

TOP 10 FOR 10/1

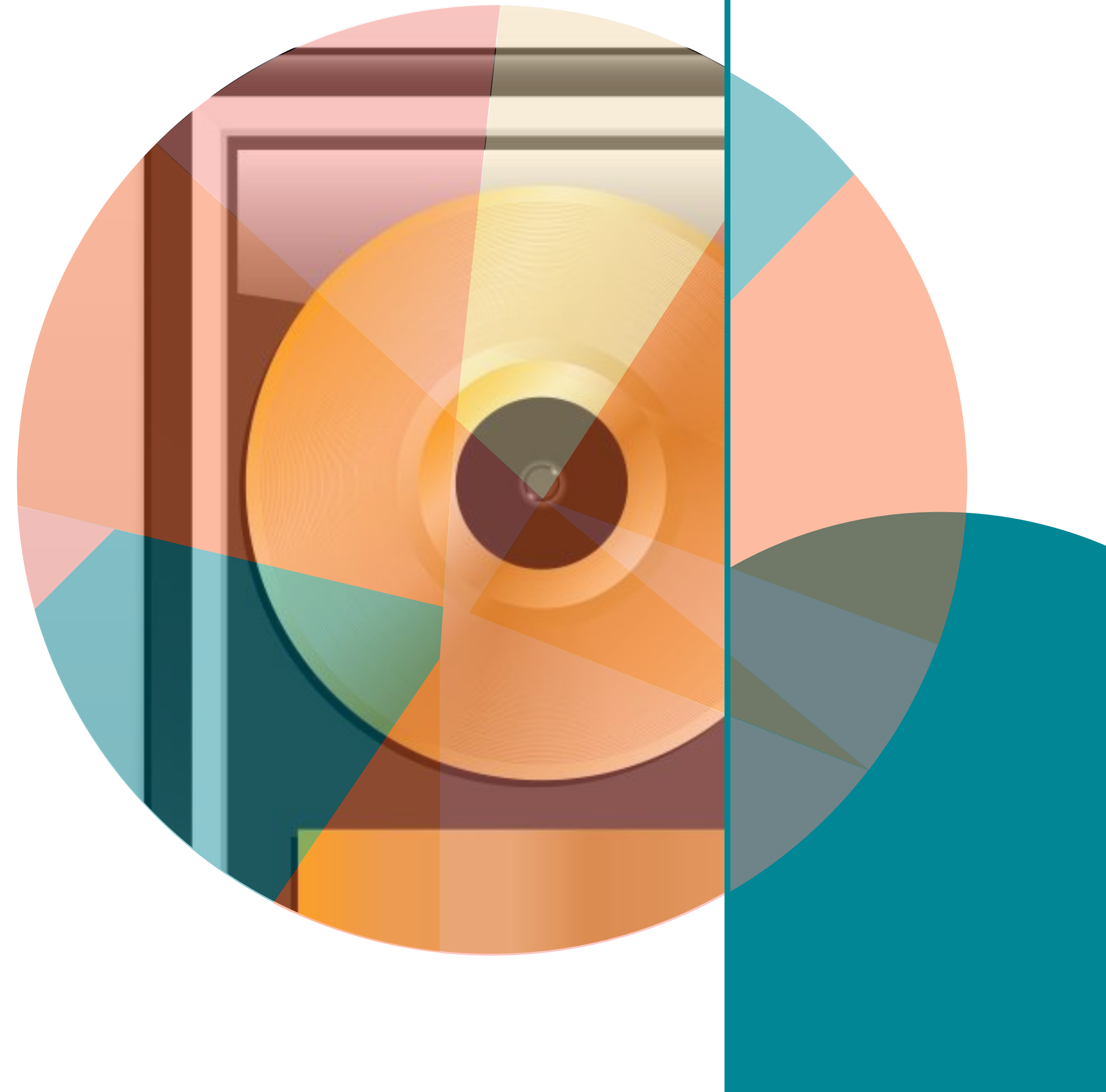
Presented By:

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BEGIN THE COUNTDOWN...

LET'S HEAD TO THE TOP 10 BILLBOARD FROM
10 TO #1 - TO FIND OUT
WHICH IS THE BIGGEST HIT OF THEM ALL...

#10

NEW RESIDENT INTERVIEW QUESTIONS

POLL #1

Which questions on the MDS are you not allowed to ask anyone else when the resident declines to answer?

- A. A1005 Ethnicity
- B. A1010 Race
- C. A1250 Transportation
- D. B1300 Health Literacy
- E. D0700 Social Isolation
- F. All the Above



This symbol indicates a resident interview question.

RESIDENT VOICE (EXAMPLES)

01

Health Literacy

02

Ethnicity

03

Race




04

Transportation

#9

DATA TRANSFER

AND THE BEAT GOES ON...

