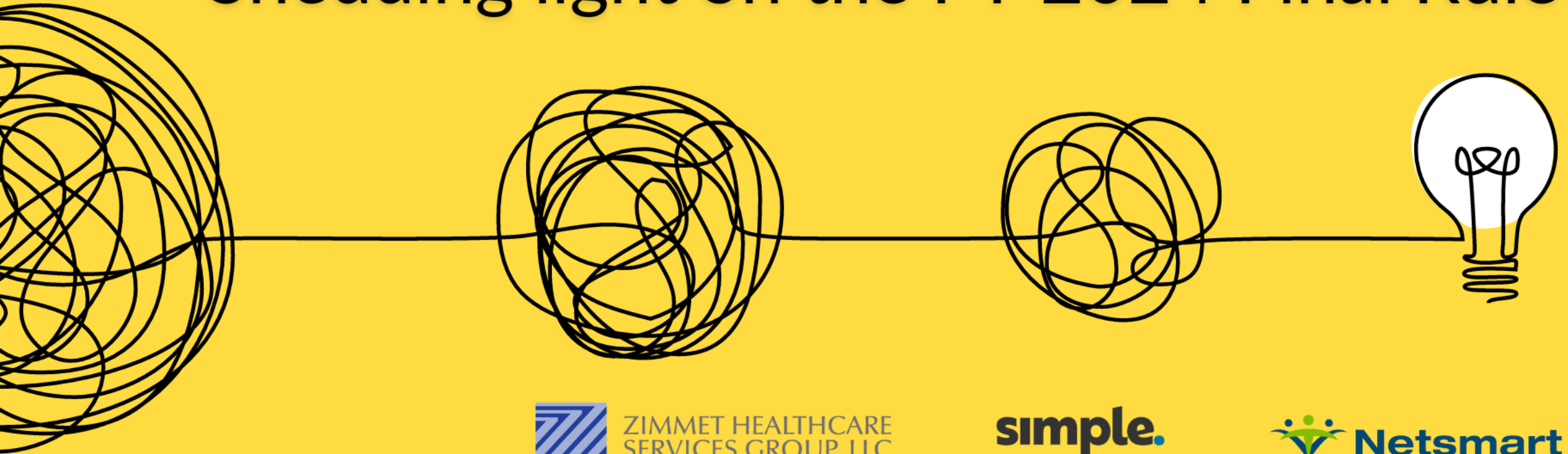


Thurs, Aug 24 | 2:30pm CT

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Shedding light on the FY 2024 Final Rule



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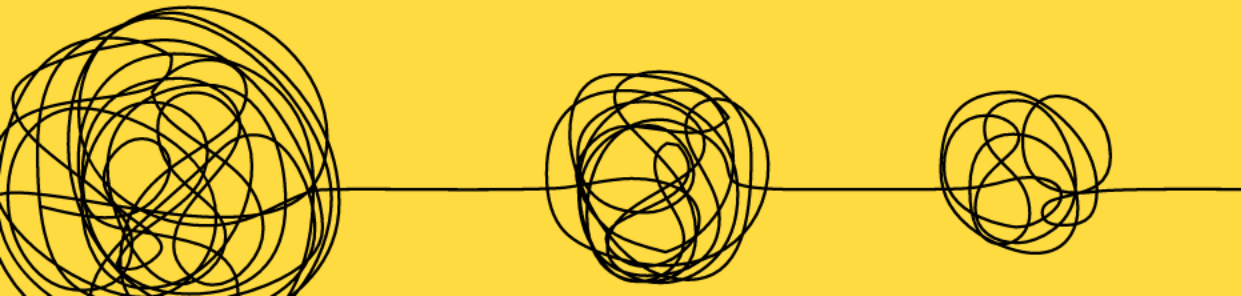
Your speaker



Alicia Cantinieri

VP of MDS Policy and Education

Zimmet Healthcare Services Group, LLC



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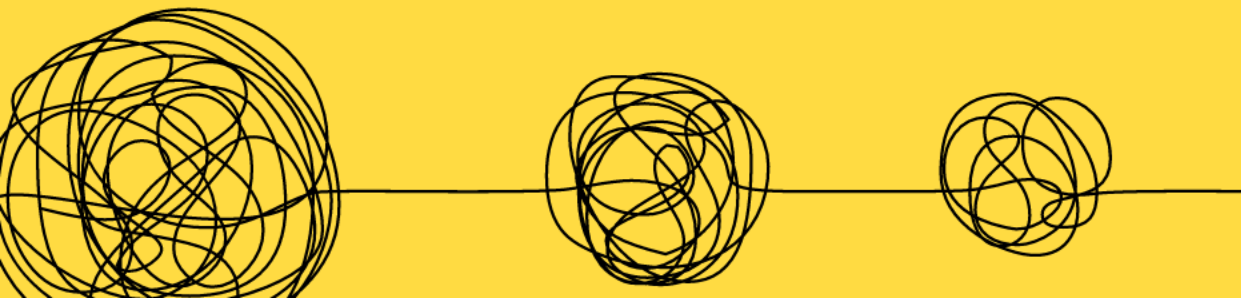
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Today's Objectives

- Review the Quality Reporting Program and Value-Based Purchasing Program
- Outline the new and changed measures and policy changes to the Quality Programs
- Identify the potential impacts of the new and changed measures
- Describe best practices to ensure compliance with data and facility performance reporting

Poll #1

Have you read all 451 pages of the SNF FY 2024 Final Rule?





This document is scheduled to be published in the Federal Register on 08/07/2023 and available online at [federalregister.gov/d/2023-16249](https://www.federalregister.gov/d/2023-16249), and on [govinfo.gov](https://www.govinfo.gov)

de: 4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 411, 413, 488, and 489

[CMS-1779-F]

RIN 0938-AV02

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

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule.

