QRM Quality Rehab Management | SIMPLELTC™ A BRIGGS HEALTHCARE COMPANY

Taking GG from Good to Great

Capturing True Baseline and DC status

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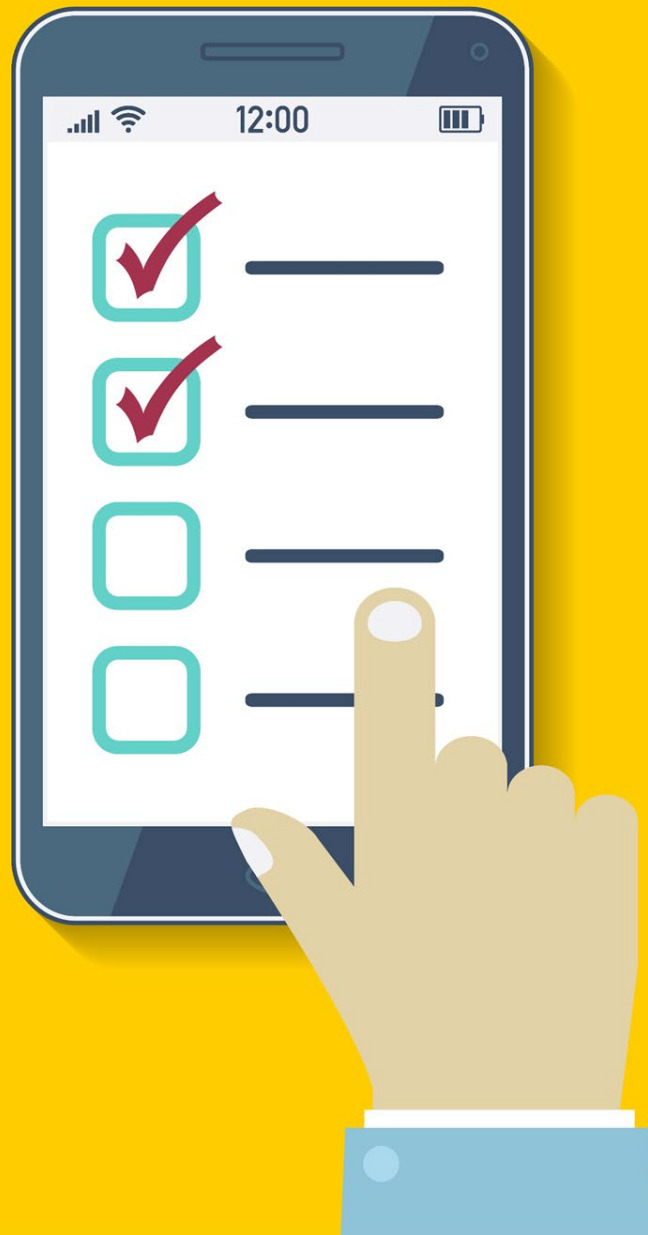
Sponsored by:
QRM & SimpleLTC

Agenda -
Why Taking GG from Good to Great is Critical…

- The Full Impact of GG Self Care and Mobility Scores in Today's World
  - PDPM Reimbursement PT/OT and Nursing
  - QRPs – Telling our Outcome Story to CMS
  - Setting the stage for our future in a Post Acute Uniform Payment Model world…
- What is our Industry Reporting to CMS
- Gathering True Baseline / DC GG levels…who, what, where, how?
- Strategies to Gain Accuracy in Coding / Scoring
- Monitoring for Optimal Success – Clinically and Financially
  - Casper
  - SimpleLTC
  - PDPM baseline



Poll #1

GG Impact

- **The IMPACT Act of 2014**
  - Mandated a massive movement towards uniform gathering of data across all post acute providers – thus the birth of Section GG in 2016 in SNFs
  - Expectation of CMS is that by 2024, we will be functioning under a "Unified Post Acute Payment Model"
- **GG Prior Level and Baseline Guides**
  - Patient Specific Goals
  - Care Planning and Delivery of Care
  - Transition Readiness
- **QRPs**
  - 2% at risk for Incomplete Assessments in GG ('no dashes' in baseline)
  - Capturing of Functional Improvement (baseline vs DC self care and mobility scores)
  - Jan – Dec 2020 is being assessed to determine 2022 QRPs
  - CMS' assessment of 'Functional Outcomes' in a PDPM world no longer driven by days/minutes of rehab
- **PDPM**
  - PT/OT and Nursing Reimbursement Drivers as of Oct 2019
- **Future of SNFs Payment Models in the Post Acute Arena**
  - CMS is currently assessing functional outcome differences as taken from uniform GG data - comparing LTACHs, IRFs, SNFs, and Home Health to model the future payment model