<p>1 </p>	<p>CMS has proposed public reporting (on Care Compare) of</p> <ul style="list-style-type: none"> • Transfer of Health Information to the Provider - PAC Measure • Transfer of Health Information to the Patient - PAC Measure
<p>2 </p>	<p>This measure reports the % of patient stays with a D/C assessment that shows that a current medication list was provided to the patient/family/caregiver and the subsequent medical provider</p>
<p>3 </p>	<p>Timeline CMS would like to begin reporting on Care Compare in October 2025 after the site refresh</p>

#8

SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH

- WHAT ARE SOCIAL DETERMINANTS OF HEALTH?
- ECONOMIC STABILITY
- EDUCATION ACCESS
- HEALTHCARE ACCESS
- NEIGHBORHOOD AND BUILT DEVELOPMENT
- SOCIAL AND COMMUNITY CONTEXT

#7

STAFFING (5-STAR & VBPP)

NURSING STAFF TURNOVER MEASURE

THIS STAFFING MEASURE AFFECTS

01

CMS 5-STAR
RATING

- Public facing

02

SNF VALUE-BASED
PURCHASE (VBP) PROGRAM

- May be tied to payment penalties

Staffing rating



Average

Staffing levels and turnover of staff in nursing homes may impact the quality of care nursing home residents get. Higher staffing ratings mean...

[Read more](#)

RESOURCE

Average number of residents per day	91.1
	National average: 80.7 Utah average: 56.9

Total number of nurse staff hours per resident per day ↑ Higher numbers are better	3 hours and 45 minutes
	National average: 3 hours and 46 minutes Utah average: 4 hours and 5 minutes

Registered Nurse hours per resident per day ↑ Higher numbers are better	33 minutes
	National average: 40 minutes Utah average: 1 hour and 10 minutes

LPN/LVN hours per resident per day ↑ Higher numbers are better	43 minutes
	National average: 53 minutes Utah average: 32 minutes

Nurse aide hours per resident per day	2 hours and 30 minutes
---------------------------------------	------------------------

CMS CARE COMPARE STAFFING RATING

#6

DASH THRESHOLD (SNF QRP)

POLL #2


Is the Dash Threshold looking at the completion of only Section GG?


- A. Yes
- B. No

PROPOSED CHANGE TO QRP REPORTING THRESHOLD

- **Current** – 100% of the qualifying MDS fields must be completed on at least 80% of the assessments submitted to CMS
- **Potential Penalty** – 2 percentage points to the applicable FY annual payment update
- 100% of the qualifying MDS fields must be completed on at least 90% of the assessments submitted to CMS
- **Change Timeline** – FY 2026

SAMPLE DASH REPORT

 **iQIES Report**



FY 2025 SNF QRP Provider Threshold Report

CCN	████	Report Run Date	██/██/██
Facility Name	████████████████████	Data Collection Start Date	██/██/██
City/State	██████	Data Collection End Date	██/██/██

of MDS 3.0 Assessments Submitted: 47
of MDS 3.0 Assessments Submitted Complete: 45
% of MDS 3.0 Assessments Submitted Complete: 96%*

* FY 2025 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

MDS DATA ELEMENTS USED FOR FY 2025 SNF QRP APU DETERMINATION		MDS 3.0 ASSESSMENT TYPE		DATA COLLECTION PERIODS (CY 2023)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01}	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2023 MDS 3.0 Version 1.17.2	Q4 2023 MDS 3.0 Version 1.18.11
O0110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X			X
O0110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X		X
O0110C4a	Special Treatments, Procedures, and Programs: High-concentration (On Admission)	X			X
O0110C4c	Special Treatments, Procedures, and Programs: High-concentration (At Discharge)		X		X
O0110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X			X
O0110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X		X
O0110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X			X
O0110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X		X
O0110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X			X
O0110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X		X
O0110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X			X
O0110E1c	Special Treatments, Procedures, and Programs: Tracheostomy (At Discharge)		X		X
O0110F1a	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission)	X			X
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X		X
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (ventilator or respirator) (On Admission)	X			X
O0110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X		X
O0110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X			X

#5

VALUE-BASED PURCHASE (VBP) PROGRAM

VBP CHANGE TIMELINES

1.

**SNF 30-Day All-Cause
Readmission Measure (SNFRM)**

- Baseline Period – FY 2020
- Performance Period – FY 2022
- Phase Out – FY 2028

2.

**Skilled Nursing Facility Within Stay
Potentially Preventable Readmissions
(SNF WS PPR) – begins FY 2028**

3.

**Discharge Function
Score – FY 2027**

4.

**LS Falls with Major
Injury – FY 2027**

5.

**LS Hospitalization per 1000
Resident Days – FY 2027**

6.

Nursing Turnover

- Reporting – FY 2024
- Payment Effects – FY 2026

Skilled Nursing Facility Value-Based Purchasing Program FY 2024 Program Year Fact Sheet



QRM

What is the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program?

The **SNF VBP Program** is a Centers for Medicare & Medicaid Services (CMS) program that awards incentive payments to skilled nursing facilities (SNFs) to encourage SNFs to improve the quality of care they provide to patients.

For the Fiscal Year (FY) 2024 Program year, performance in the **SNF VBP Program** is based on a single measure of all-cause hospital readmissions.



What measure is used?

The **SNF VBP Program** currently uses the **SNF 30-Day All-Cause Readmission Measure (SNFRM)**, which evaluates the risk-standardized readmission rate (RSRR) of unplanned, all-cause hospital readmissions.

Each SNF receives a SNFRM result for a baseline period and a performance period.

How is the measure calculated?

What data are used?

The SNFRM is calculated using data extracted from SNF and hospital Medicare fee-for-service (FFS) Part A claims submitted to CMS for payment. The FY 2024 Program uses data from both the baseline period **FY 2019 (10/1/2018–9/30/2019)** and the performance period **FY 2022 (10/1/2021–9/30/2022)**.