SUMMARY: This final rule updates payment rates, including implementing the second phase of the Patient Driven Payment Model (PDPM) parity adjustment recalibration. This final rule also updates the diagnosis code mappings used under PDPM, the SNF Quality Reporting Program (QRP), and the SNF Value-Based Purchasing (VBP) Program. We are also eliminating the requirement for facilities to actively waive their right to a hearing in writing, treating as a constructive waiver when the facility does not submit a request for hearing.

DATES: These regulations are effective October 1, 2023, except for the amendments to §§411.15 and 489.20 in instructions 2 and 11, which are effective January 1, 2024.

FOR FURTHER INFORMATION CONTACT:

PDPM@cms.hhs.gov for issues related to the SNF PPS.

Heidi Magladry, (410) 786-6034, for information related to the skilled nursing facility quality reporting program.

Alexandre Laberge, (410) 786-8625, for information related to the skilled nursing facility value-based purchasing program.

SNF PPS FY 2024 Final Rule



FY 2024 Payment Update

- Medicare Part A net increase for SNFs = 4.0% ~ \$1.4 billion
- Does not include the SNF VBP reductions for certain SNFs

*Unadjusted	2023 PDPM Base Rate		2024 PDPM Base Rate	
Component	Urban	Rural	Urban	Rural
PT	\$66.06	\$75.30	\$70.27	\$80.10
OT	\$61.49	\$69.16	\$65.41	\$73.56
SLP	\$24.66	\$31.07	\$26.23	\$33.05
Nursing	\$115.15	\$110.02	\$122.48	\$117.03
NTA	\$86.88	\$83.00	\$92.41	\$88.29
Non-Case Mix	\$103.12	\$105.03	\$109.69	\$111.72
TOTAL	\$457.36	\$473.58	\$486.49	\$503.75

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2024 SNF PPS Final Rule (FR 8/7/2023)

PT / OT Case-Mix Classification Groups (Urban CMI)

Category	GG Function Score	Case-Mix Group	PT CMI	OT CMI	Weighted Average*		VPDA	
					CMI	Rank	PT / OT	
							Day	Factor
Major Joint Replacement or Spinal Surgery	0 - 5	TA	1.45	1.41	1.38	8		
	6 - 9	TB	1.61	1.54	1.52	3	1 - 20	1.00
	10 - 23	TC	1.78	1.60	1.63	1	21 - 27	0.98
	24	TD	1.81	1.45	1.58	2	28 - 34	0.96
Other Orthopedic <i>Non-Surgical Orthopedic/ Musculoskeletal; Orthopedic Surgery (Except MJR or Spinal)</i>	0 - 5	TE	1.34	1.33	1.29	11	35 - 41	0.94
	6 - 9	TF	1.52	1.51	1.46	5	42 - 48	0.92
	10 - 23	TG	1.58	1.55	1.51	4	49 - 55	0.90
	24	TH	1.10	1.09	1.06	13	56 - 62	0.88
Medical Management <i>Cancer, Acute Infections, Pulmonary, Cardiovascular & Coagulations</i>	0 - 5	TI	1.07	1.12	1.06	14	63 - 69	0.86
	6 - 9	TJ	1.34	1.37	1.31	10	70 - 76	0.84
	10 - 23	TK	1.44	1.46	1.40	7	77 - 83	0.82
	24	TL	1.03	1.05	1.00	15	84 - 90	0.80
Non-Orthopedic Surgery and Acute Neurologic	0 - 5	TM	1.20	1.23	1.17	12	91 - 97	0.78
	6 - 9	TN	1.40	1.42	1.36	9	98 - 100	0.76
	10 - 23	TO	1.47	1.47	1.42	6		
	24	TP	1.02	1.03	0.99	16		

PT/OT Component

* OT CMI adjusted to 93.08% to neutralize for PT/OT Base Rate difference (Urban)



Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2024 SNF PPS Final Rule (FR 8/7/2023)

SLP Case-Mix Classification Groups & Urban Weights

Acute Neuro, SLP-Comorbidity, or Cognitive Imp	Avg. Loss from Missing Any One	Mechanically Altered Diet or Swallowing Disorder	Avg. Loss from Missing Either	Case-Mix Group	CMI	Per Diem
None	-	Neither		SA	0.64	\$16.79
None	-	Either	\$24.66	SB	1.72	\$45.12
None	-	Both		SC	2.52	\$66.10
Any one	\$19.41	Neither		SD	1.38	\$36.20
Any one	\$12.85	Either	\$18.89	SE	2.21	\$57.97
Any one	\$7.87	Both		SF	2.82	\$73.97
Any two	\$14.43	Neither		SG	1.93	\$50.62
Any two	\$12.85	Either	\$18.49	SH	2.70	\$70.82
Any two	\$13.64	Both		SI	3.34	\$87.61
All three	\$23.61	Neither		SJ	2.83	\$74.23
All three	\$20.98	Either	\$15.08	SK	3.50	\$91.81
All three	\$16.79	Both		SL	3.98	\$104.40

