
<i>(Symptom Presence)</i>	<i>(Symptom Frequency Total Score)</i>
D0200: Resident Mood Interview	D0300: Total Severity Score
Little interest or pleasure in doing things half or more of the days over the last two weeks	Resident Mood Interview total severity score indicates the presence of depression
(D0200A2 = [2,3])	(D0300 ≥ [10] and D0300 ≤ [27])
or	
Feeling down, depressed or hopeless half or more of the days over the last two weeks	NOTE: The Symptom frequency for each of the nine symptoms is totaled and the total score must be between 10 and 27 for resident to trigger.
(D0200B2 = [2,3])	

NOTE: If the resident cannot be interviewed, MDS Item **DO100** will be coded **No**, then the Staff Assessment of Resident Mood [PHQ-9-OV] (Condition B) is completed.

CONDITION B: The **Staff Assessment** of Resident Mood (PHQ-9-OV) must meet Part 1 **and** Part 2 below:

Part 1	Part 2
(Symptom Presence)	(Symptom Frequency Total Score)
D0500: Staff Assessment of Resident Mood	D0600: Total Severity Score
Little interest or pleasure in doing things half or more of the days over the last two weeks	Staff Assessment of Resident Mood total severity score indicates the presence of depression
(D0500A2 = [2,3])	(D0600 ≥ [10] and D0600 ≤ [30])
or	
Feeling or appearing down, depressed or hopeless half or more of the days over the last two weeks	NOTE: The Symptom frequency for each of ten symptoms is totaled and the total score must be between 10 and 30 for resident to trigger.
(D0500B2 = [2,3])	

Denominator

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

Exclusions

Resident is excluded if:

- Comatose or comatose status is missing (B0100 = [1, -]).
- The resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) **and** both of the following are true:
 - (D0200A2 = [^, -]) **or** (D0200B2 = [^, -]) **or** (D0300 = [99. ^, -]).
 - (D0500A2 = [^, -]) **or** (D0500B2 = [^, -]) **or** (D0600 = [^, -]).

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Have Depressive Symptoms Quality Measure

B0100. Comatose	
Enter Code ☐	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents	
Enter Code ☐	0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV) 1. Yes → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9©)		
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"		
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.		
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"		
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.		
1. Symptom Presence	2. Symptom Frequency	
0. No (enter 0 in column 2)	0. Never or 1 day	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)	
	3. 12-14 days (nearly every day)	
		↓ Enter Scores in Boxes ↓
A. <i>Little interest or pleasure in doing things</i>	☐	☐
B. <i>Feeling down, depressed, or hopeless</i>	☐	☐
C. <i>Trouble falling or staying asleep, or sleeping too much</i>	☐	☐
D. <i>Feeling tired or having little energy</i>	☐	☐
E. <i>Poor appetite or overeating</i>	☐	☐
F. <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i>	☐	☐
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	☐	☐
H. <i>Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</i>	☐	☐
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	☐	☐
D0300. Total Severity Score		
Enter Score 	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).	

Source: Appendix D, MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents with a Urinary Tract Infection

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have or had a urinary tract infection within the **last 30 days** preceding the MDS 3.0 target assessment date.

This measure is used in the Five-Star Quality Rating System. This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for This Quality Measure

Urinary tract infections (UTIs) are one of the most common infections in the long-term care setting. Finding the cause and getting early treatment of a UTI can prevent the infection from spreading and becoming more serious or causing complications like delirium. In addition, incorrect diagnosis of UTI can lead to inappropriate antibiotic use, causing adverse effects and increase the presence of antibiotic resistant organisms.

Quality Measure Specifications (N024.02)

Numerator

A resident will trigger this measure on your CASPER Report (MDS 3.0 Facility Level Quality Measure Report) if the most recent MDS 3.0 (Target Assessment) indicates urinary tract infection within the **last 30 days** (I2300 = [1]) (checked).

Denominator

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

Exclusions

A resident is excluded and will not trigger this measure if the target assessment is an admission assessment (A0310A = [01]) or a 5-day PPS or Medicare Readmission/return assessment (A0310B = [01, 06]) or Urinary Tract Infection value is missing (I2300 = [-]).

Covariates

There are no covariates for this measure.

MDS Item Set Elements Related to the Urinary Tract Infection Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Infections	
☐	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)

References:

See Coding Tips Section in CMS's RAI Version 3.0 User's Manual Chapter 3 MDS Items I

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have had an indwelling catheter [at any time] during the 7-day period preceding the MDS 3.0 target assessment date. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for the Catheter Inserted and Left in Bladder Quality Measure

Catheters should only be used when medically necessary. Unfortunately, catheters may be used for incontinence control as a convenience rather than a medical necessity. Catheters place residents at higher risk for hospitalizations, urinary tract or blood infections, physical injury, skin problems, bladder stones or blood in the urine. When not properly maintained and monitored, indwelling catheters can cause chronic pain and/or infections leading to a greater functional decline and decreased quality of life for the resident. Toileting programs and thorough assessment of the resident can sometimes decrease or prevent the use of catheters.

Quality Measure Specifications (N026.03)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates the use of indwelling catheters
H0100A = [1] (checked).

Denominator

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

Exclusions

Resident will be excluded if any of the following are true:

1. Target assessment is an admission assessment (A0310A = [01]) or a 5-day PPS or Medicare Readmission/return assessment (A0310B = [01, 06]).
2. Target assessment indicates that indwelling catheter status is missing (H100A = [-]).
3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]).
4. Target assessment indicates Obstructive Uropathy (I1650 = [1]) or Obstructive Uropathy status is missing (I1650 = [-]).

Covariates

Individual residents face different levels of risk for particular measures due to personal variations in health and functional status. An individual resident may have a predisposing health condition or characteristics (i.e. risk factors) that could increase the likelihood of that resident triggering a specific measure regardless of the quality of care provided in the nursing home. This quality measure is risk-adjusted based on certain risk factors which are not related to quality of care, but which are related to quality measure outcomes.

MDS Item Set Elements Related to the Catheter Inserted and Left in Bladder Quality Measure [RAI Manual V 1.17.1]

Section H	Bladder and Bowel
H0100. Appliances	
↓ Check all that apply	
☐	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
☐	B. External catheter
☐	C. Ostomy (including urostomy, ileostomy, and colostomy)
☐	D. Intermittent catheterization
☐	Z. None of the above

Active Diagnoses in the last 7 days - Check all that apply	
Genitourinary	
☐	I1400. Benign Prostatic Hyperplasia (BPH)
☐	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
☐	I1550. Neurogenic Bladder
☐	I1650. Obstructive Uropathy

Source: (and for a more detailed explanation of Covariates): MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder

Quality Measure Description

This MDS 3.0 quality measure reports the percent of long-stay, low-risk residents who frequently lose control of their bowel or bladder during the 7-day look-back period preceding the MDS 3.0 target assessment date. This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for the Lose Control of Bowel or Bladder Quality Measure

Loss of bowel or bladder control is not a normal sign of aging, has an important impact on quality of life, and can often be successfully treated.

Quality Measure Specifications (N025.02)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if on the most recent MDS 3.0 Target Assessment the following question for *Urinary Continence* (H0300) is answered with a **2 or 3**, or *Bowel Continence* (H0400) is answered with a **2 or 3**; and the resident is NOT considered high-risk as noted in the exclusions below.

MDS Item Set Elements Related to the Lose Control of Bowel or Bladder Quality Measure

Section H	Bladder and Bowel
H0300. Urinary Continence	
Enter Code ☐	Urinary continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated , resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400. Bowel Continence	
Enter Code ☐	Bowel continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated , resident had an ostomy or did not have a bowel movement for the entire 7 days

Denominator

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

Exclusions

Resident will be excluded if:

1. Target assessment is an admission assessment (A0310A = [01]) **or** a 5-day PPS **or** Medicare Readmission/return assessment (A0310B = [01, 06]).
2. Resident is not in the numerator and (H0300 = [-]) **or** (H0400 = [-]).
3. Resident has **any** of the following high-risk conditions:
 - a) Severe cognitive impairment on the target assessment as indicated by (C1000 = [3]) **and** (C0700 = [1]) **or** (C0500 ≤ [7])
 - b) Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8])
 - c) Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8])
 - d) Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8])
4. Resident does not qualify as high risk (see #3 above) and **both** of the following two conditions are true for the target assessment:
 - a) (C0500 = [99, ^, -]), **and**
 - b) (C0700 = [^, -]) **or** (C1000 = [^, -])
5. Resident does not qualify as high risk (see # 3 above) and **any** of the following three conditions are true:
 - a) (G0110A1 = [-])
 - b) (G0110B1 = [-])
 - c) (G0110E1 = [-])
6. Resident is comatose (B0100 = [1]), or comatose status is missing (B0100 = [-]) on target assessment.
7. Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment.
8. Resident has an ostomy, (H0100C = [1]) **or** ostomy status is missing (H0100C = [-]) on the target assessment.

Covariates

There are no covariates for this measure.

Source: MDS 3.0 Quality Measures User's Manual V 13.0, **Appendix D**

Percent of Long-Stay Residents Who Lose Too Much Weight

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters (six months) who were **not** on a physician prescribed weight-loss regimen (K0300 = [2]) noted in an MDS assessment during the selected quarter. This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for this Quality Measure

Nutrients are essential for many critical metabolic processes, the maintenance and repair of cells and organs, and energy to support daily functioning. Therefore, it is important to maintain adequate nutritional status, to the extent possible. Weight can be a useful indicator of nutritional status, when evaluated within the context of the individual's personal history and overall condition. Significant unintended changes in weight (loss or gain) or insidious weight loss may indicate a nutritional problem.

Quality Measure Specification (N029.02)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months, and the resident was not on a physician prescribed weight-loss regimen (K0300 = [2]).