The SNFRM does not use information from the Minimum Data Set or patient medical records.



Which patients are included?

SNF patients:

- ✓ Enrolled in Medicare FFS Part A for at least 12 months prior to the SNF admission
- ✓ With a qualifying SNF admission within one day after discharge from a hospitalization
- ✓ Enrolled in Medicare FFS Part A for 30 days following a qualifying SNF admission

Does the measure account for differences in patient characteristics?

Yes, the SNFRM is risk adjusted for patient demographics, comorbidities, and other health status variables that affect the probability of a hospital readmission, including diagnoses of COVID-19.



What is the outcome?

The SNFRM counts any hospital readmission if it:

- ✓ Occurs within 30 days of discharge from a prior hospitalization to a SNF
- ✓ Is unplanned

For more detailed information about the SNFRM, please see the [SNF VBP Program webpage](#) and the [SNFRM Technical Report](#).

How does the SNF VBP Program affect my SNF's FY 2024 payments?



CMS withholds 2% of SNFs' Medicare FFS Part A payments to fund the Program. CMS redistributes 60% of the withhold to SNFs as incentive payments, and the remaining 40% of the withhold is retained in the Medicare Trust Fund.



CMS calculates an incentive payment multiplier that accounts for both the 2% payment withhold used to fund the Program and any incentive payments earned through performance on the SNFRM.



This incentive payment multiplier is applied to your SNF's adjusted federal per diem rate for services provided during the applicable SNF VBP Program year.

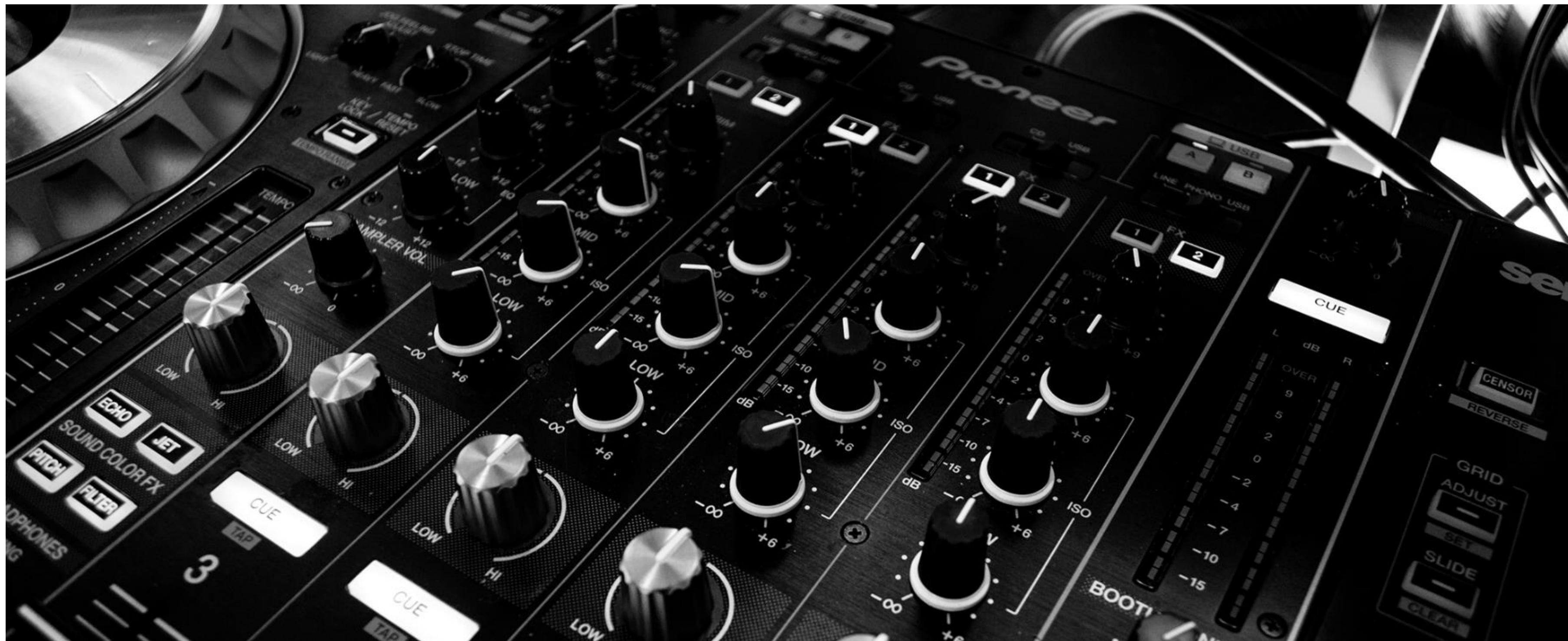
RESOURCE

FY 2028

**THE VBP PROGRAM WILL BE
UP TO 8 MEASURES!**



VBP “QUICK FIX?!”



IT ALWAYS STARTS WITH CARE!