SLP Component



MEDICARE PART A SNF PDPM Nursing Case Mix Group Component

PDPM CATEGORY with corresponding MDS Section				Function Score: GG	Secondary End Split	RUG	CMI
EXTENSIVE SERVICES						Urban Set	
Tracheotomy care	00110E1b	---- AND ----	Ventilator / Respirator	00110F1b	0 - 14	Not Used	ES3 3.84
Tracheotomy care	00110E1b	---- OR ----	Ventilator / Respirator	00110F1b	0 - 14	Not Used	ES2 2.90
Isolation for active infectious disease	00100M				0 - 14	Not Used	ES1 2.77
SPECIAL CARE HIGH (any one of these is a qualifier)							
Comatose (fully dep)	B0100	Fever with one of:	J1550A Parenteral/IV feedings	K0520A2, 3	0 - 5	Depression	HDE2 2.27
Septicemia	I2100	Pneumonia	I2000 Respiratory Tx, 7 days	00400D	0 - 5		HDE1 1.88
Diabetes with:	I2900	Vomiting	J1550B COPD with:	I6200	6 - 14	Depression	HBC2 2.12
Daily insulin inj. & insulin order changes > 1 day	N0350A N0350B	Feeding Tube* Weight loss	K0520B3 K0300	J1100C Quad as prim. (GG < 12) IS100	6 - 14		HBC1 1.76
SPECIAL CARE LOW (any one of these is a qualifier)							
Cerebral Palsy (GG < 12)	I4400	Pressure Ulcers w/ Tx***	Radiation therapy^	00110B1b	0 - 5	Depression	LDE2 1.97
Multiple Scler (GG < 12)	I5200	> 1 Stage II	M0300B Resp failure & Oxy Tx^	I6300, 00110C1b	0 - 5		LDE1 1.64
Parkinson's (GG < 12)	I5300	Any Stage III/IV/US 4/t slough or eschar	M0300C,D,F Dialysis^	00110J1b	6 - 14	Depression	LBC2 1.63
Foot infection w/tx	M1040A, M1200I	2 or more skin tx*** w/:	Diabetic Foot Ulcer w/tx	M1040B, M1200I	6 - 14		LBC1 1.35
Feeding tube *	K0520B3	>1 ven/art ulcers; or	M1030 Foot lesions w/ Tx	M1040C, M1200I			
* = calories ≥ 51% or 26-50% & fluid ≥ 501cc per day fluid enteral intake in the last 7 days							
1 Stage 2 pres ulcer & M0300B ^ = while a resident							
1 venous/arterial ulc M1030 *** = w/tx M1200A, B, C, D, E, G, H ABB = 1 tx even if both provided							
CLINICALLY COMPLEX (any one of these is a qualifier)							
Extensive Services, Special Care High or Special Care Low qualifier with GG Function Score = 15 - 16					0 - 5	Depression	CDE2 1.77
Pneumonia	I2000	Chemotherapy^	00110A1b Burns	M1040F	0 - 5		CDE1 1.53
Hemi-plegia/paralysis*	I4900	IV medications^	00110H1b		6 - 14	Depression	CBC2 1.47
Surgical wounds**	M1040E	Transfusions^	00110I1B		15 - 16	Depression	CA2 1.03
Open lesions**	M1040D	Oxygen therapy^	00110C1b		6 - 14		CBC1 1.27
					15 - 16		CA1 0.89
BEHAVIORS & COGNITIVE PERFORMANCE							
GG < 11, go to Physical scores							
Cognitive Impairment BIMS score ≤ 9 or CPS ≥ 3 OR			Sections B, C, E		11 - 16	RNP	BAR2 0.98
Hallucinations or delusions E0100 OR Physical or verbal behavioral symptoms			E0200A,B,C		11 - 16		BAB1 0.94
toward others, Other behavioral symptoms, Rejection of care, or Wandering			E0800, E0900				
PHYSICAL FUNCTION REDUCED							
No other qualifiers; Restorative Nursing Programs (RNP's); 2 or more 6+ days/wk.					0 - 5	RNP	PDE2 1.48
Urinary and/or bowel toileting	H0200C, H0500	Walking training	00500F		0 - 5		PDE1 1.39
Passive and/or Active ROM	00500 A,B	Dressing and/or grooming training	00500G		6 - 14	RNP	PBC2 1.15
Splint or brace assistance	00500C	Eating and/or swallowing training	00500H		15 - 16	RNP	PA2 0.67
Bed mobility training	00500D	Amputation/prostheses care	00500I		6 - 14		PBC1 1.07
Transfer training	00500E	Communication training	00500J		15 - 16		PA1 0.62

Nursing Component

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail
from 2024 SNF PPS Final Rule (FR 8/7/2023)
Non-Therapy Ancillary Scoring / Groups

Condition / Service	MDS Item	Points
HIV / AIDS	No MDS Item; B20 coded on the UB-04	8
Parenteral IV Feeding: High (> 50% calories)	K0520A3, K0710A2	7
Intravenous Medication Post-admit Code	O0110H1b	5
Ventilator or Respirator Post-admit Code	O0110F1b	4
Parenteral IV Feeding: Low (26% - 50% calories; 50 Lcc per day)	K0520A3, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Transfusion Post-admit Code	O0110I1b	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Dx: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Dx: Asthma, COPD, Chronic Lung Dis Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Dx: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Tracheostomy Care Post-admit Code	O0110E1b	1
Active Dx: Multi-Drug Resistant Org (MDRO) Code	I1700	1
Isolation Post-admit Code	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Radiation Post-admit Code	O0110M1b	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

Condition / Service	MDS Item	Points
Other Foot Skin Prob: Foot Inf. Code, Other Open Lesion, Diabetic Ft Ulcer Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Suctioning Post-admit Code	O0110D1b	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0520B3	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Dx: Malnutrition Code	I5600	1
Disorders of Immunity - Except : RxC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fib & Other Chronic Lung Dis.	I8000	1

Patient Driven Payment Model				
NTA Case-Mix Classification Groups			Urban, AWI = 1.0; per diem	
Range	Group	CMI	Days 1 - 3	Days 4 - 100
12 +	NA	3.06	\$848.32	\$282.77
9 - 11	NB	2.39	\$662.58	\$220.86
6 - 8	NC	1.74	\$482.38	\$160.79
3 - 5	ND	1.26	\$349.31	\$116.44
1 - 2	NE	0.91	\$252.28	\$84.09
0	NF	0.68	\$188.52	\$62.84

For conditions and services where the source is indicated as MDS I8000, the updated PDPM NTA Comorbidity Mapping (which accompanied the FY 2024 SNF PPS final rule) provides a crosswalk between the listed condition and the ICD-10-CM codes, which may be coded to qualify that condition to serve as part of the resident's NTA classification. I8000 is an open-ended item in the MDS where the provider can fill in additional active Dx that is not explicitly on the MDS for the resident in the form of ICD-10 codes.