Source: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures

Minimum Data Set (MDS) Color-Coded

Resident _____ Identifier _____ Date _____

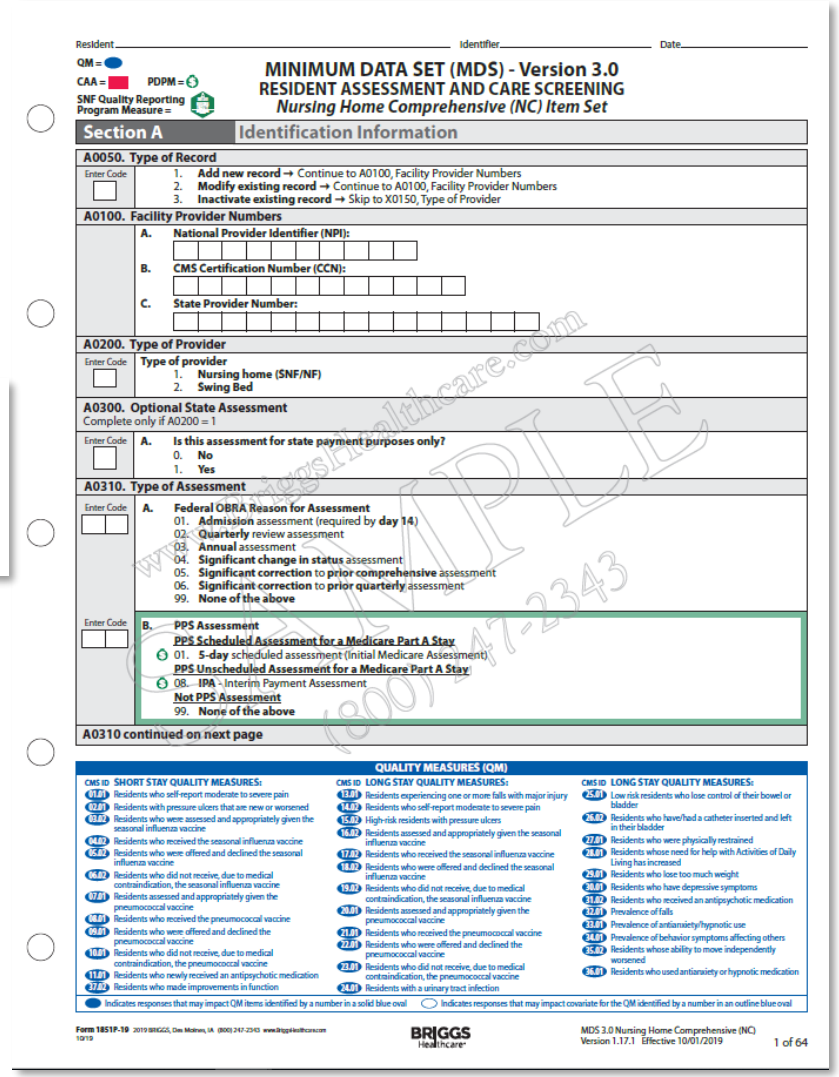
QM = ●

CAA = ■ PDPM = $

SNF Quality Reporting Program Measure =

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

GG: Pages 17-23



Resident _____ Identifier _____ Date _____

QM = ●
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MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A Identification Information

A0050. Type of Record
Enter Code
1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers
A. **National Provider Identifier (NPI):**
B. **CMS Certification Number (CCN):**
C. **State Provider Number:**

A0200. Type of Provider
Enter Code
Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0300. Optional State Assessment
Complete only if A0200 = 1
Enter Code
A. **Is this assessment for state payment purposes only?**
0. **No**
1. **Yes**

A0310. Type of Assessment
Enter Code
A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by **day 14**)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code
B. **PPS Assessment**
PPS Scheduled Assessment for a Medicare Part A Stay
$ 01. **5-day** scheduled assessment (Initial Medicare Assessment)
PPS Unscheduled Assessment for a Medicare Part A Stay
$ 08. **IPA** - Interim Payment Assessment
Not PPS Assessment
99. **None of the above**

A0310 continued on next page

QUALITY MEASURES (QM)