CARE



DOCUMENTATION



CODING

#4

SNF QUALITY REPORTING PROGRAM (QRP) CHANGES

KEEP THE BEAT

SNF QRP CHANGE OVERVIEW

01

Adoption of 2 new measures

02

Removal of 3 measures

03

Modification of one measure

04

Change to Reporting Threshold

TABLE 11: Quality Measures Currently Adopted for the FY 2024 SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set (Assessment-Based)	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Application of Functional Assessment/Care Plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
TOH-Provider*	Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)
TOH-Patient*	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
NHSN	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (HCP)

16 SNF QRP MEASURES!

(Final Rule, p72)

cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training

An official website of the United States government [Here's how you know](#)

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- SNF Quality Reporting Program
- SNF Quality Reporting Program Spotlights & Announcements
- SNF Quality Reporting Program Health Equity
- SNF Quality Reporting Program Measures and Technical Information
- SNF Quality Reporting Program Training
- SNF Quality Reporting Program Public Reporting
- SNF Quality Reporting Programs FAQs
- How to Update Nursing Home (NH)/Skilled Nursing Facility (SNF) Demographic Data

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training

The Centers for Medicare & Medicaid Services (CMS) has many sources of information about the SNF QRP for SNFs and other stakeholders including:

- Training Materials and In-person Training
- Training Question and Answers (Q&As)
- SNF Open Door Forum (ODF) Presentations
- Special Open Door Forum (SODF) Presentations
- CMS Quality Partner/Vendor Workgroup Presentations

This page is organized to be a library of training materials available to SNFs. Trainings added to this page in the most recent six months will display as ***NEW***.

If you have technical questions or feedback regarding the trainings, please email the [PAC Training mailbox](#). Content-related questions should be submitted to the [SNF Quality Reporting Program Help Desk](#).

Introduction to the SNF QRP Web-Based Training

RESOURCE

MAKING HITS, NOT JUST TUNES

SNF QRP IMPORTANT DATES

1.

Discharge Function Score

- **FY 2025**
- Replaces Two Measures **10/1/24**

2.

Vaccination Measures

- COVID-19 Vaccination: % of Patients/Residents Who are Up-to-Date – **FY 2026**
- COVID-19 Vaccination Coverage Among Healthcare Personnel – **FY 2025**

3.

Data Completion Thresholds

- **FY 2026**

4.

Transfer of Data

- Data collection begins **10/1/23**

#3

NEW D/C FUNCTION SCORE (SECTION GG)

DISCHARGE FUNCTION SCORE

- ✓ This assessment-based outcome measure evaluates functional status by calculating the percentage of Medicare Part A SNF residents who **meet or exceed an expected discharge function score.** (2)
- ✓ This measure will replace the topped-out process measure – the application of percent of long-term care hospital patients with an admission and discharge functional assessment/a care plan that addresses function (application of functional assessment/care plan) measure



ITEM SET

- EATING
- ORAL HYGIENE
- TOILETING HYGIENE
- ROLL LEFT & RIGHT
- LYING TO SITTING
- SIT TO STAND
- CHAIR/BED-TO-CHAIR TRANSFER
- TOILET TRANSFER
- WALK 10 FEET (GATEWAY QUESTION ONLY)
- WALK 50 FEET WITH 2 TURNS
- WHEEL 50 FEET WITH 2 TURNS



Discharge Function Score for Skilled Nursing Facilities (SNFs)

Technical Report

February 2023

Prepared for:

Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services

7500 Security Boulevard

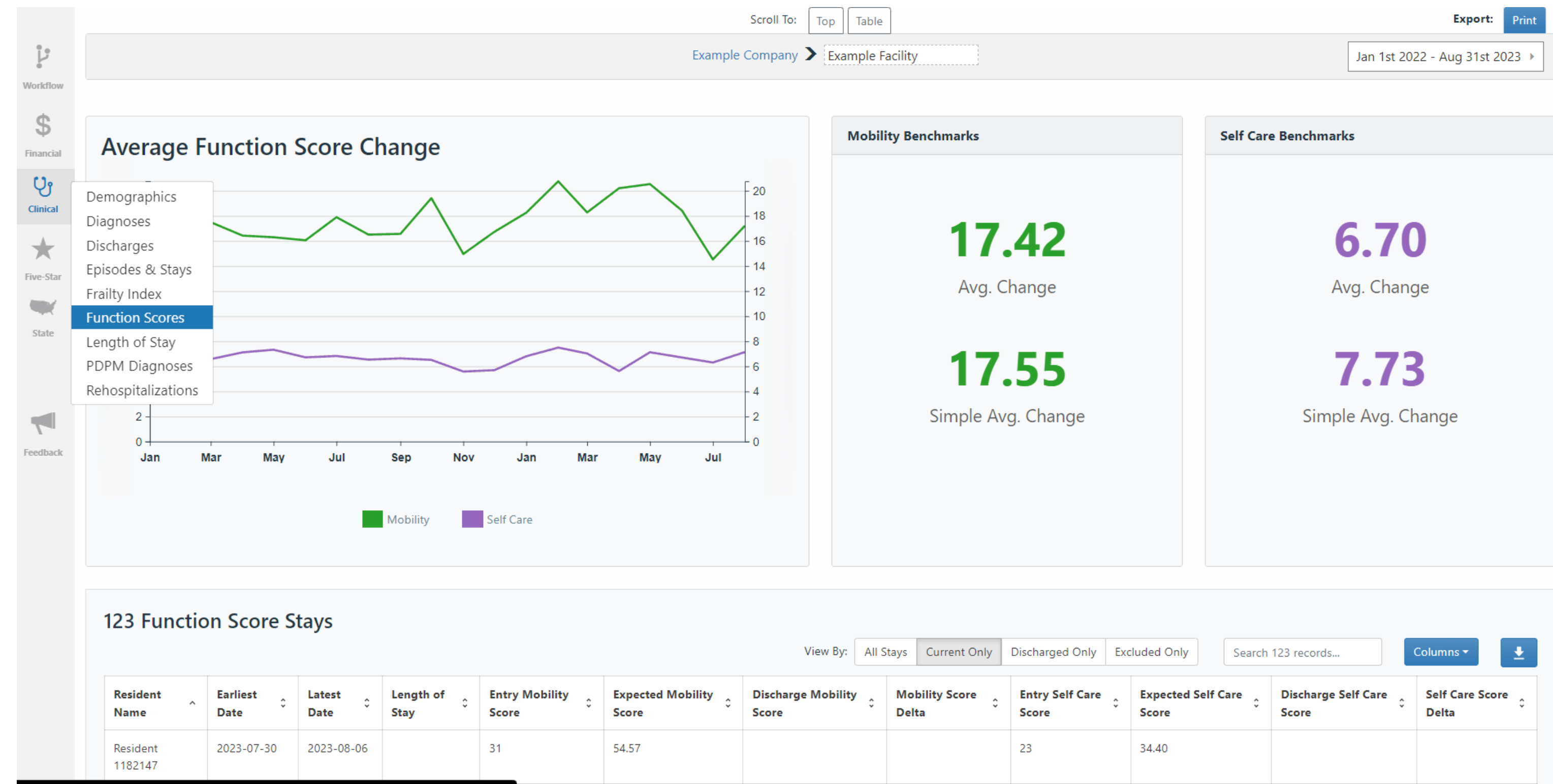
Baltimore, MD 21244-1850

Contract No. 75FCMC18D0015, Task Order 75FCMC19F0003

RESOURCE

SimpleAnalyzer™ Function Scores Report

- Determine expected discharge score for ongoing stays
- Trend functional improvement by facility



#2

STATE-SPECIFIC CHANGES (MEDICAID)

**TO OSA OR NOT
OSA...THAT IS
THE QUESTION.**

STATES THAT WILL BE UTILIZING OSA ON 10/1/23

State	OSA Requirements
Connecticut	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Idaho	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Indiana	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Louisiana	An OSA will need to be completed with the same ARD in conjunction with Admission, Quarterly, Annually, and Sig Change OBRA assessments.
Maine	An OSA will need to be completed with the same ARD as all OBRA assessments used for payment purposes.
Minnesota	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Mississippi	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
North Carolina	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
North Dakota	Staying with current state specific OSA completion requirements.
Ohio	If provider chooses not to freeze rates an OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Pennsylvania	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Rhode Island	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.
Utah	OSA use in conjunction with assessments required starting 7/1/23 for Upper Payment Limit calculations.
Virginia	An OSA will need to be completed with the same ARD as OBRA assessments used for rate setting starting on 10/1/23.
Wyoming	An OSA will need to be completed with the same ARD as all federally required assessments starting on 10/1/23.

THE PDPM OPTION...