NTA Component

Changes in ICD-10 Mappings

Sort Order	ICD-10-CM Code	ICD-10-CM Code Description	FY 2023 Default Clinical Category
2960	D7584	Other platelet-activating anti-PF4 disorders	Return to Provider
4673	F4381	Prolonged grief disorder	Medical Management
5452	G90A	Postural orthostatic tachycardia syndrome [POTS]	Acute Neurologic
11294	K7682	Hepatic encephalopathy	Return to Provider
4129	F1090	Alcohol use, unspecified, uncomplicated	Medical Management
4130	F1091	Alcohol use, unspecified, in remission	Medical Management
4180	F1191	Opioid use, unspecified, in remission	Medical Management
4221	F1291	Cannabis use, unspecified, in remission	Medical Management
4272	F1391	Sedative, hypnotic or anxiolytic use, unspecified, in remission	Medical Management
4324	F1491	Cocaine use, unspecified, in remission	Medical Management
5461	G9200	Immune effector cell-associated neurotoxicity syndrome, grade unspecified	Acute Neurologic
73833	Z902	Acquired absence of lung [part of]	Medical Management
74036	Z98890	Other specified postprocedural states	Medical Management
73130	Z439	Encounter for attention to unspecified artificial opening	Medical Management



FY 2024 Default Clinical Category
Medical Management
Return to Provider
Medical Management
Medical Management
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider
Return to Provider

Changes in ICD-10 Mappings

Sort Order	ICD-10-CM Code	ICD-10-CM Code Description	FY 2023 Default Clinical Category	FY 2024 Default Clinical Category
1020	B950	Streptococcus, group A, as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1021	B951	Streptococcus, group B, as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1022	B952	Enterococcus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1023	B953	Streptococcus pneumoniae as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1024	B954	Other streptococcus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1025	B955	Unspecified streptococcus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1026	B9561	Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1027	B9562	Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1028	B957	Other staphylococcus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1029	B958	Unspecified staphylococcus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1030	B960	Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1031	B961	Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1032	B9620	Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1033	B9621	Shiga toxin-producing Escherichia coli [E. coli] [STEC] O157 as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1034	B9622	Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1035	B9623	Unspecified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1036	B9629	Other Escherichia coli [E. coli] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1037	B963	Hemophilus influenzae [H. influenzae] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1038	B964	Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1039	B965	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1040	B966	Bacteroides fragilis [B. fragilis] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1041	B967	Clostridium perfringens [C. perfringens] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1042	B9681	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1043	B9682	Vibrio vulnificus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1044	B9683	Acinetobacter baumannii as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1045	B9689	Other specified bacterial agents as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1046	B970	Adenovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1047	B9710	Unspecified enterovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1048	B9711	Coxsackievirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1049	B9712	Echovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1050	B9719	Other enterovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1051	B9721	SARS-associated coronavirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1052	B9729	Other coronavirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1053	B9730	Unspecified retrovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1054	B9731	Lentivirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1055	B9732	Oncovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1056	B9733	Human T-cell lymphotropic virus, type I [HTLV-I] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1057	B9734	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1058	B9735	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1059	B9739	Other retrovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1060	B974	Respiratory syncytial virus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1061	B975	Reovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1062	B976	Parvovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1063	B977	Papillomavirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1064	B9781	Human metapneumovirus as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1065	B9789	Other viral agents as the cause of diseases classified elsewhere	Acute Infections	Return to Provider
1066	B998	Other infectious disease	Medical Management	Return to Provider
1067	B999	Unspecified infectious disease	Medical Management	Return to Provider