Denominator

All long-stay nursing home residents with a selected target assessment, except those with exclusions.

Exclusions

Resident is excluded if:

- Target assessment is an OBRA Admission assessment (A0310A = [01]) **or** a 5-day PPS assessment, **or** a Medicare Readmission/return assessment (A0310B = [01, 06]).
- Prognosis of life expectancy is less than 6 months (J1400 = [1]) **or** the Prognosis item is missing (J1400 = [-]) on the target assessment
- Receiving Hospice care (O0100K2 = [1]) **or** the Hospice care item is missing (O0100K2 = [-]) on the target assessment.
- Weight loss item is missing on the target assessment (K0300 = [-]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Lose Too Much Weight Quality Measure

J1400. Prognosis

Enter Code ☐ Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months?** (Requires physician documentation)
0. No
1. Yes

K0300. Weight Loss

Enter Code ☐ **Loss of 5% or more in the last month or loss of 10% or more in last 6 months**
0. No or unknown
1. Yes, on physician-prescribed weight-loss regimen
2. Yes, not on physician-prescribed weight-loss regimen

00100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the last 14 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the last 14 days	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	☐	☐
B. Radiation	☐	☐
Respiratory Treatments		
C. Oxygen therapy	☐	☐
D. Suctioning	☐	☐
E. Tracheostomy care	☐	☐
F. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	☐	☐
Other		
H. IV medications	☐	☐
I. Transfusions	☐	☐
J. Dialysis	☐	☐
K. Hospice care	☐	☐
L. Respite care	☐	☐
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	☐	☐
None of the Above		
Z. None of the above	☐	☐

Please refer to CMS' Long-Term Care Facility RAI User's Manual, Chapter 3, MDS Items [K] for additional information.

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Whose Need for Help with Activities of Daily Living Has Increased

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. The four late-loss ADL items are self-performance bed mobility, self-performance transfer, self-performance eating and self-performance toileting. This measures what the resident actually did (not what he or she might be capable of doing) within each ADL category during the 7-day look-back according to a performance-based scale. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for this Quality Measure

A resident's abilities in activities of daily living should not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

Quality Measure Specifications (N028.02)

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target assessment) and prior assessment indicate the need for help with late-loss ADLs increased when the selected assessments are compared. An increase is defined as an increase in two or more coding points in one late-loss ADL item **or** a one-point increase in coding points in two or more late-loss ADL items.

Residents meet the definition of increased need of help with late-loss ADLs if **either** of the following are true (NOTE: In the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment):

1. **At least two** of the following are true, compared to the prior assessment:
 - a. Bed mobility has at least a one-point increase in coding points [Level at target assessment (G0110A1[t]) – [Level at prior assessment (G0110A1[t-1])] > [0], or
 - b. Transfer has at least a one-point increase in coding points [Level at target assessment (G0110B1[t]) – [Level at prior assessment (G0110B1[t-1])] > [0], or
 - c. Eating has at least a one-point increase in coding points [Level at target assessment (G0110H1[t]) – [Level at prior assessment (G0110H1[t-1])] > [0], or
 - d. Toileting has at least a one-point increase in coding points [Level at target assessment (G0110I1[t]) – [Level at prior assessment (G0110I1[t-1])] > [0].
2. **At least one** of the following is true, compared to the prior assessment:
 - a. Bed mobility has at least a two-point increase in coding points [Level at target assessment (G0110A1[t]) – [Level at prior assessment (G0110A1[t-1])] > [1], or
 - b. Transfer has at least a two-point increase in coding points [Level at target assessment (G0110B1[t]) – [Level at prior assessment (G0110B1[t-1])] > [1], or
 - c. Eating has at least a two-point increase in coding points [Level at target assessment (G0110H1[t]) – [Level at prior assessment (G0110H1[t-1])] > [1], or
 - d. Toileting has at least a two-point increase in coding points [Level at target assessment (G0110I1[t]) – [Level at prior assessment (G0110I1[t-1])] > [1].

Denominator

All long-stay residents with a selected target and prior assessment, except those with exclusions.

Exclusions

Resident is excluded if any of the following are true:

1. All four of the late-loss ADL items indicate total dependence on the prior assessment as indicated by:
 1. Bed Mobility (G0110A1 = [4, 7, 8]) **and**
 2. Transferring (G0110B1 = [4, 7, 8]) **and**
 3. Eating (G0110H1 = [4, 7, 8]) **and**
 4. Toileting (G0110I1 = [4, 7, 8]).
2. Three of the late-loss ADLs indicate total dependence on the prior assessment (as in #1) **and** the fourth late-loss ADL indicates extensive assistance [3] on the prior assessment.
3. Resident is comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months on the target assessment (J1400 = [1, -])
5. Hospice Care (O0100K2 = [1, -]) on the target assessment
6. The resident is not in the numerator **and** there is missing data on the prior or target assessment: G0110A1, **or** G0110B1, **or** G0110H1 **or** G0110I1 = [-].

Covariates

There are no covariates for this measure.

Source: MDS 3.0 Quality Measures User's Manual V 13.0

MDS Item Set Elements Related to the Need for Help with ADLs quality measure

G0110. Activities of Daily Living (ADL) Assistance		
	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture		
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)		
C. Walk in room - how resident walks between locations in his/her room		
D. Walk in corridor - how resident walks in corridor on unit		
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		

J1400. Prognosis	
Enter Code 	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes

K. Hospice care	
------------------------	---

Percent of Long-Stay Residents Whose Ability to Move Independently Worsened

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who experienced a decline in independence of locomotion during the target period when compared to the prior assessment. This is a look-back measure. This is defined as a decline in their ability to move around their room and in adjacent corridors on same floor. If in wheelchair, this measure reports a decline in self-sufficiency once in chair. **This measure is used in the Five-Star Quality Rating System.** This measure is reported on CASPER Reports and on Nursing Home Compare.

Rationale for this Quality Measure

This long-stay measure evaluates the quality of nursing home care with regard to the loss of independence in locomotion among individuals who have been residents of the nursing home for more than 100 days. Loss of independence in locomotion is itself an undesirable outcome. Additionally, it increases risks of hospitalization, pressure ulcers, musculoskeletal disorders, pneumonia, circulatory problems, constipation, and reduced quality of life. Residents who have declined in independence in locomotion also require more staff time than those who are more independent.

Quality Measure Specifications (N035.03)

Numerator:

The number of long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in independence in locomotion when comparing their target assessment with the prior MDS assessment. Decline is identified by:

1. Recoding* all values (G0110E1 = [7, 8]) to (G0110E1 = [4]).
2. An increase of one or more points on the “locomotion on unit: self-performance” item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment ≥ 1).

***NOTE:**

The MDS is to remain coded at the level that is supported via the medical record and utilizing the Rule of 3. The recoding or assigning of points happens automatically by CMS after the MDS assessment is submitted.

Please refer to CMS’s RAI Version 3.0 Manual: CH 3: MDS Items [G] to access the **ADL Self-Performance Rule of 3 Algorithm**.

Denominator:

All long-stay residents who have a qualifying MDS 3.0 target assessment and at least one qualifying prior assessment, except those with exclusions.

Exclusions:

Residents satisfying **any** of the following conditions:

1. Comatose or missing data on comatose (B0100 = [1, -]) at the prior assessment
2. Prognosis of less than 6 months at the prior assessment as indicated by:
 - 2.1. Prognosis of less than six months of life (J1400 = [1]), **or**
 - 2.2. Hospice Use (O0100K2 = [1]) **or**
 - 2.3. Neither indicator for being end-of-life at the prior assessment: (J1400 ≠ [1]) **and** (O0100K2 ≠ [1]), **and** a missing value on either indicator (J1400 = [-]) **or** (O0100K2 = [-]).
3. Resident totally dependent during locomotion on prior assessment (G0110E1 = [4, 7, **or** 8])
4. Missing data on locomotion on target or prior assessment (G0110E1 = [-]).
5. Prior assessment is a discharge with or without return anticipated (A0310F = [10, 11]).
6. No prior assessment is available to assess prior function.
- 6.1. Target assessment is an OBRA Admission assessment (A0310A = [01]), a 5-day PPS (A0310B = [01]), **or** a Medicare Readmission/return assessment (A0310B = [06]) **or** the first assessment after an admission (A0310E = [01]).

MDS Elements Related to the Residents Whose Ability to Move Independently Worsened

G0110. Activities of Daily Living (ADL) Assistance		
	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture		
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)		
C. Walk in room - how resident walks between locations in his/her room		
D. Walk in corridor - how resident walks in corridor on unit		
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
B0100. Comatose		
Enter Code	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	
J1400. Prognosis		
Enter Code	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes	
O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 14 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed while a resident of this facility and within the last 14 days	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	



K. Hospice care

Covariates:

There are several covariates that are used to risk-adjust this measure based on ADLs from prior assessment (eating, toileting, transfer, and walking in corridor). *Please refer to MDS 3.0 Quality Measures User's Manual v 12.1.*

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who are assessed, and/or given, appropriately, the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N016.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment¹ they

1. Received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) **or** outside the facility (O0250C = [2]); **or**
2. Resident was offered but declined the influenza vaccine (O0250C = [4]); **or**
3. Resident was ineligible due to contraindications² (O0250C = [3]).

Denominator

All long-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

¹For definition of Influenza vaccination assessment, see Record Definitions in the MDS 3.0 Quality Measures User's Manual.

²Contraindications include but are not limited to: anaphylactic hypersensitivity to eggs or other components of the vaccine; a physician order not to immunize, moderate to severe illness with or without fever, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months.

MDS Item Set Elements Related to the Seasonal Influenza Vaccine Quality Measure

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code 	A. Did the resident receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season? 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received
	B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? - - Month Day Year
Enter Code 	C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above

NOTE: This measure is only calculated once per 12-month influenza season that begins on July 1 of a given year and ends on June 30 of the subsequent year and reports data for residents who were in the facility for at least one day during the target period (influenza season) of October 1 through March 31.