CMS ID **SHORT STAY QUALITY MEASURES:**
- 07.01 Residents who self-report moderate to severe pain
- 07.02 Residents with pressure ulcers that are new or worsened
- 07.03 Residents who were assessed and appropriately given the seasonal influenza vaccine
- 07.04 Residents who received the seasonal influenza vaccine
- 07.05 Residents who were offered and declined the seasonal influenza vaccine
- 07.06 Residents who did not receive, due to medical contraindication, the seasonal influenza vaccine
- 07.07 Residents assessed and appropriately given the pneumococcal vaccine
- 07.08 Residents who received the pneumococcal vaccine
- 07.09 Residents who were offered and declined the pneumococcal vaccine
- 07.10 Residents who did not receive, due to medical contraindication, the pneumococcal vaccine
- 07.11 Residents who newly received an antipsychotic medication
- 07.12 Residents who made improvements in function

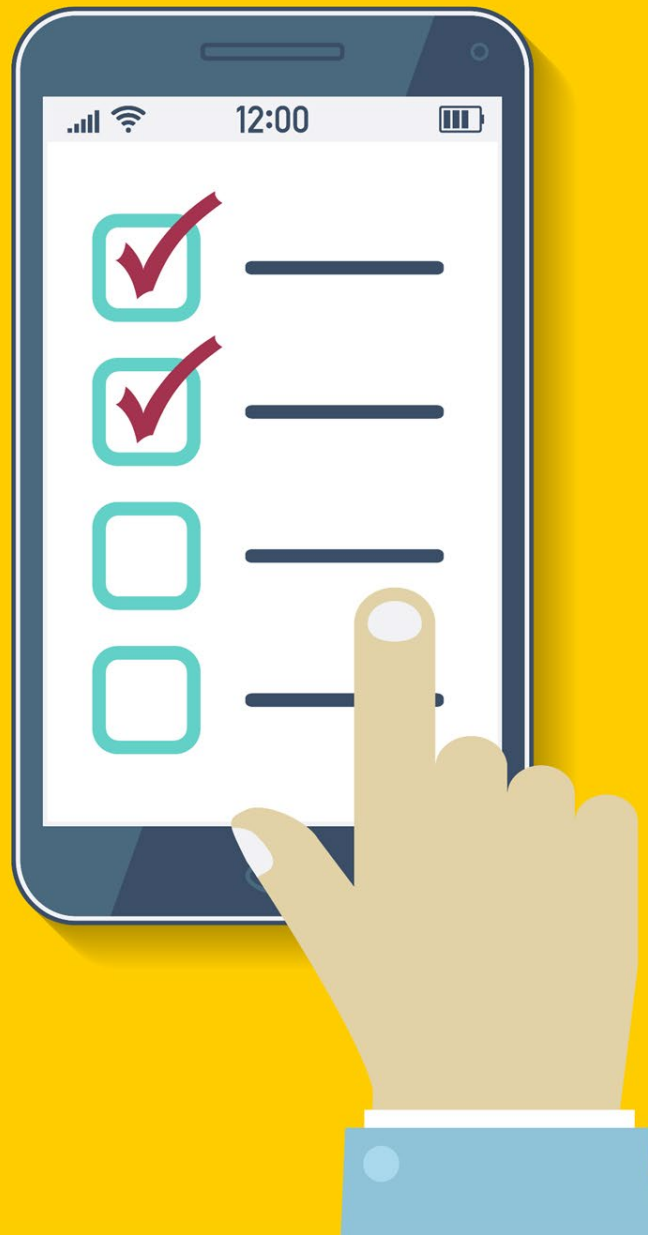
CMS ID **LONG STAY QUALITY MEASURES:**
- 07.13 Residents experiencing one or more falls with major injury
- 07.14 Residents who self-report moderate to severe pain
- 07.15 High-risk residents with pressure ulcers
- 07.16 Residents assessed and appropriately given the seasonal influenza vaccine
- 07.17 Residents who received the seasonal influenza vaccine
- 07.18 Residents who were offered and declined the seasonal influenza vaccine
- 07.19 Residents who did not receive, due to medical contraindication, the seasonal influenza vaccine
- 07.20 Residents assessed and appropriately given the pneumococcal vaccine
- 07.21 Residents who received the pneumococcal vaccine
- 07.22 Residents who were offered and declined the pneumococcal vaccine
- 07.23 Residents who did not receive, due to medical contraindication, the pneumococcal vaccine
- 07.24 Residents with a urinary tract infection