Changes in ICD-10 Mappings

Sort Order	ICD-10-CM Code	ICD-10-CM Code Description	FY 2023 Default Clinical Category	FY 2024 Default Clinical Category
23849	R402110	Coma scale, eyes open, never, unspecified time	Medical Management	Return to Provider
23850	R402111	Coma scale, eyes open, never, in the field [EMT or ambulance]	Medical Management	Return to Provider
23851	R402112	Coma scale, eyes open, never, at arrival to emergency department	Medical Management	Return to Provider
23852	R402113	Coma scale, eyes open, never, at hospital admission	Medical Management	Return to Provider
23853	R402114	Coma scale, eyes open, never, 24 hours or more after hospital admission	Medical Management	Return to Provider
23854	R402120	Coma scale, eyes open, to pain, unspecified time	Medical Management	Return to Provider
23855	R402121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]	Medical Management	Return to Provider
23856	R402122	Coma scale, eyes open, to pain, at arrival to emergency department	Medical Management	Return to Provider
23857	R402123	Coma scale, eyes open, to pain, at hospital admission	Medical Management	Return to Provider
23858	R402124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission	Medical Management	Return to Provider
23869	R402210	Coma scale, best verbal response, none, unspecified time	Medical Management	Return to Provider
23870	R402211	Coma scale, best verbal response, none, in the field [EMT or ambulance]	Medical Management	Return to Provider
23871	R402212	Coma scale, best verbal response, none, at arrival to emergency department	Medical Management	Return to Provider
23872	R402213	Coma scale, best verbal response, none, at hospital admission	Medical Management	Return to Provider
23873	R402214	Coma scale, best verbal response, none, 24 hours or more after hospital admission	Medical Management	Return to Provider
23874	R402220	Coma scale, best verbal response, incomprehensible words, unspecified time	Medical Management	Return to Provider
23875	R402221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]	Medical Management	Return to Provider
23876	R402222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department	Medical Management	Return to Provider
23877	R402223	Coma scale, best verbal response, incomprehensible words, at hospital admission	Medical Management	Return to Provider
23878	R402224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission	Medical Management	Return to Provider
23894	R402310	Coma scale, best motor response, none, unspecified time	Medical Management	Return to Provider
23895	R402311	Coma scale, best motor response, none, in the field [EMT or ambulance]	Medical Management	Return to Provider
23896	R402312	Coma scale, best motor response, none, at arrival to emergency department	Medical Management	Return to Provider
23897	R402313	Coma scale, best motor response, none, at hospital admission	Medical Management	Return to Provider
23898	R402314	Coma scale, best motor response, none, 24 hours or more after hospital admission	Medical Management	Return to Provider
23899	R402320	Coma scale, best motor response, extension, unspecified time	Medical Management	Return to Provider
23900	R402321	Coma scale, best motor response, extension, in the field [EMT or ambulance]	Medical Management	Return to Provider
23901	R402322	Coma scale, best motor response, extension, at arrival to emergency department	Medical Management	Return to Provider
23902	R402323	Coma scale, best motor response, extension, at hospital admission	Medical Management	Return to Provider
23903	R402324	Coma scale, best motor response, extension, 24 hours or more after hospital admission	Medical Management	Return to Provider
23909	R402340	Coma scale, best motor response, flexion withdrawal, unspecified time	Medical Management	Return to Provider
23910	R402341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]	Medical Management	Return to Provider
23911	R402342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department	Medical Management	Return to Provider
23912	R402343	Coma scale, best motor response, flexion withdrawal, at hospital admission	Medical Management	Return to Provider
26137	S06A0XA	Traumatic brain compression without herniation, initial encounter	Acute Neurologic	Return to Provider
26138	S06A0XD	Traumatic brain compression without herniation, subsequent encounter	Acute Neurologic	Return to Provider
26139	S06A0XS	Traumatic brain compression without herniation, sequela	Acute Neurologic	Return to Provider
26140	S06A1XA	Traumatic brain compression with herniation, initial encounter	Acute Neurologic	Return to Provider
26141	S06A1XD	Traumatic brain compression with herniation, subsequent encounter	Acute Neurologic	Return to Provider
26142	S06A1XS	Traumatic brain compression with herniation, sequela	Acute Neurologic	Return to Provider



SNF Quality Reporting Program (QRP)

SNF Quality Reporting Program (QRP)

Background

- IMPACT ACT 2014- Improving Medicare Post Acute Care Transformation Act starts the Quality Reporting Program
- 2% reduction in the Medicare Annual Payment Update (APU) for facilities that do not submit data in accordance with the requirements
- FY 2024 Final Rule
 - 3 new measures
 - 3 existing measures removed
 - 1 modified measure

SNF Quality Reporting Program (QRP)

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)

*In response to the public health emergency (PHE) for the Coronavirus Disease 2019 (COVID-19), we released an Interim Final Rule (85 FR 27595 through 27597) which delayed the compliance date for collection and reporting of the Transfer of Health (TOH) Information measures for at least 2 full fiscal years after the end of the PHE. The compliance date for the collection and reporting of the Transfer of Health Information measures was revised to October 1, 2023 in the FY 2023 SNF PPS final rule (87 FR 47547 through 47551).

QRP – COVID-19 Vaccination Among Healthcare Personnel (HCP COVID-19)

- Currently requires data submission via NHSN
- Modification beginning with FY 2025
- Replacing the current term “complete vaccination course” with “up to date” in the definition
- Updates the numerator to specify the timeframes with which the HCP are considered up to date with recommended COVID-19 vaccines, including boosters
- Not risk-adjusted
- NHSN decision tree for “up to date” status:
<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

COVID-19 Vaccination Modules: Key Terms

COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination

This document defines key terms related to COVID-19 vaccination for the purpose of NHSN public health surveillance. Facilities can review these definitions when reporting data through the NHSN COVID-19 Vaccination Modules.

This document will be updated to reflect any changes as COVID-19 vaccination guidance evolves (for example, updates to CDC's *up to date* vaccination definition). This document will be updated quarterly. Use the definitions for the reporting period associated with the reporting weeks included in your data submission.

Contents

COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination	1
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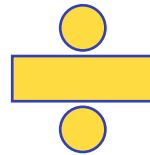
QRP - Discharge Function Score Measure



- Beginning with FY 2025
- Replaces Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (Application of Functional Assessment/Care Plan) measure
- Measure evaluates functional status by calculating the percentage of Medicare Part A SNF residents who meet or exceed an expected discharge function score
- Uses existing MDS data