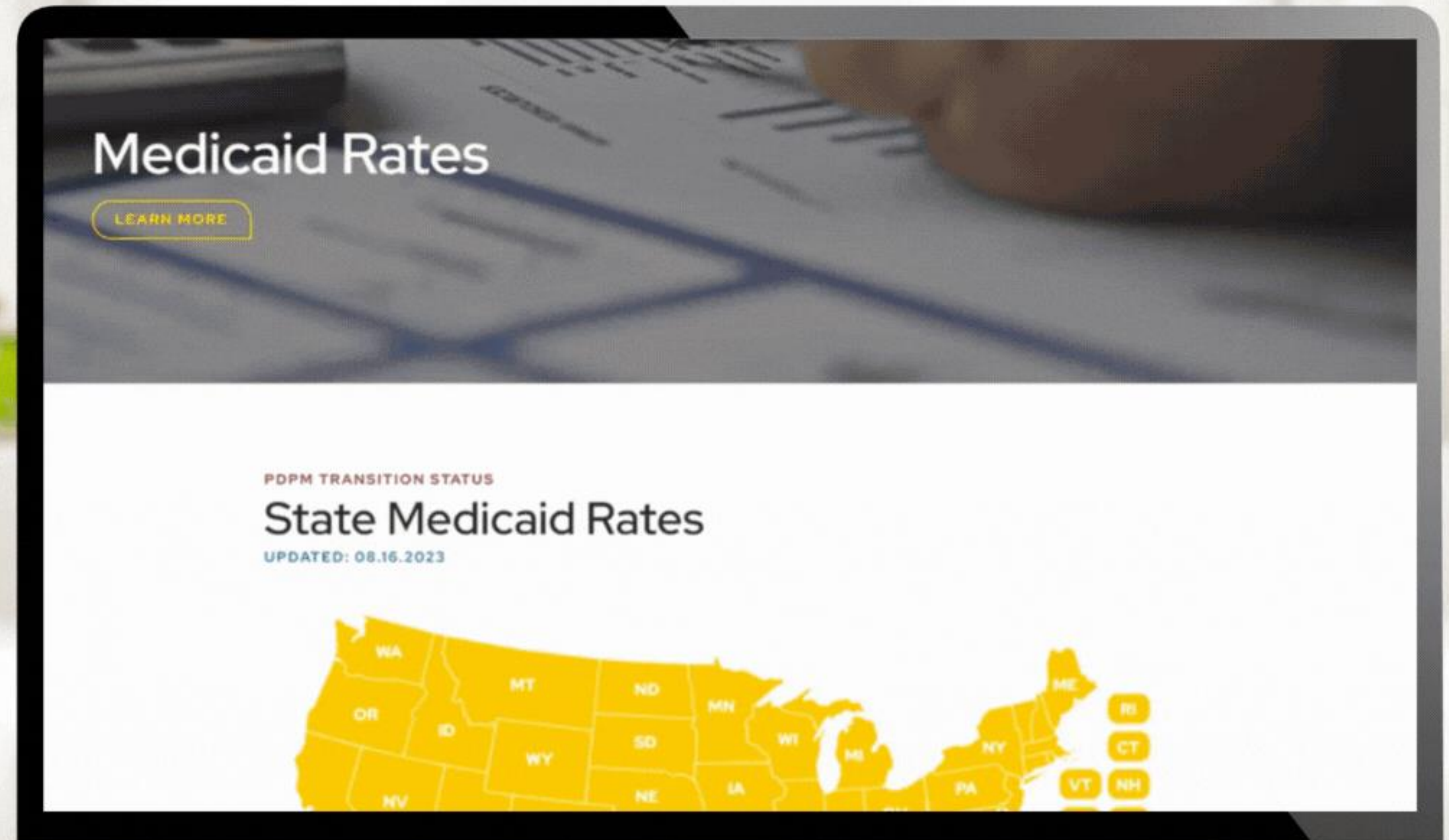


QRM STATE-SPECIFIC MEDICAID RATE TOOL

QRMHealth.com

simple.
a Netsmart solution

QRM



#1

PHQ-2 TO 9

POLL #3

When do you end the PHQ-2 to 9 interview?

If the response to little interest or pleasure in doing things and feeling down, depressed, or hopeless are:

- A. Both coded “No Response”
- B. Both coded “Never or 1 day” or “2-6 days”
- C. Either “A” or “B”

D0150: Resident Mood Interview (PHQ-2 to 9[©])



D0150. Resident Mood Interview (PHQ-2 to 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

- 0. **No** (enter 0 in column 2)
- 1. **Yes** (enter 0-3 in column 2)
- 9. **No response** (leave column 2 blank)

2. Symptom Frequency

- 0. **Never or 1 day**
- 1. **2-6 days** (several days)
- 2. **7-11 days** (half or more of the days)
- 3. **12-14 days** (nearly every day)

1.	2.
Symptom Presence	Symptom Frequency

↓ Enter Scores in Boxes ↓

A. *Little interest or pleasure in doing things*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

B. *Feeling down, depressed, or hopeless*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.

C. *Trouble falling or staying asleep, or sleeping too much*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

D. *Feeling tired or having little energy*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

E. *Poor appetite or overeating*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

G. *Trouble concentrating on things, such as reading the newspaper or watching television*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

H. *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*

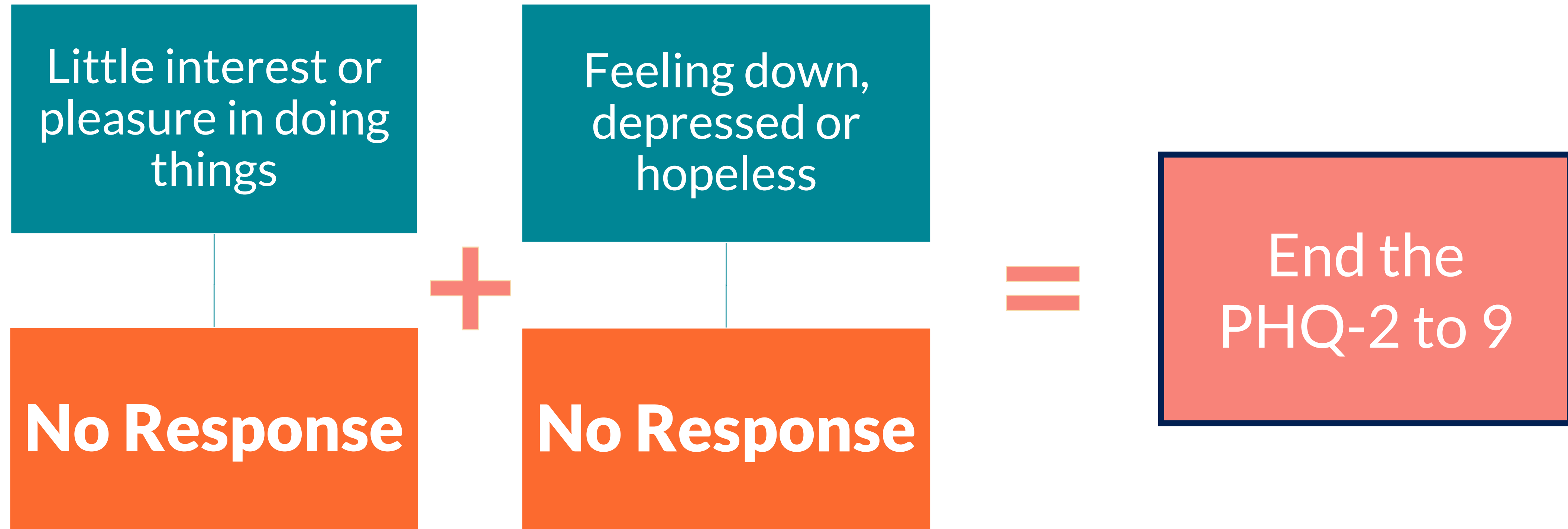
<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