CMS ID **LONG STAY QUALITY MEASURES:**
- 07.25 Low risk residents who lose control of their bowel or bladder
- 07.26 Residents who have/had a catheter inserted and left in their bladder
- 07.27 Residents who were physically restrained
- 07.28 Residents whose need for help with Activities of Daily Living has increased
- 07.29 Residents who lose too much weight
- 07.30 Residents who have depressive symptoms
- 07.31 Residents who received an antipsychotic medication
- 07.32 Prevalence of falls
- 07.33 Prevalence of antianxiety/hypnotic use
- 07.34 Prevalence of behavior symptoms affecting others
- 07.35 Residents whose ability to move independently worsened
- 07.36 Residents who used antianxiety or hypnotic medication

● Indicates responses that may impact QM items identified by a number in a solid blue oval ○ Indicates responses that may impact covariate for the QM identified by a number in an outline blue oval

Form 1851P-19 10/19 BRIGGS Healthcare MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.1 Effective 10/01/2019 1 of 64

Source: https://www.briggshealthcare.com/assets/itemdownloads/1858P-18.pdf



Poll #2

GG Scoring Worksheet Sample

Download tool

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

PDPM Functional Scoring

PT / OT Function Score Construction		
Response		Score
05, 06	Set-up assistance, Independent	4
4	Supervision or touching assistance	3
3	Partial / moderate assistance	2
2	Substantial / maximal assistance	1
01, 07, 09, 10, 88	Dependent, Refused, N/A, Not Attempted	0
** Coded based on response to GG0170H1 (does the resident walk?)*		

Using Section GG

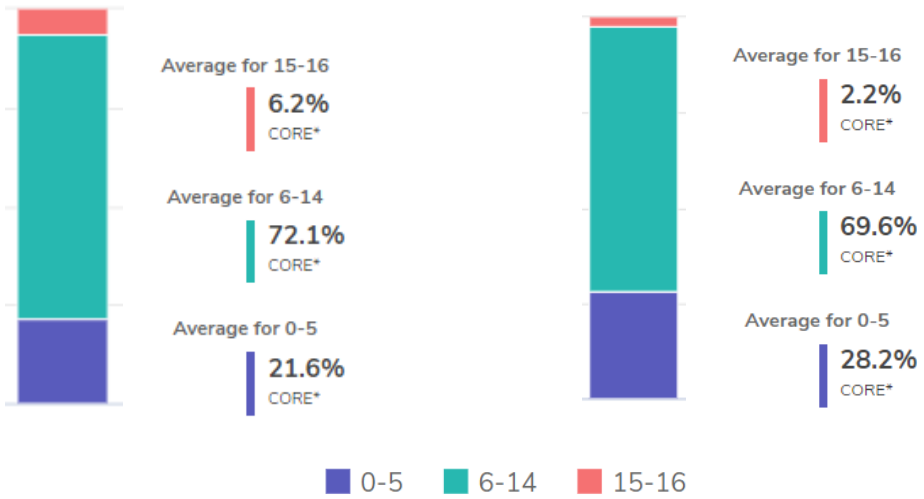
Section GG Items Included in PT, OT & Nursing Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene*	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1 GG0170C1	Mobility: Sit to lying Mobility: Lying to sitting on side of bed	0 - 4 (average of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to stand Mobility: Chair / bed -to-chair transfer Mobility: Toilet transfer	0 - 4 (average of 3 items)
GG0170J1 GG0170K1	Mobility: Walk 50 feet with 2 turns* Mobility: Walk 150 feet*	0 - 4 (average of 2 items)

**Not included in Nursing Functional Score*

GG Breakdown for PT / OT & Nursing

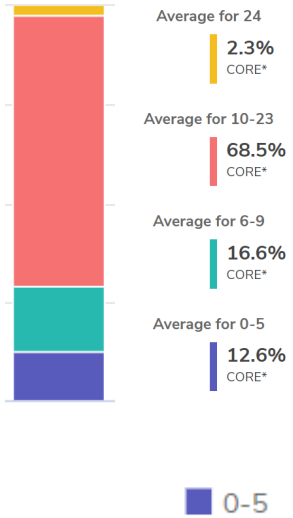
PDPM Breakdown by GG Score			
	PT / OT		Nursing
More Dependent	0 - 5	More Dependent	0 - 5
	6 - 9		6 - 14
	10 - 23	Independent / Set Up	15 - 16
Independent	24		