Source: MDS 3.0 Quality Measures User's Manual V 13.0

Percent of Long-Stay Residents Assessed and Appropriately Given the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percent of long-stay residents whose pneumococcal vaccine status is up to date. This measure is reported on *Nursing Home Compare*.

Rationale for this Quality Measure

Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.

Quality Measure Specifications (N020.02)

Numerator

Long-Stay residents will be in the numerator if they meet **any** of the following criteria on the selected target assessment:

- Pneumococcal vaccine status is up to date (O0300A = [1]); **or**
- Were offered and declined the vaccine (O0300B = [2]); **or**
- Were ineligible due to medical contraindications¹ (O0300B = [1]).

Denominator:

All long-stay residents with a selected target assessment.

Exclusions:

There are no exclusions for this quality measure.

Covariates:

There are no covariates for this quality measure.

¹Examples of medical contraindications include but are not limited to: anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks. Refer to the MDS 3.0 RAI Manual Chapter 3 MDS Items O for additional details.

MDS Item Set Elements Related to the Pneumococcal Vaccine Quality Measure

O0300. Pneumococcal Vaccine	
Enter Code ☐	A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies
Enter Code ☐	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered

NOTE: Per the following statement in the RAI 3.0 User's Manual Version 1.17.1, effective October 2019:

Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

- "Up to date" in item O0300A means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

For up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations available at

— <https://www.cdc.gov/vaccines/schedules/hcp/index.html>

— <http://www.cdc.gov/vaccines/hcp/acip-recs/index.htm>

For up to date vaccine information from the Centers for Disease Control (CDC), including information on PCV13 or PPSV23:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

TIP: It is important for your Infection Preventionist to closely track and monitor pneumococcal vaccination status, including dates administered and dates due for both the PCV 13 and PPSV 23, on each of your residents.

Source: Appendix D, MDS 3.0 Quality Measures User's Manual V 13.0

1.4 LONG-STAY CLAIMS-BASED QUALITY MEASURES

Number of Hospitalizations per 1,000 Long-Stay Resident Days

Measure Description

This claims-based quality measure was first reported on Nursing Home Compare in October 2018, and was integrated into the Five-Star Quality Rating System. It reports the ratio of unplanned hospitalizations per 1,000 long-stay resident days. **It is used in the Five-Star Quality Rating System.**

The long-stay hospitalizations measure determines the number of unplanned inpatient admissions or outpatient observation stays that occurred among permanent (i.e. long-stay) residents of a nursing home during a one-year period, expressed as the number of unplanned hospitalizations for every 1,000 days that the long-stay residents were admitted to the facility (i.e. “long-stay resident days”). Higher values of the long-stay hospitalizations measure indicate worse performance on the measure.

Purpose of Measure

Nursing homes take care of people who have multiple comorbid conditions and who are at high risk for hospitalizations. It is a goal of nursing home staff to care for residents in an environment that is designed to support them physically, emotionally, and socially. Monitoring hospitalizations is fundamental to the care nursing homes provide.

Numerator:

The numerator includes all inpatient hospital admissions or outpatient observation stays for Medicare beneficiaries who:

- Met the inclusion criteria for the denominator, and
- Were admitted to an acute care or critical access hospital for an inpatient stay or outpatient observation stay while they were residing in the nursing home and not enrolled in hospice, and
- Were not admitted for a planned hospital inpatient admission (identified using principal discharge diagnosis and procedure codes on Medicare claims for the inpatient stay).

Denominator:

The sum of all long-stay days in the target period, divided by 1,000. A long-stay day is any day after a resident's one-hundredth cumulative day in the nursing home or the beginning of the 12-month target period (whichever is later) and until the day of discharge, the day of death, or the end of the 12-month target period (whichever is earlier).

Exclusions:

Long-stay **residents** meeting **any** of the following criteria are excluded from the denominator:

- The resident was not a Medicare beneficiary **or** the resident was enrolled in Medicare managed care during any portion of the stay, i.e. between admission and discharge or the end of the 12-month target period (whichever is earlier).

Long-stay **days** meeting any of the following criteria are excluded:

- The resident was enrolled in hospice care
- The resident was not in the nursing home for any reason during the episode, including days admitted to an inpatient facility or other institution, or days temporarily residing in the community.
- **Source and Covariates:** See Tables 5 and 6 for the list of claims-based and MDS-based covariates included in the negative binomial regression for calculating facilities' expected rates, and the Appendix tables for the regression coefficients:

[Claims-based-Measures-Technical-Specifications-April-2019 byABT Associates](#)

TIP: Because the data available to nursing homes for this quality measure is reported only on Nursing Home Compare at this time, it is important for nursing homes to TRACK their data in real time.

Number of Outpatient Emergency Department (ED) Visits per 1,000 Long-Stay Resident Days

Measure Description:

This Claims-Based quality measure was first reported on Nursing Home Compare and incorporated in the Five-Star Quality Rating System in spring 2019. It reports the ratio of outpatient ED visits (i.e. ED visits that did not result in an inpatient hospital stay or outpatient observation stay) per 1,000 long-stay resident days.

The long-stay outpatient ED visits measure determines the number of outpatient ED visits that occurred among permanent (i.e. long-stay) residents of a nursing home during a one-year period, expressed as the number of outpatient ED visits for every 1,000 days that the long-stay residents were admitted to the facility (i.e. “long-stay resident days”). Higher values of the long-stay outpatient ED visits measure indicate worse performance on the measure. **This measure is used in the Five-Star Quality Rating System.**

Numerator and Denominator Window

All days after the resident’s one-hundredth cumulative day in the nursing home or the beginning of the 12-month target period (whichever is later) and until the day of discharge, the day of death, or end of the 12-month target period (whichever is earlier).

Numerator:

The numerator for the measure is the number of visits to an emergency department that did not result in an outpatient observation stay or inpatient hospital stay, occurring while the individual is a long-term nursing home resident. Outpatient ED visits are included in the measure regardless of diagnosis.

The numerator includes all ED visits for Long-Stay Medicare beneficiaries who:

- Met the inclusion criteria for the denominator, and
- Had an outpatient (Medicare Part B claim with revenue codes (0450,0451,0452, 0456, 0459, 0981) for an ED visit while they were residing in the nursing home and not enrolled in hospice, and
- Where the “thru” date on the outpatient claim for the ED visits was not equal to the “from” date on an outpatient claim for an observation stay or an inpatient (Medicare Part A) claim for a hospitalization.

Denominator:

The sum of all long-stay days in the target period, divided by 1,000. A long-stay day is any day after a resident’s one-hundredth cumulative day in the nursing home or the beginning of the 12-month target period (whichever is later) and until the day of discharge, the day of death, or the end of the 12-month target period (whichever is earlier).

Exclusions:

Long-stay residents meeting any of the following criteria are excluded:

- The resident was not a Medicare beneficiary or the resident was enrolled in Medicare managed care during any portion of the stay, i.e. between admission and discharge or the end of the target period whichever is earlier.
- The resident was not in the nursing home for any reason during the episode, including days admitted to an inpatient facility or other institution, or days temporarily residing in the community.

Covariates and Risk Adjustments: See Sources

Sources: For all information on this measure, including Covariates and Risk-Adjustments, refer to [Claims-Based Measures Quality Measures Technical Specifications April 2019 by Abt Associates](#)

TIP: Because the data available to nursing homes for this quality measure is reported only on Nursing Home Compare at this time, it is important for nursing homes to TRACK their data in real time.

1.5 LONG-STAY SURVEYOR MEASURES

Prevalence of Antianxiety or Hypnotic Medication Use

Surveyor Quality Measure Description

This MDS 3.0 quality measure reports the prevalence of long-stay residents who received an antianxiety or hypnotic medication but do not have evidence of psychotic or related conditions in the target period. This measure has a 7-day look-back. Known as Surveyor Measures, these Prevalence measures are reported only on CASPER Reports.

Rationale for this Quality Measure

Residents taking medications in these medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life. The purpose of this measure is to prompt nursing facilities to re-examine their prescribers prescribing patterns in order to encourage practices consistent with clinical recommendations and guidelines.

Quality Measure Specifications (N033.02)

Numerator:

A resident will be in the numerator for this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that **either** antianxiety **or** hypnotic medications were received during any of the last 7 days

(N0410B = [1, 2, 3, 4, 5, 6, 7]) **or** (N0410D = [1, 2, 3, 4, 5, 6, 7]).

Denominator:

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

Exclusions:

The resident did not qualify for the numerator and **any** of the following is true:

1. N0410B = [-] **or** N0410D = [-].
2. **Any** of the following related conditions are present on the target assessment (unless otherwise indicated):
 - 2.1. Schizophrenia (I6000 = [1]).
 - 2.2. Psychotic disorder (I5950 = [1]).
 - 2.3. Manic depression (bipolar disease) (I5900 = [1]).
 - 2.4. Tourette's syndrome (I5350 = [1]).
 - 2.5. Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
 - 2.6. Huntington's disease (I5250 = [1]).
 - 2.7. Hallucinations (E0100A = [1]).
 - 2.8. Delusions (E0100B = [1]).
 - 2.9. Anxiety disorder (I5700 = [1]).

2.10. Post-traumatic stress disorder (I6100 = [1]).

2.11. Post-traumatic stress disorder (I6100 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.

Covariates:

There are no covariates for this measure.

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days 	B. Antianxiety
Enter Days 	D. Hypnotic

Source: Appendix E, MDS 3.0 Quality Measures User's Manual V 13.0

TIP: If your CASPER Report shows that residents are triggering for this quality measure, consider reviewing the medical record to be sure that the MDS Assessment has captured all appropriate diagnoses for the resident.