QRP - Discharge Function Score Measure

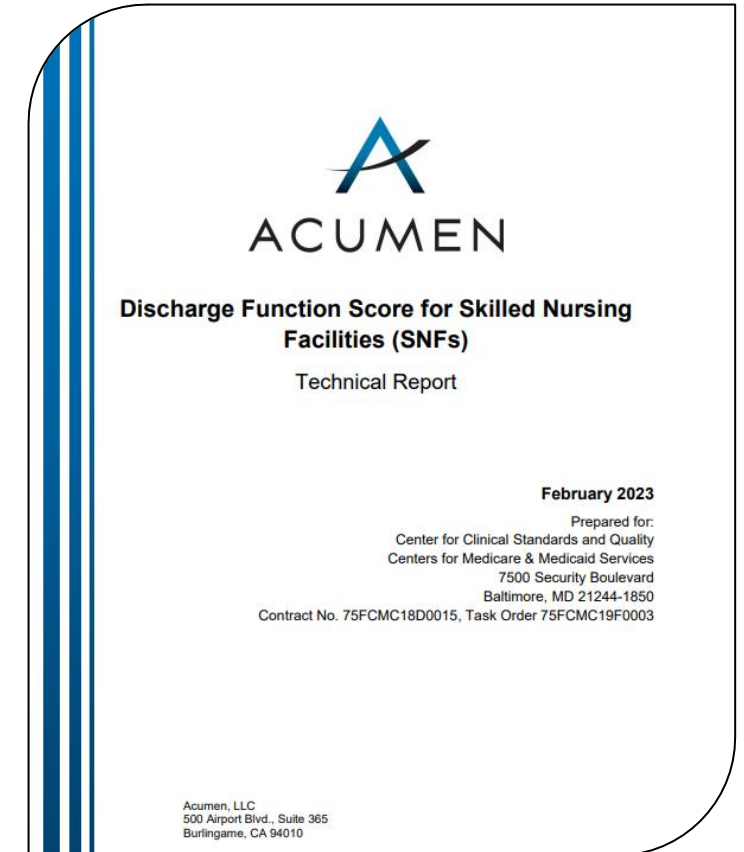
Number of SNF stays with an observed number of SNF stays with an observed discharge function score that is equal to or greater than the calculated expected discharge function score



Total number of SNF stays with an MDS record in the measure target period (four rolling quarters) that do not meet the measure exclusion criteria

QRP - Discharge Function Score Measure

- Observed discharge function score
 - Sum of individual function items values at discharge
- Expected discharge function score
 - Computed by risk-adjusting the observed discharge function score for each SNF stay
- Risk adjustment
 - Controls for resident characteristics such as admission function score, age, and clinical conditions



<https://www.cms.gov/files/document/snf-discharge-function-score-technical-report-february-2023.pdf-0>

QRP – COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

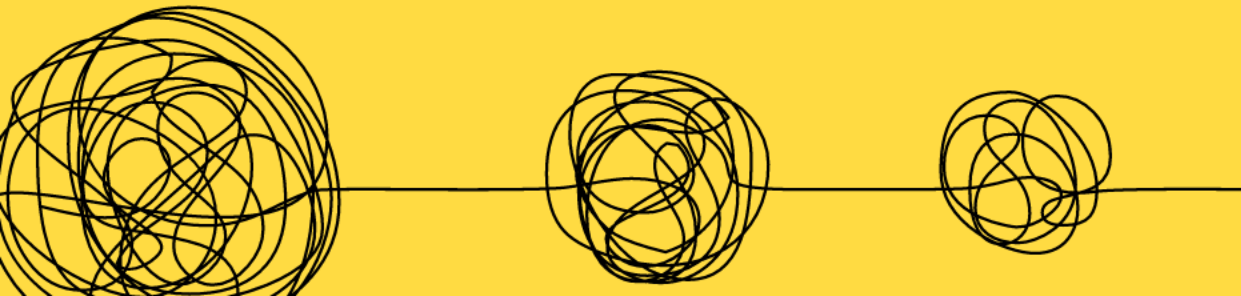


- Beginning with the FY 2026
- Would be reported on Care Compare
- Data source is the MDS – the item would be added to the Discharge MDS
- Process measure: reports the percent of stays in which residents in a SNF are up to date on their COVID-19 vaccines per the CDC’s latest guidance
- No exclusions, not risk-adjusted

<https://www.cms.gov/files/document/patient-resident-covid-vaccine-draft-specs.pdf>

Poll #2

Did you receive a letter regarding the FY 2024 Annual Payment update?



SNF QRP Data Completion Thresholds for MDS Data Items

- Beginning with FY 2026
- Increase the threshold for 100% of the required data from 80% to 90% of MDS assessments to be in compliance with the QRP reporting requirements
- CY 2024 SNF are required to report 100% of the required quality measures data and standardized patient assessment data (SPADES) on at least 90% of all assessments submitted
- Failure to meet the threshold are subject to a 2% reduction in the APU beginning with FY 2026

Public Reporting of Transfer of Health Information Measures

- Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC) Measure (TOH-Provider)
- TOH Information to the Patient – PAC Measure (TOH-Patient)
- Beginning with the October 2025 Care Compare refresh
- Data collection begins with residents discharged on or after October 1, 2023, with new items on MDS v1.18.11
 - A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
 - A2123. Provision of Current Reconciled Medication List to Resident at Discharge

QRP Measures Removed Beginning with the FY 2025 SNF QRP

- Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients Beginning

REMOVED

SNF Value-Based Purchasing Program (VBP)

SNF Value-Based Purchasing Program (VBP)

Background

- OBRA – Omnibus Reconciliation Act of 1987 – requires that nursing facilities provide care such that “attains and maintains his / her highest practicable physical, mental, and psychosocial well-being”
- Five Star Quality Rating System 2002 – published on Care Compare
- IMPACT ACT 2014- Improving Medicare Post Acute Care Transformation Act starts the Quality Reporting Program
- PAMA 2014 – Protecting Access to Medicare Act – mandated the Value-Based Purchasing Program

SNF Value-Based Scoring

Achievement Score- Compares facility's rate with the performance of all facilities nationally during the baseline period

Improvement Score- Compares facility's rate during the performance period with its previous performance during the baseline period

Performance Score – Compares achievement and performance scores, whichever is higher

Ranking- determines the facility's multiplier for the applicable FY

Public Reporting of VBP Program

- Facility-level and aggregate-level data can be found on the Provider Data Catalog (PDC)
- Data consists of
 - SNF VBP Program Rankings
 - Facility information
 - Baseline period RSRR
 - Performance Period RSRR
 - Achievement, improvement, and performance scores
 - Incentive payment multipliers