October 2019
Nursing Function Score
By assessment count displayed as percentage

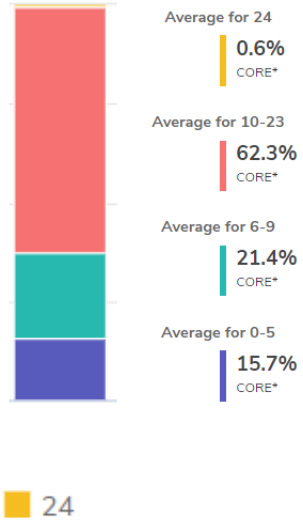


3-Month Avg. (Jan, Feb, Mar)
Nursing Function Score
By assessment count displayed as percentage

October 2019
PT/OT Function Score
By assessment count displayed as percentage



3-Month Avg. (Jan, Feb, Mar)
PT/OT Function Score
By assessment count displayed as percentage



GG Items Included in Functional Outcome Scoring - QRPs and *PDPM

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

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

Source: CMS QRP Document

Gathering True Baseline/ Goals/ DC “Usual”

Who, What, When, Where of GG Data Capture

- Who’s Involved:
  - Resident, Nurses, CNAs, Therapy, Family, MDS, Admissions…
- What / When is to be Determined by the IDT:
  - Prior Level of Function – prior to admission if possible
  - “Usual Performance” – first 3 days of the Part A Stay (admission to 11:59 pm day 3)
  - Goals based on Prior Level, Current Level and Anticipated DC plans
  - “Usual Performance” Last day of stay and 2 days prior
- Where is this Captured:
  - Documentation of level of assistance on GG items must be present in the Medical Record
  - Functional levels fluctuate: Multiple entries should be noted and most logically won’t match
    - time of day,
    - level of assistance provided,
    - fatigue,
    - medication…
  - Many trackers available (AANAC tool)
  - ***IDT note entry is best practice once IDT determines “Usual Performance” for Admit and DC***

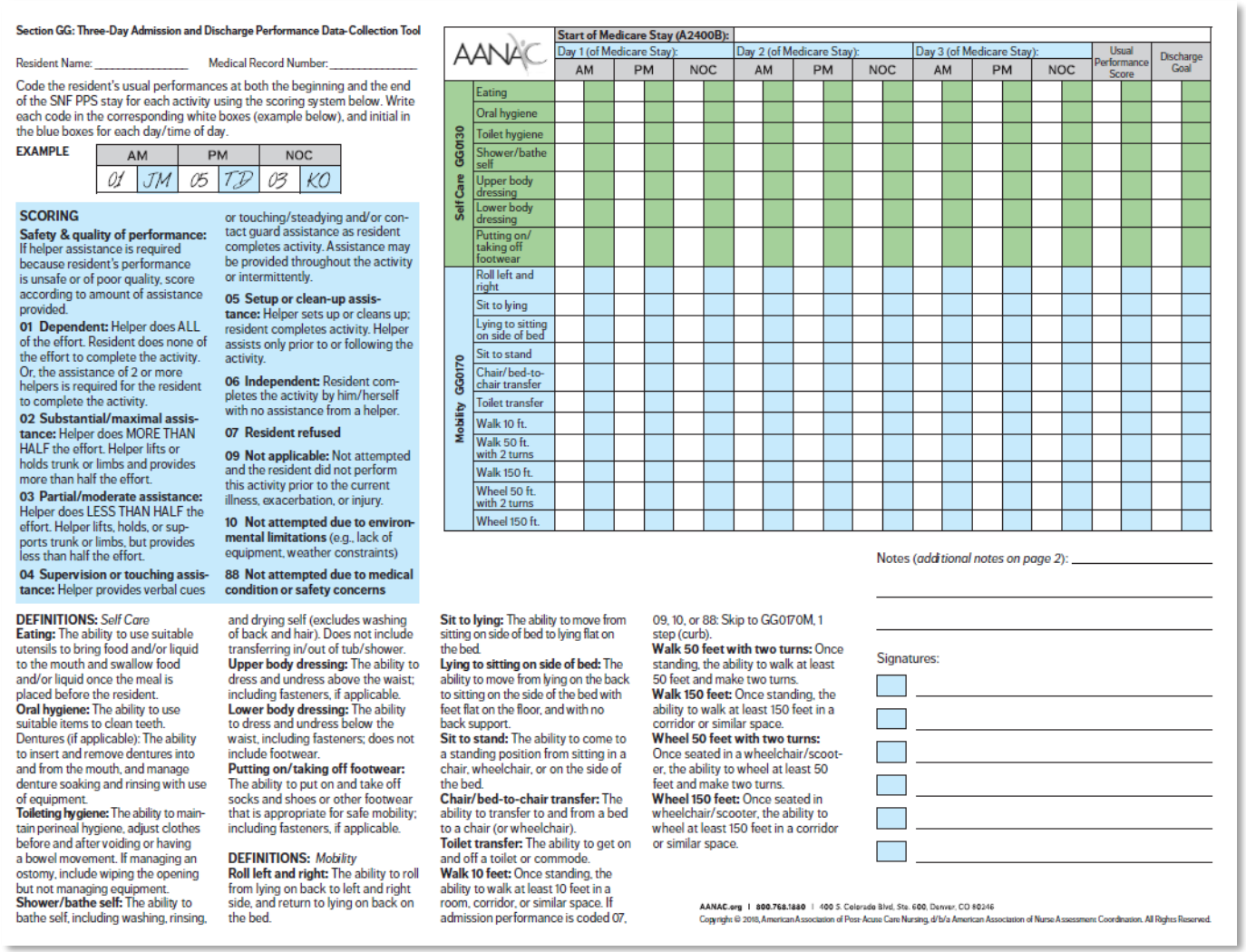
Gathering True Baseline/ Goals/ DC “Usual”