Prevalence of Falls

Surveyor Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have had a fall during their episode of care. This prevalence measure is one of 3 quality measures that are known as Surveyor Quality Measures and these Prevalence measures are reported only on CASPER Reports.

NOTE: This is one of the **look-back scan** quality measures. If a long-stay resident has had one or more falls reported on one or more look-back scan assessments, it will trigger the measure. “These measures trigger if the event or condition of interest occurred any time during a one-year period.” *Please see the Selection Logic and Rationale for Look-Back Scans for the Long-Stay Measures and Short-Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual V 13.0*

Rationale for the Falls Quality Measure

The intent of this Quality Measure is to ensure that the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes providing medication reviews as needed and monitoring residents with diabetes for hypoglycemia.

Quality Measure Specifications (N032.02)

Numerator:

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if one or more of the look-back scan assessments indicate the occurrence of a fall (J1800 = [1]).

NOTE: The resident will still trigger the measure for up to one year after the initial fall (See Table 1).

Denominator:

All long-stay residents with one or more look-back scan assessments, except those with exclusions.

Exclusions:

Resident is excluded if the occurrence of falls was not assessed on any of the look-back scan assessments (J1800 = [-]).

Covariates:

There are no covariates for this quality measure.

MDS Elements Related to the Prevalence of Falls Surveyor Quality Measure

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?
☐	0. No → Skip to K0100, Swallowing Disorder
	1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

The following table is an example that demonstrates how a fall will continue to trigger the Prevalence of Falls Surveyor Quality Measure for a resident several quarters after the fall. The MDS done April 15 2016 showed NO falls; the resident had no falls in his history at the nursing home.

*Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. These measures trigger if the event or condition of interest occurred any time during a one-year period. A 275-day time period is used to include up to three quarterly OBRA assessments. The earliest of these assessments would have a look-back period of up to 93 days that would cover a total of about one year. All assessments with target dates in this time period are examined to determine whether the event or condition of interest occurred at any time during the time interval.

Source: Chapter 1, and **Appendix E**, MDS 3.0 Quality Measures User's Manual V 13.0

Note: J1800: "Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent" is the MDS Item that *could* cause a resident to trigger the Falls Quality Measure. Falls *prior to admission or entry* are captured elsewhere in the MDS assessment but do not cause a resident to trigger this Quality Measure.

Prevalence of Residents Who Have Behavior Symptoms Affecting Others

Surveyor Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who have behavior symptoms that affect others during the **7-day look-back period**. This prevalence measure is one of 3 quality measures that are known as Surveyor Quality Measures and these Prevalence measures are reported only on CASPER Reports.

Rationale for this Quality Measure

This Quality Measure is intended to identify behavioral symptoms that may be distressing or disruptive to facility residents, staff members or the care environment. These behaviors may place the resident at risk for injury, isolation, and inactivity and may also indicate unrecognized needs, preferences, or illness.

Please refer to the RAI Manual v 1.17.1, Chapter 3 for extensive coding tips and information.

Quality Measure Specifications (N034.02)

Numerator:

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates the presence of any **one** of the following five conditions: E0200 A, B **or** C, **or** E0800, **or** E0900 are answered with a [1, 2, or 3].

Denominator:

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

Exclusions:

Resident is excluded if:

1. The resident is not in the numerator and **any** of the following is true:
 - a) Target assessment is a Discharge assessment (A0310F = [10, 11]).
 - b) E0200A, **or** E0200B, **or** E0200C, **or** E0800, **or** E0900 = [-, ^].

Covariates:

There are no covariates for this quality measure.

MDS Elements Related to the Prevalence of Behavior Symptoms Affecting Others Surveyor Quality Measure

A0310. Type of Assessment - Continued

Enter Code	F. Entry/discharge reporting
☐	01. Entry tracking record
☐	10. Discharge assessment-return not anticipated
☐	11. Discharge assessment-return anticipated
☐	12. Death in facility tracking record
☐	99. None of the above

Behavioral Symptoms

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	↓ Enter Codes in Boxes	
	☐	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
	☐	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
	☐	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E0800. Rejection of Care - Presence & Frequency

Enter Code	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
☐	0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily

E0900. Wandering - Presence & Frequency

Enter Code	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily
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Source: Appendix E, MDS 3.0 Quality Measures User's Manual V 13.0

1.6 VALUE BASED PURCHASING (VBP) MEASURE

SNF 30-day All-Cause Readmission Measure (SNFRM)

Measure Overview

This Claims-Based measure includes only Medicare Part A Fee-for-Service (FFS) beneficiaries who were admitted to a SNF within one day of discharge from an inpatient prospective payment system hospital, critical access hospital, or PPS-exempt psychiatric or cancer hospital.

The **SNFRM** estimates the risk-standardized rate of **all-cause, unplanned hospital readmissions** for SNF Medicare Fee-for-Service (FFS) beneficiaries **within 30 days** of discharge from a prior proximal acute hospitalization. The measure is risk-adjusted for patient demographics, principal diagnosis from the prior hospitalization, comorbidities, and other health status variables that affect the probability of a hospital readmission. The SNFRM includes Medicare FFS beneficiaries who were admitted to a SNF within 1 day of discharge from a hospital. *The measure is calculated annually using a 12-month period.*

It assesses the facility level rate of all-cause unplanned hospital inpatient readmissions that occur within 30 days of discharge from a prior proximal hospitalization, regardless of whether the resident was readmitted directly from the SNF or if the resident was readmitted to the hospital after SNF discharge but within the 30-day window.

Data for this Value-Based Purchasing Measure is reported to nursing homes: The nursing homes can find their **VBP Annual Report** in their **QIES inbox**.

Exclusion Criteria:

SNF stays may be excluded from the SNFRM for several reasons.

1. If they are clinically different than most SNF stays
2. Stays that would be inappropriate to hold a SNF accountable for possible readmission and
3. Stays for which the data are insufficient

Denominator Exclusions (Not eligible for inclusion in the Measure):

1. Multiple SNF admissions after hospitalization and within the 30-day risk window.
2. SNF stays with a gap of greater than one day between day of discharge from hospitalization and day of SNF admission.
3. SNF Stays where the patient was discharged from the SNF against medical advice.
4. SNF stays where the patient did not have at least 12 months of Medicare Part A FFS enrollment prior to the episode and throughout the entire risk period
5. SNF stays with a primary diagnosis for the prior relevant hospitalization was for cancer
6. SNF stays in which the principal diagnosis for the prior relevant hospitalization was for rehabilitation care such as fitting of prostheses)
7. SNF stay in which the prior relevant hospitalization was for pregnancy.
8. SNF stays in which the data were missing
9. SNF Stay within a Critical Access Hospital (CAH) swing bed

There are multiple denominator exclusions: for all details, please refer to the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure Technical Report Supplement—2019 Update dated April 2019. [Click Here](#)

2.1 SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM (SNF QRP)

These measures are adopted and finalized for SNF QRP data collection and submission via two methods: Minimum Data Set 3.0 and Medicare Fee-For-Service Claims Data.

Source: SNF QRP Measures and Technical Information [Click Here](#)

Listing of Current SNF QRP Measures

- ✓ Percent of SNF Residents Who Experience One or More Falls with Major Injury during their SNF Stay **S013.02**
 - **Posted on NHC, not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Percent of SNF Residents whose Functional Abilities Were Assessed and Functional Goals were included in their Treatment Plan **S001.03**
 - **Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Claims-Based Measure: **MSPB** - Medicare Spending Per Beneficiary for Residents in SNFs (Facility and National Data available) **S006.01**
 - **Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Claims-Based Measure: **DTC** - Rate of Successful Return to Home and Community from a SNF (Post-Acute Care Skilled Nursing Facility Quality Reporting Program) **S005.01**
 - **Posted on NHC, and Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Claims-Based Measure: **PPR** - Rate of Potentially Preventable Hospital Readmissions 30 days after Discharge from a SNF **S004.01**
 - **Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Drug Regimen Review: **DRR** - Conducted with Follow up for Identified Issues PAC SNF QRP **S007.02**
 - **Not Yet Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**

Listing of Current SNF QRP Measures, Continued

- ✓ Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury **S038.02**
 - **Not Yet Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ SNF QRP Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents **S022.02**
 - **Not Yet Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ SNF QRP Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents **S024.01**
 - **Not Yet Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ SNF QRP Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents **S023.02**
 - **Not Yet Posted on NHC; not currently Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ SNF QRP Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents **S025.02**
 - **Not Yet Posted on NHC; not currently included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**
- ✓ Percent of SNF Residents with Pressure Ulcers that are New or Worsened **S002.02**
 - **Posted on NHC, and Included in 5 Star QM Rating; Find on your SNF QRP Facility-Level QM report**

NOTE: This Measure is used in the Five-Star Quality Rating System. It is reported currently on Nursing Home Compare. It is not reported on CASPER Reports. This quality measure is *calculated* using the **SNF** Quality Reporting Program version of this measure (CMS ID: S002.02). This currently reported measure does **not** include **Unstageable** pressure ulcers

Percent of SNF Residents Who Experience One or More Falls with Major Injury during their SNF Stay

Technical Measure Name: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay).

This SNF QRP quality measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays only) 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. This QM is different from the MDS 3.0 Measure: Long-Stay QM for Falls with Major Injury. This SNF QRP Quality Measure is reported in Short-Stay Quality of Resident Care section on [Nursing Home Compare](#). Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Specifications (S013.02)

If a resident has multiple Medicare Part A SNF Stays (Type 1 SNF Stays only) during the target 12 months, then all stays are included in this measure.

Numerator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).

***Type 1 SNF Stay** is when a resident has an admission and a discharge assessment and does *not* die while in the facility.

Denominator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) with one or more assessments that are eligible for a look-back scan (except those with exclusions).