Current Incentive

- SNF Performance Scores publicly ranked from low to high
- 2% of SNFs' Medicare payments withheld to fund incentive payments
- Incentive payments total 60% of the amount withheld from SNFs
- The bottom 40% of SNFs must receive less in incentive payments than they would otherwise receive
- Individual facilities receive quarterly confidential feedback reports in CASPER and an annual update related to that year's incentive payment

SNF VBP Current Measure

- SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510)
- Claims-based measure
- Assesses the risk-standardized readmission rate (RSRR) of unplanned all-cause inpatient hospital readmissions of Medicare Fee-for-Service SNF patients within 30 days of discharge from a prior hospitalization
- Not the same as the QRP Potentially Preventable 30-Day Post-Discharge Readmission measure
- Not used to calculate Five-Star

Measures Finalized in the FY 2023 SNF PPS Final Rule

- FY 2026
 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure
 - Total Nursing Hours per Resident Day Staffing (Total Nurse Staffing) measure
- FY 2027
 - Discharge to Community—Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF) measure

VBP – Nursing Staff Turnover Measure



- Beginning with the FY 2026 program year
- Facilities will begin reporting for this measure in FY 2024
- Affects payments beginning in FY 2026
- Uses PBJ data
- Calculates annual turnover rates for nursing staff, including registered nurses (RNs), licensed practical nurses (LPNs), and nurse aides
- Currently used in Five-Star and publicly reported on Care Compare

VBP – Discharge Function Score Measure



- Beginning with the FY 2027 program year
- Same measure being adopted for QRP for the FY 2025 program year
- Functional measure – assesses the percentage of SNF residents who meet or exceed an expected discharge function score
- Uses Section GG self-care and mobility items already collected on the MDS

VBP – Long Stay Hospitalization Measure per 1,000 Resident Days



- Beginning with the FY 2027 program year
- Assessment of the hospitalization rate of long-stay residents
- Claims-based
- Number of unplanned inpatient admissions to an acute care hospital or critical access hospital, or outpatient observation stays that occurred among long-stay residents per 1,000 long-stay resident days using 1 year of Medicare fee-for-service (FFS) claims data
- Risk-adjusted

VBP – Percent of Residents Experiencing One or More Falls with Major Injury (LS)

- Beginning with the FY 2027 program year
- Assesses the falls with major injury rates of long-stay residents
- Outcome measure: estimates the percentage of long-stay residents who have experienced one or more falls with major injury
- Currently reporting under the CMS Nursing Home Quality Initiative (NHQI) and Five-Star
- Includes all long-stay residents
- Look-back scan is 275 days



VBP – SNF Within Stay Potentially Preventable Readmissions (SNF WS PPR)



- Replaces the current SNF 30-Day All-Cause Readmission Measure (SNFRM)
- Beginning with the FY 2028 program year
- Measures readmission for SNF residents who are readmitted to a short-stay acute-care or long-term care hospital with a principal diagnosis considered to be unplanned and possibly preventable while in the care of the SNF
- Risk-adjusted & denominator exclusions
- Claims-based measure using 2 consecutive years of Medicare FFS data

Inversion Scoring

- For measures where a lower number would indicate a better score, CMS will use inversion scoring to avoid confusion

TABLE 16: Proposed Measure Inversion Calculation Formulas

Measure	Inversion Calculation Formula
Nursing Staff Turnover measure	$\text{Nursing Staff Turnover Inverted Rate} = 1 - \text{Nursing Staff Turnover Rate}$
Falls with Major Injury (Long-Stay) measure	$\text{Falls with Major Injury (Long Stay) Inverted Rate} = 1 - \left(\frac{\text{Facility's Falls with Major Injury (Long Stay) Rate}}{100} \right)$
Long Stay Hospitalization measure	$\text{Long Stay Hospitalization Inverted Rate} = 1 - \left(\frac{\text{Long Stay Hospitalization Risk Standardize Rate}}{1,000} \right)$

VBP – MDS Validation

- Choose up to 1500 SNFs that submitted at least 1 MDS record in CY 2024 or participated in FY 2026 SNF VBP Program
- Contractor will request up to 10 records
- 45 days from the date of the request to submit the records
- Penalty for non-response or has not achieved a certain validation threshold
- MDS measures beginning with the FY 2027 program year



WHAT WE CAN DO?



What Can We Do?

- Discharge Function Measures in QRP & VBP
 - Accurate MDS Section GG data on Admission & Discharge
 - Accurate MDS coding of diagnoses, comorbidities
- Falls with Major Injury
 - Evaluate fall prevention program
 - Root cause analysis
 - Resident-specific interventions
 - QAPI



What Can We Do?

- COVID-19 Vaccines
 - Education for Staff, Residents, Families
 - CDC guidelines for “up to date” status
- Data Completion Thresholds
 - Quarterly Review of CASPER reports
 - If you are not routinely above 90% - why?
 - Limit use of dashes on MDS assessments



What Can We Do?

- Potentially Preventable Hospitalizations/ Long Stay Hospitalizations
 - Review all hospitalizations
 - Root cause analysis
 - QAPI
 - Medical Director involvement
 - Staff education
 - Family education



What Can We Do?

- Transfer of Health Information
 - Start now!
 - How will you document this?
 - Who, what, when, and how?
- Nurse Turnover Measures
 - Accurate PBJ

CALL US!