I. *Thoughts that you would be better off dead, or of hurting yourself in some way*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

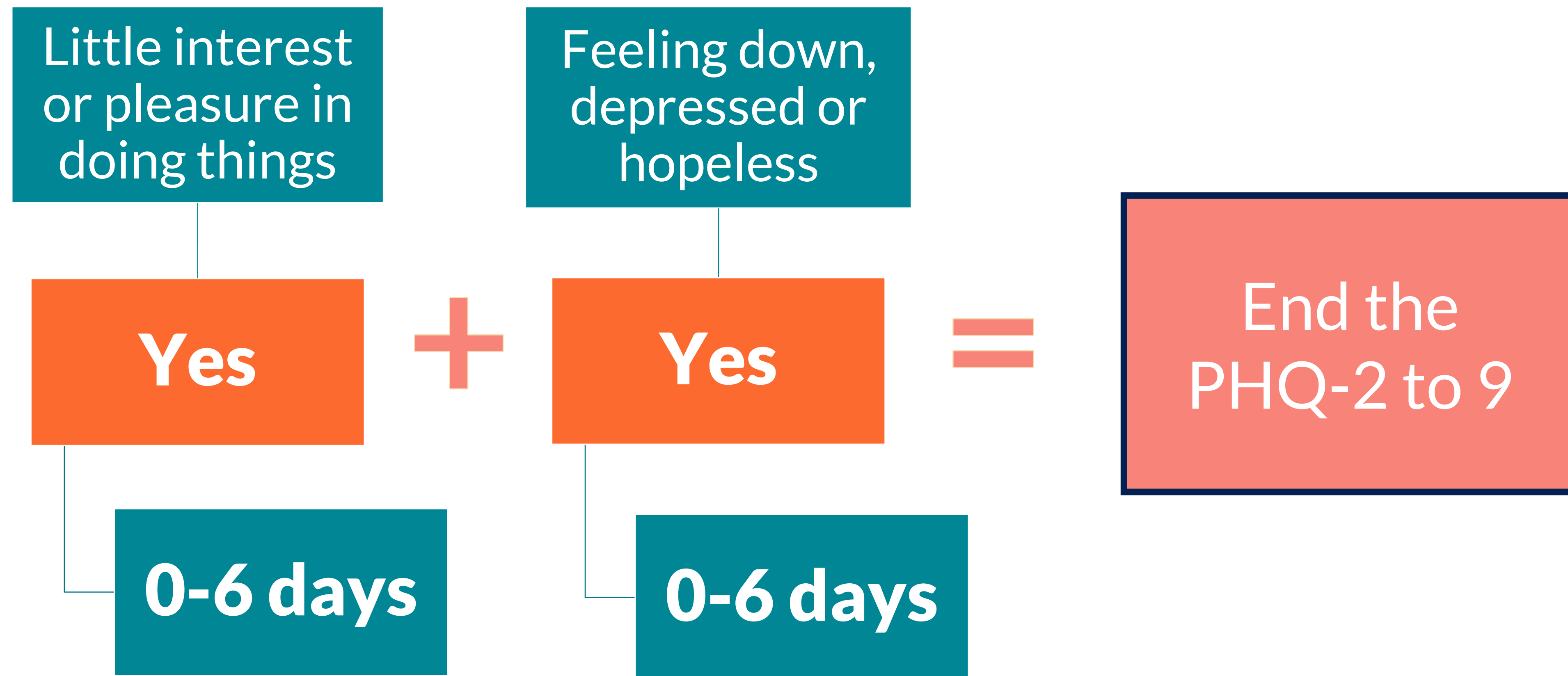
RESOURCE

PHQ-2 TO 9



TOTAL SEVERITY = ZERO

Leave Symptom Severity blank in columns 1 and 2



TOTAL SEVERITY = TOTAL OF THE FREQUENCY FOR BOTH QUESTIONS

POSSIBLE IMPLICATIONS

Care Plans incomplete and do not include information formerly provided by PHQ-9

Payment may no longer reflect need for care of residents with significant depressive features (PHQ-2 to 9)

You may need to spend additional time observing, assessing and documenting to capture resident's full needs

WRAP-UP

WRAP-UP

- MANY CHANGES IMPACTING FY 2024 AS WELL AS YEARS TO COME.
- WDWBW? (WHO DOES WHAT BY WHEN?)
- SOME ITEMS HAVE NOT CHANGED (EXAMPLE - BIMS), HOWEVER, CMS HAS UPDATED TRAINING VIDEOS, RAI MANUAL EXAMPLES AND TIPS, ETC.
- REMEMBER: THE WORK WE DO IS VERY IMPORTANT. YOU MAKE A DIFFERENCE TO SOMEONE'S LIFE EVERY DAY.
- EACH CHANGE REQUIRES ATTENTION AND A POTENTIAL PROCESS CHANGE.
- CONTINUING TO FOCUS ON RESIDENT CARE WILL MAKE THE BIGGEST IMPACT.
- THIS IS NOT A COMPREHENSIVE LIST OF THE FY 2024 CHANGES. PLEASE REFER TO THE "FINAL RULE" FOR A COMPLETE LIST.