Exclusions:

Medicare Part A SNF Stays are excluded if:

1. The number of falls with major injury was not coded; i.e., (J1900C (Falls with Major Injury) = [-])
2. The resident died during the SNF stay (i.e., Type 2 SNF Stays)

***Type 2 SNF Stays** are SNF stays with a PPS 5-day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

Covariates:

There are no covariates for this measure.

The Technical Measure Name for this QM is “**Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)**”. However, it does not mean “long-stay” indicating a resident in a facility over 100 days. The SNF QRP Falls with Major Injury QM captures Medicare Part A residents who experience one or more falls with major injury during days 1-99.

Source: SNF QRP Measure Calculations and Reporting User’s Manual V3.0. October 2019. Table 7-2.

Percent of SNF Residents whose Functional Abilities Were Assessed and Functional Goals were included in their Treatment Plan

Technical Measure Name: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.

This SNF QRP Quality Measure is reported on [Nursing Home Compare](#). Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Description:

This quality measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) with an admission and discharge function assessment and a care plan that addresses function. The information source for this measure is Minimum Data Set 3.0 (MDS 3.0).

Measure Specifications: (S001.03)

If a resident has multiple Medicare Part A SNF stays (Type 1 SNF Stays and Type 2 SNF Stays) during the target 12 months, then all stays are included in this measure.

Incomplete and Complete Medicare Part A SNF Stays (Type 1 SNF Stays or Type 2 SNF Stays defined:

Incomplete SNF Medicare PART A SNF Stays: Residents with incomplete stays (incomplete= [1]) are identified based on the following criteria using the specified data elements:

1. Unplanned discharge (A0310G = [2]), or
2. Discharge to acute hospital psychiatric hospital long-term care hospital
 - (A2100 = 03,04,09], or
 - SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) <3 days)

Complete Medicare Part A SNF Stays: Medicare Part A SNF Stays not meeting the definition of incomplete stays are considered complete Medicare Part A SNF Stays (incomplete = [0])

Numerator:

For complete Medicare Part A SNF Stays (incomplete = [0]) in the denominator, three criteria are required for inclusion in the numerator: (i) complete admission functional assessment data on the PPS 5-Day assessment, and (ii) a discharge goal for at least one self-care or mobility item on the PPS 5-Day assessment, and (iii) complete discharge functional assessment data on the Part A PPS Discharge Assessment.

For incomplete Medicare Part A SNF Stays (incomplete = [1]) in the denominator, collection of discharge functional status might not be feasible. Therefore, two criteria are required for inclusion in the numerator: (i) complete admission functional assessment data on the PPS 5-Day assessment, and (ii) a discharge goal for at least one self-care or mobility item on the PPS 5-Day assessment.

Measure Description Details:

This measure is determined by the MDS 3.0 Assessment questions in **section GG**. Please refer to the multiple details in **Table 7-3** on the SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective October 1 2019.

Denominator:

The total number of Medicare Part A SNF stays (Type 1 SNF Stays and Type 2 SNF Stays) with a Medicare Part A SNF Stay End Date (A2400C) during the measure target period.

Exclusions:

There are no denominator exclusions for this measure

Covariates:

There are no covariates for this measure.

Source: SNF QRP Measure Calculations and Reporting User's Manual V 3.0.
Effective October 1 2019.

Percent of SNF Residents with Pressure Ulcers That Are New or Worsened

This is the same measure found in Section 1.1 Short-Stay Quality Measures of this manual.

Medicare Spending Per Beneficiary (MSPB) for Residents in SNFs

Measure Description:

The MSPB-PAC measures evaluate PAC providers' resource use relative to the resource use of the national median PAC provider of the same type. There is a separate MSPB-PAC measure for SNF, LTCH, and IRF providers; within each measure, a given PAC provider is only compared to other providers in the same setting (i.e., in the MSPB-PAC SNF measure, a SNF provider is compared to all SNF providers). Specifically, the measures assess the Medicare spending performed by the PAC provider and other healthcare providers during an MSPB-PAC episode.

This SNF QRP Claims-Based Quality Measure is reported on [Nursing Home Compare](#).

Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Numerator:

The numerator for a PAC provider's MSPB-PAC measure is the MSPB-PAC Amount. 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:

- (1) the average of the ratio of the standardized episode spending level to the expected episode spending for each PAC provider; **and**
- (2) the average standardized episode spending across all PAC providers of the same type.

To calculate the MSPB-PAC Amount for each PAC provider, one calculates the average of the ratio of the standardized episode spending over the expected episode spending, and then multiplies this quantity by the average episode spending level across all PAC providers of the same type.

Denominator:

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.

Episode Definition:

The episode window is opened by a trigger event. For SNF episodes, this is the day of admission to the respective facility (excepting readmissions occurring within 7 days to the same provider).

MSPB-PAC episodes assess all Medicare Part A and Part B claims for services delivered to a beneficiary during the episode window, subject to exclusions for particular services that are clinically unrelated to PAC treatment.

Data Sources:

Medicare FFS claims for Part A and Part B, Medicare eligibility files

For all details related to this measure, please refer to: Measure Specifications: Medicare Spending Per Beneficiary – Post-Acute Care Skilled Nursing Facility, Inpatient Rehabilitation Facility, and Long-Term Care Hospital Resource Use Measures July 2016 [CLICK HERE](#)

Rate of Successful Return to Home and Community from a SNF

This is the same measure found in 1.1 Short-Stay Quality Measures section of this manual.

This SNF QRP Claims-Based outcome measure assesses successful discharge to the community from a post-acute care setting and is one of six **SNF QRP*** quality measures now reported on [Nursing Home Compare](#). This measure is used in the Five-Star Quality Rating System. Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Technical Measure Name: DTC: Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program.

Quality Measure Description

Specifically, this measure reports a SNF's risk-standardized rate of Medicare Part A Fee-for-Service beneficiaries who are discharged to the home and community following a SNF stay, and do not have an unplanned readmission to an acute care hospital, or LTCH in the **31** days following discharge to community, and who remain alive during the 31 days following discharge to Community. Community is defined as home or self-care, with or without home health services.

Rationale for Successful Discharges to the Community Quality Measure

Returning to the community is an important outcome for many patients for whom the overall goals of post-acute care include optimizing functional improvement, regaining a previous level of independence, and avoiding hospitalization. If a nursing home discharges few residents back to the community successfully, it may indicate that a nursing home is not properly assessing its residents who are admitted to the nursing home from a hospital, or not adequately preparing them for transition back to the community, which includes ensuring proper medication management once discharged.

Quality Measure Specifications

Numerator / Denominator description

The measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method does not make the observed number of community discharges the numerator, and a predicted number the denominator. The measure numerator is the risk-adjusted estimate of the number of patients/residents who are discharged to the community; do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. This estimate starts with the observed discharges to community, and is risk-adjusted for patient/resident characteristics and a statistical estimate of the facility effect beyond case mix. – (From *Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule*.)

The target population for the measure is the group of Medicare FFS beneficiaries/residents who are not excluded for the reasons listed below.

Exclusions

Short-stay residents are excluded if:

- a) Age under 18 years
- b) No short-term acute care Stay within the 30 days preceding an IRF, SNF, or LTCH admission
- c) Discharges to psychiatric hospital
- d) Discharges against medical advice
- e) Discharges to disaster alternative care sites or federal hospitals
- f) Discharges to court/law enforcement
- g) Patients/residents discharged to hospice and those with a hospice benefit in the post-discharge observation window
- h) Patients/residents not continuously enrolled in Part A FFS Medicare for the 12 months prior to the post-acute admission date, and at least 31 days after post-acute discharge date
- i) Patients/residents whose prior short-term acute care stay was for non-surgical treatment of cancer
- j) Post-Acute stays that end in transfer to the same level of care
- k) Post-acute stays with claims data that are problematic (e.g., anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory)
- l) Planned discharges to an acute or LTCH setting
- m) Medicare Part A benefits exhausted
- n) Patients/residents who received care from a facility located outside of the United States, Puerto Rico or a U.S. territory
- o) Swing Bed Stays in Critical Access Hospitals (SNF setting only)

This measure is calculated using one year of data.

Source: For detailed description of the measure specifications for this SNF QRP measure:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>

Potentially Preventable 30-Day Post-Discharge Readmission Measure

Measure Description:

This SNF QRP Claims-Based Quality Measure shows the rate of residents discharged from a SNF stay who were readmitted to a hospital within 30 days for a condition that might have been prevented.

This measure is reported on [Nursing Home Compare](#). Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Rationale:

A SNF can reduce the number of potentially preventable hospital readmissions by doing its best to prevent complications, providing clear discharge instructions to residents and helping ensure residents make a smooth transition to their home or another setting. However, some SNF residents need to be admitted to the hospital for problems that were not potentially preventable.

Quality Measure Specifications (S004.01)

Numerator and Denominator:

This Potentially Preventable Readmission (PPR) 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. It does not have a simple form for the numerator and denominator—that is, the risk adjustment method does not make the observed number of readmissions the numerator, and a predicted number the denominator. Instead, the numerator is the risk-adjusted estimate of the number of unplanned readmissions that occurred within 30 days of PAC discharge. This estimate starts with the observed readmissions, and is then risk-adjusted for patient/resident characteristics and a statistical estimate of the PAC provider's effect, beyond patient/resident case mix.

The PPR measure comes from Medicare FFS inpatient claims and eligibility and enrollment data. Because this measure is claims-based, there is no additional data collection or submission burden for providers.

In the SNF setting, the measure will be calculated using one year of data. All SNF stays during the one-year time window, except those that meet the exclusion criteria, will be included in the measure. For SNF residents with multiple SNF stays during the one-year window, each stay is eligible for inclusion in the measure.

In developing these sets of PPR conditions, CMS grouped them based on clinical rationale, as follows: 1) Inadequate management of chronic conditions 2) Inadequate management of infections 3) Inadequate management of other unplanned events 4) Inadequate injury prevention

Exclusions and Covariates:

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

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

Measure Description:

This MDS 3.0 quality measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) in which a drug regimen review was conducted at the time of admission and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout the stay.

Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report. *This quality measure is not yet publicly reported.*

Measure Specifications (S007.01/S007.02)

Numerator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator meeting each of the following two criteria:

- ➡ 1. The facility conducted a drug regimen review on admission which resulted in **one of the three following scenarios**:
 - a. No potential or actual clinically significant medication issues were found during the review (N2001 = [0]); **or**
 - b. Potential or actual clinically significant medication issues were found during the review (N2001 = [1]) and then a physician (or physician-designee) was contacted **and** prescribed/recommended actions were completed by midnight of the next calendar day (N2003 = [1]); **or**
 - c. The resident was not taking any medications (N2001 = [9])
- ➡ 2. Appropriate follow-up occurred each time a potential or actual clinically significant medication issue 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:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) during the reporting period.

Exclusions:

Medicare Part A SNF Stays are excluded if:

1. The resident died during the SNF stay (i.e. Type 2 SNF Stays.)
 - a. Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A031B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

Covariates:

None

Reference and Source: MDS 3.0 RAI Manual V 1.17.1 AND SNF QRP Measure Calculations and Reporting User's Manual V 3.0 –Table 7-4 Effective: October 1, 2019

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

Measure Description

This measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF stays and Type 2 SNF Stays) with Stage 2-4 pressure ulcers, or Unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission. The measure is calculated by reviewing a resident's MDS pressure ulcer discharge assessment data for reports of Stage 2-4 pressure ulcers, or Unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage at the time of admission.

This quality measure is not yet publicly reported. Find your Facility Report on QIES CASPER Report: SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Specifications (S038.02)

If a resident has multiple Medicare Part A SNF stays (Type 1 SNF Stays only) during the target 12 months, then all stays are included in this measure.

Numerator:

The numerator is the number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers, or Unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, compared to admission.

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

Denominator:

The denominator is the number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the selected time window for SNF residents ending during the selected time window, except those who meet the exclusion criteria.

Exclusions:

1. Medicare Part A Stays are excluded if:
 - a. (M0300B1 = [-] **or** M0300B2 = [-]) **and** (M0300C1 = [-] **or** M0300C2 = [-]) **and** (M0300D1 = [-] **or** M0300D2 = [-]) **and** (M0300E1 = [-] **or** M0300E2 = [-]) **and** (M0300F1 = [-] **or** M0300F2 = [-]) **and** (M0300G1 = [-] **or** M0300G2 = [-])
2. The resident died during the SNF stay (i.e., Type 2 SNF Stays)
 - a. Type 2 SNF Stays are SNF stays with a PPS 5-day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

Covariates: See details on Covariates in **Table 7-5** of SNF QRP Measure Calculations and Reporting User's Manual V 3.0 Effective: October 1 2019

Source: SNF QRP Measure Calculations and Reporting User's Manual V 3.0. October 2019

SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents

Measure Description:

This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays). *This quality measure is not yet publicly reported.* Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Specifications: (S022.02)

Self-Care Items and Rating Scale:

- The Self-Care assessment items used for admission Self-Care score calculations
- The Valid Codes and Code Definitions for the coding of the admission Self-Care Items,
- The Self-Care assessment items used for discharge Self-Care score calculations
- The Valid Codes and Code Definitions for the Coding of the Discharge Self-Care items

For these Measure Specifications, see SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective October 1, 2019, **Table 7-8**.

Numerator:

The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in self-care score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score.

Denominator:

The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.

Exclusions:

Medicare Part A SNF Stays are excluded if:

1. The Medicare Part A SNF Stay was an incomplete stay
2. The resident is independent with all self-care activities at the time of admission
3. The resident has the following medical conditions
4. The resident is younger than age 21
5. The resident is discharged to hospice or received hospice while a resident
6. The resident did not receive physical or occupational therapy services

For details and coding of each of these six Exclusions, please refer to **Table 7-8** in SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective: 10/01/2019

Covariates:

There are multiple covariates, which are detailed in Table 7-8 in *SNF QRP Measure Calculations and Reporting User's Manual V 3.0* – Effective: 10/1/2019

Source: *SNF QRP Measure Calculations and Reporting User's Manual V 3.0* – Effective: October 1, 2019

SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents

Measure Description:

This quality measure estimates the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) that meet or exceed an expected discharge self-care score.

Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report. *This quality measure is not yet publicly reported.*

Measure Specifications: (S024.02)

Self-Care Items and Rating Scale:

- The Self-Care assessment items used for discharge Self-Care score calculations
- The Valid Codes and Code Definitions for the coding of the discharge Self-Care Items

Numerator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.

Denominator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) except those that meet the exclusion criteria.

Exclusions:

Medicare Part A SNF Stays are excluded if:

1. The Medicare Part A SNF Stay was an incomplete stay
2. The resident has [any of] the following medical conditions (see **Table 7-6**)
 - a. Coma, persistent vegetative state, complete [tetraplegia](#), [locked-in-syndrome](#), severe anoxic brain damage, cerebral edema or compression of brain
 - b. The medical conditions are identified by: B0100 (Comatose) = [1] and ICD-10 codes
3. The resident is younger than age 21
4. The resident is discharged to hospice or received hospice while a resident
5. The resident did not receive physical or occupational therapy services

For details and coding of each of these five Exclusions, please refer to **Table 7-6** in SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective: October 1, 2019

Covariates:

There are multiple covariates, which are detailed in **Table 7-6** in *SNF QRP Measure Calculations and Reporting User's Manual V 3.0* – Effective: October 1, 2019

Source: *SNF QRP Measure Calculations and Reporting User's Manual V 3.0* – Effective: October 1, 2019

SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents

Measure Description:

This quality measure estimates the risk-adjusted mean change in mobility score between admission and discharge for Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays).

This quality measure is not yet publicly reported. Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Specifications: (S023.02)

Mobility items and Rating Scale:

- The Mobility assessment items used for admission Mobility score calculations
- The Valid codes and code definitions for the coding of the admission Mobility items
- The Mobility assessment items used for discharge Mobility score calculations
- The Valid codes and code definitions for the coding of the discharge Mobility items

For these Measure Specifications, see SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective October 1, 2019, **Table 7-9**.

Numerator:

The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.

Denominator:

The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.

Exclusions:

For Medicare Part A SNF Stays exclusions, see details for the items below in Table 7-9

1. Medicare Part A SNF Stay is an incomplete stay
2. The resident is independent on all mobility activities at the time of the admission
3. The resident has the following medical conditions (See **Table 7-9**)
 - a. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain.
 - b. The medical conditions are identified by: B0100 (Comatose) = [1] and ICD-10 codes
4. The resident is younger than age 21
5. The resident is discharged to hospice or received hospice while a resident
6. The resident did not receive physical or occupational therapy services at the time of admission

Covariates: There are multiple covariates detailed in Table 7-9

SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents

Measure Description:

This quality measure estimates the percentage of Medicare Part A SNF (Type 1 SNF Stays and Type 2 Stays) that meet or exceed an expected discharge mobility score.

This quality measure is not yet publicly reported. Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report.

Measure Specifications: (S025.02)

Mobility items and Rating Scale:

- The Mobility assessment items used for discharge Mobility score calculations
 - The Valid codes and code definitions for the coding of the discharge Mobility items
- For these Measure Specifications, see SNF QRP Measure Calculations and Reporting User's Manual V 3.0 – Effective October 1, 2019, **Table 7-7**. [SNF QRP Measure Calculations and Reporting User's Manual V 3.0](#)

Numerator:

The total number of Medicare Part A SNF Stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.

Denominator:

The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.

Exclusions:

Medicare Part A SNF Stays are excluded if:

1. The Medicare Part A SNF Stay is an incomplete stay
2. The resident has the following medical conditions
 - a. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain.
 - b. The medical conditions are identified by: B0100 (Comatose) = [1] and ICD-10 codes
3. The resident is younger than age 21
4. The resident is discharge to hospice or received hospice while a resident
5. The resident did not receive physical or occupational therapy services

Covariates:

Covariates: There are multiple covariates, which are detailed in **Table 7-7** in *SNF QRP Measure Calculations and Reporting User's Manual V 3.0* – Effective: October 1, 2019

Source: [SNF QRP Measure Calculations and Reporting User's Manual V 3.0](#)

Percent of Short-Stay Residents Who Received the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who received the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N004.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment:

- Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2])

Denominator

All short-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Short-Stay Residents Who Were Offered and Declined the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who are offered and declined the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N005.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment:

- Resident was offered and declined the influenza vaccine during the most recent influenza season (O0250C = [4])

Denominator

All short-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Short-Stay Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who, due to Medical Contraindication, did not receive the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N006.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment

- Resident was ineligible for the influenza vaccine during the most recent influenza season due to medical contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months)

Denominator

All short-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Short-Stay Residents Who Received the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who received the pneumococcal vaccination during the 12-month reporting period. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N008.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Pneumococcal vaccine status is up to date (O0300A = [1]).

Denominator

All short-stay residents with a selected target assessment, except those with exclusions.

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

Percent of Short-Stay Residents Who Were Offered and Declined the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who were offered and declined the pneumococcal vaccination during the 12-month reporting period. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N009.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Were offered and declined the vaccine (O0300B = [2]).

Denominator

All short-stay residents with a selected target assessment, except those with exclusions.

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

Percent of Short-Stay Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of short-stay residents who received the pneumococcal vaccination during the 12-month reporting period. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N010.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Were ineligible due to medical contraindication(s) (O0300B = [1]) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).

Denominator

All short-stay residents with a selected target assessment, except those with exclusions.