References & Resources

- <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2024-skilled-nursing-facility-perspective-payment-system-final-rule-cms-1779-f>
- <https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>
- <https://www.cms.gov/files/document/draftmds-30-rai-manual-v11811october2023.pdf-0>
- <https://www.cms.gov/files/zip/mds30finalitemsv11811v4foroct12023.zip>
- <https://www.cms.gov/files/zip/fy-2024-pdpm-icd-10-mapping.zip>
- <https://www.cms.gov/medicare/medicare-fee-for-service-payment/snfpps/pdpm>
- <https://www.cms.gov/files/document/fy-2025-snf-qrp-apu-table-reporting-assessment-based-measures-and-standardized-patient-assessment.pdf>
- <https://www.cms.gov/files/document/snf-quality-measure-calculations-and-reporting-users-manual-v40.pdf>

References & Resources

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information>
- <https://www.cms.gov/sites/default/files/2023-08/FY2024-SNF-VBP-Fact-Sheet.pdf>
- <https://www.cms.gov/sites/default/files/2023-08/FY2024-SNF-VBP-Timeline.pdf>
- <https://www.cms.gov/files/document/snfvbpfqsmarch2023.pdf>
- <https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>
- <https://www.cms.gov/files/document/snf-discharge-function-score-technical-report-february-2023.pdf-0>
- <https://www.cms.gov/files/document/patient-resident-covid-vaccine-draft-specs.pdf>



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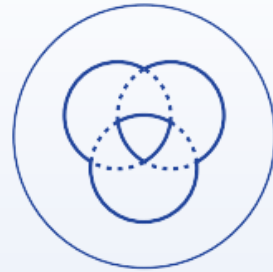
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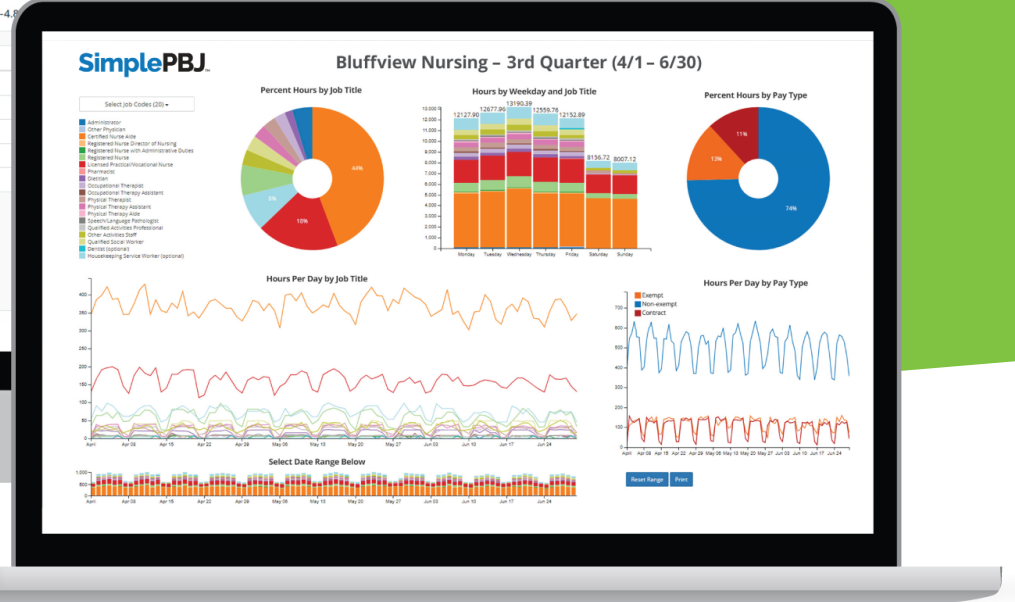
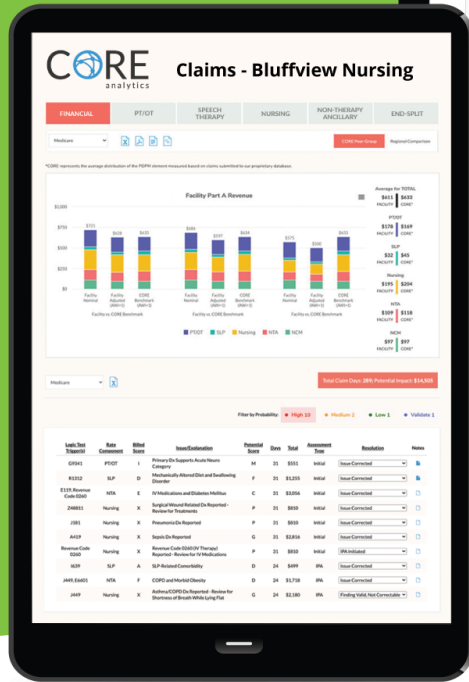


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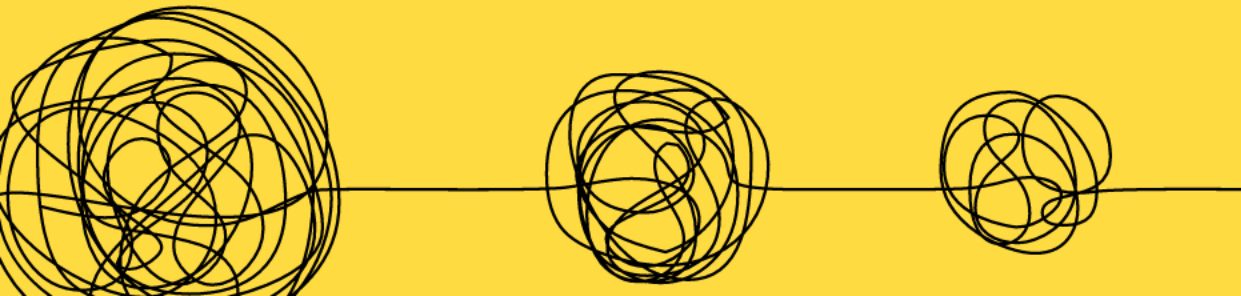
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