How to Capture Usual Performance

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

GG Data Collection

GG Data Gathering for True Baseline and DC



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

Resident Name: _____ Medical Record Number: _____

Code the resident's usual performances at both the beginning and the end of the SNF PPS stay for each activity using the scoring system below. Write each code in the corresponding white boxes (example below), and initial in the blue boxes for each day/time of day.

EXAMPLE

AM		PM		NOC	
01	JM	05	TD	03	KO

SCORING

Safety & quality of performance: If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

01 Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

02 Substantial/maximal assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

03 Partial/moderate assistance: Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

04 Supervision or touching assistance: Helper provides verbal cues or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 Setup or clean-up assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 Independent: Resident completes the activity by him/herself with no assistance from a helper.

07 Resident refused

09 Not applicable: Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

10 Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88 Not attempted due to medical condition or safety concerns

DEFINITIONS: *Self Care*

Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

DEFINITIONS: *Mobility*

Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).

Toilet transfer: The ability to get on and off a toilet or commode.

Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88: Skip to GG0170M, 1 step (curb).

Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.

Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

AANAC	Start of Medicare Stay (A2400B):																					
	Day 1 (of Medicare Stay):						Day 2 (of Medicare Stay):						Day 3 (of Medicare Stay):						Usual Performance Score		Discharge Goal	
	AM		PM		NOC		AM		PM		NOC		AM		PM		NOC					
Self Care GG0130																						
Eating																						
Oral hygiene																						
Toilet hygiene																						
Shower/bathe self																						
Upper body dressing																						
Lower body dressing																						
Putting on/ taking off footwear																						
Mobility GG0170																						
Roll left and right																						
Sit to lying																						
Lying to sitting on side of bed																						
Sit to stand																						
Chair/bed-to-chair transfer																						
Toilet transfer																						
Walk 10 ft.																						
Walk 50 ft. with 2 turns																						
Walk 150 ft.																						
Wheel 50 ft. with 2 turns																						
Wheel 150 ft.																						

Notes (*additional notes on page 2*): _____

Signatures:

AANAC.org | 800.768.1880 | 400 S. Colorado Blvd, Ste. 600, Denver, CO 80246
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https://www.aanac.org/Information/Tools/post/section-gg-data-collection-tool/2018-09-12

Decision Tree

Section GG
Key Coding Questions and Answers

AANAC | AAPACN American Association of Post-Acute Care Nursing | AADNS

START HERE

**Only use the "activity not attempted codes" if the activity did not occur; that is, the resident did not perform the activity and a helper did not perform that activity for the resident.*

Does the resident need assistance (physical, verbal/ non-verbal cueing, setup/clean-up) to complete the self-care activity?
- NO → **CODE 06: Independent**
- YES ↓

Does the resident need only setup or clean-up assistance?
- YES → **CODE 05: Setup or Clean-up Assistance**
- NO ↓

Does the resident need only verbal/non-verbal cueing, or steadying/touching assistance?
- YES → **CODE 04: Supervision or Touching Assistance**
- NO ↓

Does the resident need lifting assistance or trunk support with the helper providing **less than half** of the effort?
- YES → **CODE 03: Partial/Moderate Assistance**
- NO ↓

Does the resident need lifting assistance or trunk support with the helper providing **more than half** of the effort?
- YES → **CODE 02: Substantial/Maximal Assistance**
- NO ↓

Does the helper provide all of the effort to complete the activity or require 2 helpers?
- YES → **CODE 01: Dependent**

DEFINITIONS

CODE 06: Independent
Resident completes the activity by him/herself with no assistance from a helper.