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

Percent of Long-Stay Residents Who Received Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who are given the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N017.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment, they

- Received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) **or** outside the facility (O0250C = [2])

Denominator

All long-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Long-Stay Residents Who Were Offered and Declined the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who are offered and declined the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N018.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment

- Resident was offered and declined the influenza vaccine during the most recent influenza season (O0250C = [4])

Denominator

All long-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Long-Stay Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who, due to Medical Contraindication, did not receive the influenza vaccination during the most recent influenza season [October 1 through March 31]. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications (N019.03)

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment

- Resident was ineligible for the influenza vaccine during the most recent influenza season due to medical contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months)

Denominator

All long-stay residents with a selected influenza vaccination assessment, except those with exclusions. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Percent of Long-Stay Residents Who Received the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who received the pneumococcal vaccination during the 12-month reporting period. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N021.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Pneumococcal vaccine status is up to date (O0300A = [1]).

Denominator

All short-stay residents with a selected target assessment, except those with exclusions.

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

Percent of Long-Stay Residents Who Were Offered and Declined the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who were offered and declined the pneumococcal vaccination during the 12-month reporting period. This measure is not reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N022.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Were offered and declined the pneumococcal vaccine (O0300B = [2]).

Denominator

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

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

Percent of Long-Stay Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who did not receive, due to Medical Contraindication, the pneumococcal vaccination during the 12-month reporting period. This measure is **not** reported on *Nursing Home Compare*.

Rationale for the Pneumococcal Vaccine Quality Measure

When infected with pneumonia, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization.

Quality Measure Specifications (N023.02)

Numerator

A resident will be in the numerator if on the selected target assessment

- Were ineligible due to medical contraindication(s) (O0300B = [1]) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).

Denominator

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

Exclusions

Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates:

There are no covariates for this quality measure.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures> **Appendix D**

APPENDIX A: REFERENCES AND RESOURCES

References

Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (V 1.17.1)
Effective: October 2019

https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

MDS 3.0 Quality Measures User's Manual (V 13.0) Effective January 1 2020

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQQualityMeasures> See download section

MDS 3.0 Quality Measures User's Manual V 12.1 is now archived, and found on [CMS website](#)

Design for Nursing Home Compare Five Star Quality Rating System: Technical Users' Guide October 2019 [This Guide will be frequently updated]

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

A companion document to this Technical Users' Guide (Nursing Home Compare – Five Star Quality Rating System: Technical Users' Guide – State-Level Health Inspections Cut Point Tables) March 2020:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/cutpointstable.pdf>

Nursing Home Compare Claims-Based Quality Measure Technical Specifications: Final 2018 by Abt Associates <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Nursing-Home-Compare-Claims-based-Measures-Technical-Specifications.pdf> (September 2018)

Nursing Home Compare Claims-Based Quality Measure Technical Specifications: Final April 2019 by Abt Associates

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Nursing-Home-Compare-Claims-based-Measures-Technical-Specifications-April-2019.pdf> (April 2019)

Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measure Calculations and Reporting User's Manual: Version 3.0 by RTI International (October 1, 2019)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-Measure-Calculations-and-Reporting-Users-Manual-V30_FINAL_508C_081419-002.pdf

A companion document to this SNF QRP User's Manual V 3.0: (SNF QRP Measure Calculations and Reporting User's Manual V 3.0 Change Table):

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QM-Users-Manual-V30-Change-Table_8-9-19_508C.pdf

Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure (Technical Report Supplement – 2019 Update)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Downloads/SNFRM-TechReportSupp-2019-.pdf>

Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule (July 2016) <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>

Acumen: Measure Specifications: Medicare Spending Per Beneficiary – Post-Acute Care Skilled Nursing Facility, Inpatient Rehabilitation Facility, and Long-Term Care Hospital Resource Use Measures July 2016

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

Resources

- **State Operations Manual**
 - **Appendix P - Survey Protocol for Long Term Care Facilities – Part I (Rev. 15 6, 06-10-16)**
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R174SOMA.pdf>

NOTE: As of 12/08/2017, CMS Deleted Appendix P and put it on hold for future use.
 - **Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) (includes all regulations)**
www.cms.gov/manuals/Downloads/SOM107ap_pp_Guidelines_ltcf.pdf
- **Nursing Home Compare Website**
<http://www.medicare.gov/nursinghomecompare/search.html>
- **Survey and Certification Memos from CMS**
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Click the column marked “Posting Date” – to bring up the most recent Memos first.
- **Using a Dash (—) in the MDS 3.0 Assessments:**
This document specifies when the Annual Payment Update (APU) is affected by a dash:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2020-SNF-QRP-APU.pdf>
- **CMS offers training for SNF QRP measures:**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html>

Disclaimer: This webpage is the only official site where the MDS 3.0 training materials are posted. Content contained in the files posted on this site should not be changed in any manner.
- **To find your state’s RAI Coordinator: See RAI Manual, Appendix B: Go to “Downloads”**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- **To access Current MDS 3.0 Forms: See RAI Manual, Appendix H:**
https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

APPENDIX B: 28 QUALITY MEASURES REPORTED ON NURSING HOME COMPARE

<http://www.medicare.gov/nursinghomecompare/search.html>

Nursing Home Compare allows you to find and compare nursing homes certified by Medicare and Medicaid. This website contains quality of resident care and staffing information for more than 15,000 nursing homes around the country. The Centers for Medicare & Medicaid Services (CMS) developed Nursing Home Compare and the Star Rating System to provide consumers with an easy way to search for nursing homes that provide the quality of care they desire. All of the data found on Nursing Home Compare is provided as a service to the public. The information on Nursing Home Compare comes from 3 key sources: The CMS's health inspection database, the Minimum Data Set (MDS), a national database of resident clinical data, and Medicare claims data.

Short-Stay Quality Measures (12)

Six measures in **bold** are SNF QRP measures.

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Percentage of short-stay residents who have had an outpatient emergency department (ED) visit
- Percentage of short-stay residents who newly received an antipsychotic medication
- **Percentage of SNF residents with pressure ulcers that are new or worsened**
- Percentage of short-stay residents who made improvements in function
- Percentage of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine
- Percentage of short-stay residents assessed and given, appropriately, the pneumococcal vaccine
- **Percentage of SNF residents who experience one or more falls with major injury during their SNF stay**
- **Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan**
- **Rate of successful return to home and community from a SNF (Claims-Based)**
- **Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF (Claims-Based)**
- **Medicare Spending Per Beneficiary (MSPB) for residents in SNFs (Claims-Based)**

Long-Stay Quality Measures (16)

- Number of hospitalizations per 1,000 long-stay resident days (Claims-Based)
- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days (Claims-Based)
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay high-risk residents with pressure ulcers
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine
- Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine
- Percentage of long-stay residents who were physically restrained
- Percentage of long-stay low-risk residents who lose control of their bowels or bladder
- Percentage of long-stay residents who lose too much weight
- Percentage of long-stay residents who have depressive symptoms
- Percentage of long-stay residents who received an antianxiety or hypnotic medication

APPENDIX C: NURSING HOME QUALITY MEASURES INCORPORATED INTO THE FIVE-STAR QUALITY RATING SYSTEM

The *Five-Star Quality Rating System* uses **15 Quality Measures**, a subset of the 28 quality measures (QM) currently posted on Nursing Home Compare (NHC), to calculate the rating for its QM Domain. These were selected for incorporation into the system based on their validity, reliability, statistical performance, importance, and the extent to which a facility's practices may affect the measure. Ten Quality Measures are derived from MDS clinical data reported by the nursing home and Five Quality Measures are derived from claims-based data. The fifteen Quality Measures used in the calculation are as follows:

Short-Stay Residents

MDS - BASED:

- Percentage of **SNF** residents with pressure ulcers that are new or worsened
- Percentage of short-stay residents who newly received an antipsychotic medication
- Percentage of short-stay residents who made improvements in function

CLAIMS - BASED:

- Percentage of short-stay residents who have had an outpatient emergency department (ED) visit
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Rate of successful return to home and community from a **SNF**

Long-Stay Residents

MDS - BASED:

- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay, high-risk residents with pressure ulcers
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of long-stay residents whose ability to move independently worsened

CLAIMS – BASED:

- Number of hospitalizations per 1,000 long-stay resident days
- Number of emergency department (ED) visits per 1,000 long-stay resident days

Source:

[Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide](#)

APPENDIX D: SCORING RULES FOR THE INDIVIDUAL 15 QUALITY MEASURES OF THE QM FIVE STAR RATING

Two different sets of weights are used for assigning Quality Measure points to individual QMs. Nine measures have a maximum score of **150 points** while the maximum number of points for the other six measures is **100 points**. The weight for each measure was determined based on the *opportunity for nursing homes to improve on the measure and the clinical significance of the measure based on expert feedback*.

Note: For all measures, groupings are based on the national distribution of the QMs, prior to any imputation. For details on how CMS calculates the ratings, please see [Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide October 2019](#).

CMS notes that starting in April 2020, every six months, QM thresholds will be increased by half the average rate of improvement in QM scores. This rebasing is intended to incentivize continuous quality improvement and reduce need for larger adjustments to future thresholds.

The following nine quality measures are grouped into **deciles** based on the national distribution of the QM. Nursing homes in the lowest performing decile receive 15 points for the measure. Points are increased in 15-point intervals for each decile so that nursing homes in the highest performing decile receive 150 points.

MDS Long-Stay Measures:

- Percent of Long-Stay residents whose need for help with ADLs has increased
- Percent of Long-Stay residents who received an antipsychotic medication
- Percent of Long-Stay residents whose ability to move independently worsened

Claims-Based Long-Stay Measures:

- Long-Stay Number of Hospitalizations per 1,000 long-stay resident days
- Long-Stay Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days

MDS Short-Stay Measures:

- Percent of Short-Stay residents who made improvements in function

Claims-Based Short-Stay Measures:

- Percent of Short-Stay residents who were re-hospitalized after a nursing home admission
- Percent of Short-Stay residents who have had an outpatient ED visit
- Rate of successful return to home and community from a **SNF**

The following six quality measures are grouped into **quintiles** based on the national distribution of the QM. The quintiles are assigned 20 points for the lowest performing quintile, 100 points for the highest performing quintile, and 40, 60 or 80 points for the second, third and fourth quintiles respectively.