QRM Service Offerings

MDS Oversight Services

- Reimbursement Capture Auditing
- State-by-State CMI Management
- Interim Remote MDS Coverage
- MDS Completion & Compliance Auditing
- QM & 5-Star Auditing and Support
- RAI-based Education & Training
- Trending Analytics

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- Daily Rehab Management
- Innovations & Analytics
- Quality Improvement & Education
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- SMRC Review
- UPIC Review

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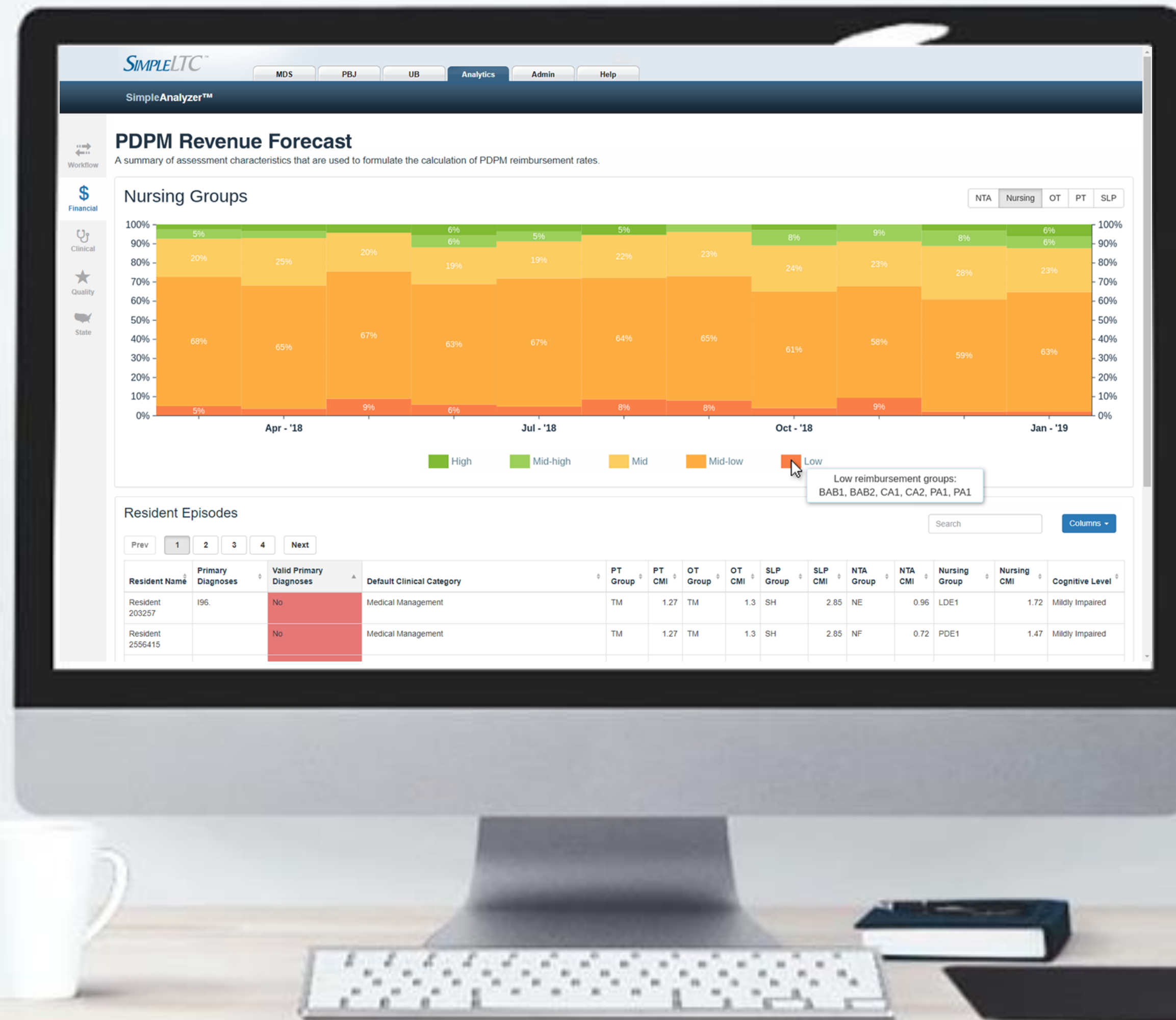


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QUESTIONS?

THANK YOU

Recording and handouts available here:

www.simpleitc.com/recording-access-top-10-cms-changes-october-1/

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QRMHEALTH.COM.

UNTIL WE MEET AGAIN, KEEP YOUR FEET ON THE

GROUND AND KEEP REACHING FOR THE STARS!

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REFERENCES

1. Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.18.11.
2. Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024. Downloaded 8/7/2023 from:
<https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>