CODE 05: Setup or Clean-Up Assistance
Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.

CODE 04: Supervision or Touching Assistance
Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

CODE 03: Partial/Moderate Assistance
Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort

CODE 02: Substantial/Maximal Assistance
Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

CODE 01: Dependent
Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

Activity not attempted codes:

Code 07, Resident Refused:
If the resident refused to complete the activity.

Code 09, Not applicable:
If the activity was not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not Attempted Due to Environmental Limitations
If the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.

Code 88, Not Attempted Due to Medical Condition or Safety Concerns:
If the activity was not attempted due to medical condition or safety concerns.

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GG Data Gathering for True Baseline and DC

https://www.aanac.org/Portals/0/CD%20Tools/AANAC_Section_GG_Key%20Coding_Tool_r1v3.pdf

CMS GG Training Videos

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

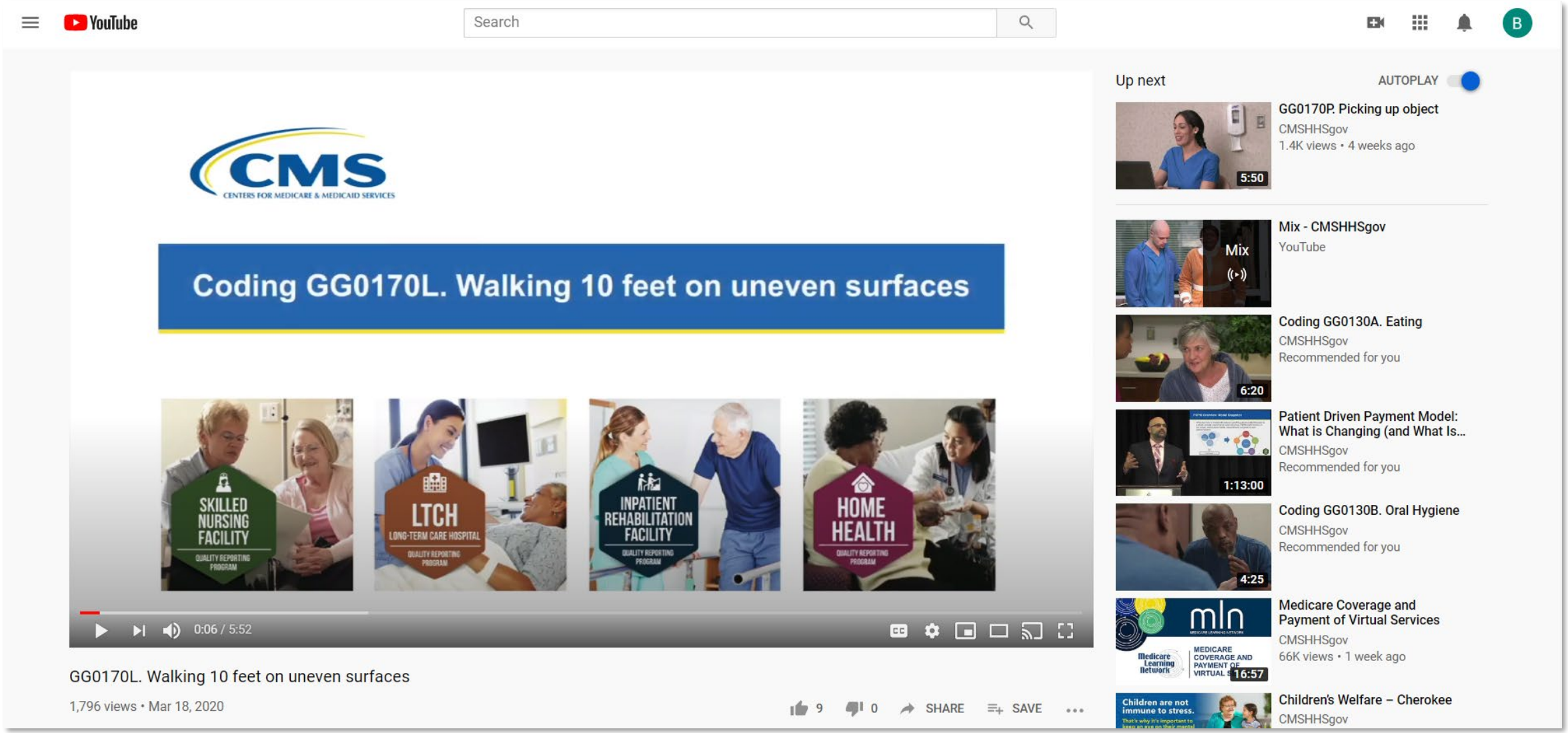
NEW Video Tutorials Available to Assist with Coding Specific Section GG