MDS Long-Stay Measures:

- Percent of Long-Stay High-Risk residents with pressure ulcers
- Percent of Long-Stay residents who have/had a catheter inserted and left in their bladder
- Percent of Long-Stay residents with a urinary tract infection
- Percent of Long-Stay residents experiencing one or more falls with Major Injury

MDS Short-Stay Measures:

- Percentage of **SNF** residents with pressure ulcers that are new or worsened
- Percent of Short-Stay residents who newly received an antipsychotic medication

The Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide (October 2019) provides the following chart identifying the **CURRENT** Cut Points for your Quality Measure Rating.

Point Ranges for the QM Ratings (As of October 2019)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155 – 469	144 – 473	299 - 943
★★	470 – 564	474 – 567	944 – 1,132
★★★	565 – 644	568 – 653	1,133 – 1,298
★★★★	645 – 734	654 – 739	1,299 – 1474
★★★★★	735 – 1150	740 – 1150	1475 – 2300

The Provider Rating Report is available to nursing homes via QIES. It provides the rating points for the Quality Measures that are included in the Five Star QM Rating.

Source: Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide **October 2019**

APPENDIX E: 17 QUALITY MEASURES AVAILABLE THROUGH THE CASPER REPORTING SYSTEM

Short-Stay Quality Measures (2)

- Percentage of short-stay residents who newly received an antipsychotic medication
- Percentage of short-stay residents with Improvement in Function

Long-Stay Quality Measures (15)

- Percentage of long-stay high-risk/Unstageable pressure ulcers
- Percentage of long-stay residents who were physically restrained
- Prevalence of long-stay residents with falls (Available only on CASPER)
- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay residents who received an antipsychotic medication
- Prevalence of long-stay residents who received an antianxiety or hypnotic medication (Available only on CASPER)
- Percentage of long-stay residents who received an antianxiety or hypnotic medication
- Prevalence of long-stay residents with behavior symptoms affecting others (Available only on CASPER)
- Percentage of long-stay residents with depressive symptoms
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay low risk residents who lose control of their bowel or bladder
- Percentage of long-stay residents who lose too much weight
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents whose ability to move independently worsened

APPENDIX F: QUALITY MEASURES & REPORTING SYSTEMS CROSSWALK

Quality Measure	Casper Reports	Nursing Home Compare	Five-Star Quality Measure Rating	Quality Reporting Program (QRP)	Value Based Purchasing Program (VBP)
Short-Stay Quality Measures					
Newly Received Antipsychotic Medication	✓	✓	✓		
Residents Who Made Improvements in Function	✓	✓	✓		
Assessed and Appropriately Given the Seasonal Influenza Vaccine		✓			
Assessed and Appropriately Given the Pneumococcal Vaccine		✓			
Short-Stay Claims-Based Quality Measures					
Residents Who Were Re-Hospitalized After a Nursing Home Admission <i>(Claims-Based)</i>		✓	✓		
Residents Who Have Had An Outpatient Emergency Department Visit <i>(Claims-Based)</i>		✓	✓		
Rate of Successful Return to Home and Community from a SNF <i>(Claims-Based)</i>	In SNF QRP Reports	✓	✓	✓	
Long-Stay Quality Measures					
High-Risk/Unstageable Pressure Ulcers	✓	✓	✓		
One or More Falls with Major Injury	✓	✓	✓		
Assessed and Appropriately Given the Seasonal Influenza Vaccine		✓			
Assessed and Appropriately Given the Pneumococcal Vaccine		✓			
Urinary Tract Infection	✓	✓	✓		

Quality Measure	Casper Reports	Nursing Home Compare	Five-Star Quality Measure Rating	Quality Reporting Program (QRP)	Value Based Purchasing Program (VBP)
Low-Risk Residents who Lose Control of Bowel or Bladder	✓	✓			
Catheter Inserted and Left in Bladder	✓	✓	✓		
Residents Who Were Physically Restrained	✓	✓			
Residents Whose Need for Help with Activities of Daily Living Increased	✓	✓	✓		
Residents Whose Ability To Move Independently Worsened	✓	✓	✓		
Residents Who Lose Too Much Weight	✓	✓			
Residents Who Have Depressive Symptoms	✓	✓			
Residents Who Have Received An Antipsychotic Medication	✓	✓	✓		
Residents Who Received an Antianxiety or Hypnotic Medication (Percent)	✓	✓			
Long-Stay Claims-Based Quality Measures					
Number of Hospitalizations per 1,000 long-stay resident days (<i>Claims-Based</i>)		✓	✓		
Number of ED visits per 1,000 long-stay resident days (<i>Claims-Based</i>)		✓	✓		
Long-Stay Prevalence Quality Measures: Surveyor Quality Measures [Reported only on CASPER Reports]					
Prevalence of Antianxiety/Hypnotic Medication Use	✓				
Prevalence of Falls	✓				
Prevalence of Behavior Symptoms Affecting Others	✓				

Quality Measure	Casper Reports	Nursing Home Compare	Five-Star Quality Measure Rating	Quality Reporting Program (QRP)	Value Based Purchasing Program (VBP)
Short-Stay SNF QRP Quality Measures					
Percent of SNF Residents who experience one or more Falls with Major Injury during their SNF stay	In SNF QRP Reports	✓		✓	
Percentage of SNF residents whose Functional Abilities were Assessed and Functional Goals were included in their Treatment Plan	In SNF QRP Reports	✓		✓	
Percentage of SNF Residents With Pressure Ulcers That Are New Or Worsened ¹	In SNF QRP Reports	✓	✓	✓	
Rate of Potentially Preventable Hospital Readmissions 30 days after discharge from a SNF (<i>Claims-Based</i>)	In SNF QRP Reports	✓		✓	
Medicare Spending Per Beneficiary (MSPB) for residents in SNFs (<i>Claims-Based</i>)	In SNF QRP Reports	✓		✓	
Rate of Successful Return to Home and Community from a SNF (<i>Claims-Based</i>) ²	See Short-Stay Claims-Based Quality Measures section of this Crosswalk.				
¹ This measure, Percentage of SNF Residents with Pressure Ulcers that are New or Worsened , is a SNF QRP measure that is reported on Nursing Home Compare, and is included in the Five-Star Quality Measure rating. It replaced the QM: Percent of Residents with Pressure Ulcers that are New or Worsened that is no longer reported on CASPER Reports MDS 3.0 Facility Level Quality Measure Report. Data for this measure <i>is reported</i> via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Report. This quality measure will again be replaced with a new SNF QRP Measure: Skilled Part A Patients – Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.					
¹ This measure, Rate of Successful Return to Home and Community from a SNF (<i>Claims-Based</i>) is a SNF QRP measure that is reported on Nursing Home Compare, is included in the Five-Star Quality Rating system and is Claims-Based. Data for this measure is reported via the QIES system on SNF QRP Facility-Level Quality Measure (QM) Reports. It is included here with the Short Stay SNF QRP Quality Measures but is also listed in the Short-Stay Claims-Based section of this Crosswalk.					

Quality Measure	Casper Reports	Nursing Home Compare	Five-Star Quality Measure Rating	Quality Reporting Program (QRP)	Value Based Purchasing Program (VBP)
SNF QRP Quality Measures					
Drug Regimen Review – Post Acute Care SNF QRP	In SNF QRP Reports			✓	
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	In SNF QRP Reports			✓	
Skilled Part A Patients – Change in Self Care Score for Medical Rehab Patients	In SNF QRP Reports			✓	
Skilled Part A Patients – Change in Mobility Score for Medical Rehab Patients	In SNF QRP Reports			✓	
Skilled Part A Patients – Discharge Self Care Score for Medical Rehab Patients	In SNF QRP Reports			✓	
Skilled Part A Patients – Discharge Mobility Score for Medical Rehab Patients	In SNF QRP Reports			✓	
Additional Short-Stay Quality Measures					
Short-Stay Residents who Received Seasonal Influenza Vaccine					
Short-Stay Residents who were Offered and declined Seasonal Influenza Vaccine					
Short-Stay Residents who Did not Receive, due to Medical Contraindication, Seasonal Influenza Vaccine					
Short-Stay Residents who received Pneumococcal Vaccine					
Short-Stay Residents who were Offered and declined Pneumococcal Vaccine					
Short-Stay Residents who Did Not Receive, due to Medical Contraindication, Pneumococcal Vaccine					

Quality Measure	Casper Reports	Nursing Home Compare	Five-Star Quality Measure Rating	Quality Reporting Program (QRP)	Value Based Purchasing Program (VBP)
Additional Long Stay Quality Measures					
Long-Stay Residents who received Seasonal Influenza Vaccine					
Long-Stay Residents who were Offered and declined Seasonal Influenza Vaccine					
Long-Stay Residents who Did Not Receive, due to Medical Contraindication, Seasonal Influenza Vaccine					
Long-Stay Residents who received Pneumococcal Vaccine					
Long-Stay Residents who were Offered and declined Pneumococcal Vaccine					
Long-Stay Residents who Did Not Receive, due to Medical Contraindication, Pneumococcal Vaccine					
VBP Value-Based Purchasing Quality Measure					
Claims-Based SNF 30-Day All-Cause Readmission Measure, also known as SNFRM (Skilled Nursing Facility Readmission Measure) <i>Nursing Homes can find their VBP Annual report in their QIES inbox</i>					✓
Number of Quality Measures Affecting Each System	17	28	15	12	1