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

GG0130H. Putting on/taking off footwear.

GG0170L. Walking 10 feet on uneven surfaces.

GG1070P. Picking up object.


YouTube
Search
B
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
Coding GG0170L. Walking 10 feet on uneven surfaces
SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM
LTCH
LONG-TERM CARE HOSPITAL
QUALITY REPORTING PROGRAM
INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM
HOME HEALTH
QUALITY REPORTING PROGRAM
0:06 / 5:52
GG0170L. Walking 10 feet on uneven surfaces
1,796 views • Mar 18, 2020
9
0
SHARE
SAVE
Up next
AUTOPLAY
5:50
GG0170P. Picking up object
CMSHHSgov
1.4K views • 4 weeks ago
Mix
Mix - CMSHHSgov
YouTube
6:20
Coding GG0130A. Eating
CMSHHSgov
Recommended for you
1:13:00
Patient Driven Payment Model: What is Changing (and What Is...
CMSHHSgov
Recommended for you
4:25
Coding GG0130B. Oral Hygiene
CMSHHSgov
Recommended for you
mln
Medicare Learning Network
MEDICARE COVERAGE AND PAYMENT OF VIRTUAL
16:57
Medicare Coverage and Payment of Virtual Services
CMSHHSgov
66K views • 1 week ago
Children are not immune to stress.
Children's Welfare – Cherokee
CMSHHSgov

Watch video

Decision Tree for Resident and Staff Interview Example: Self-Care/Eating

- Did the resident need **any** assistance (physical, verbal, nonverbal cueing or set up/clean up) bringing food and/or liquids to the mouth and swallowing?
    - No Assist at all = Code 06: Independent
    - Yes, required assistance = Continue

- Did the resident need **only** set up or clean up help to bring food and/or liquids to the mouth and swallow?
    - Yes = 05 Setup/Clean-up Assistance
    - No = continue

Decision Tree for Resident and Staff Interview Example: Self-Care/Eating

- Did the resident need **only** verbal/nonverbal cuing or steadying/touching/CGA to bring food and/or liquids to the mouth and swallow food and/or liquids safely?
    - Yes = 04 Supervision/Touching Assistance
    - No, continue

- Did the resident require physical assistance lifting or any kind of support? If so, was it for **less than half** the effort while bringing food and/or liquids to the mouth?
    - Yes = 05 Partial/ Moderate Assistance
    - No = continue

Decision Tree for Resident and Staff Interview Example: Self-Care/Eating

- Did the resident need physical assistance lifting or providing support from ONE helper with the helper providing **more than half** the effort of bringing food and/or liquids to the mouth?
    - Yes = 02 Substantial/Maximal Assistance
    - No, continue

- Did the helper provide **all the effort** to complete the activity **OR** were **TWO helpers** required to complete the activity? Resident was unable to assist with bringing food and/or liquid to mouth which required the **helper to complete the entire task OR TWO helpers were required** during the activity.
    - Yes = 01 Dependent

- **If not attempted, code appropriate activity not attempted code**
    - 07 Resident Refused – resident refused to complete the activity of bringing food and/or liquid to mouth and swallowing
    - 09 Not applicable – resident does not eat or drink by mouth at the time of the assessment and did not eat or drink by mouth prior
    - 10 Not attempted due to environmental limitations – would not be an applicable code for Eating
    - 88 Not attempted due to medical condition or safety concerns – resident does not eat or drink by mouth at the time of the assessment due to a new medical condition

Top 3 GG Myths & Opportunities

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

Reality: Start collecting GG ASAP upon admission and documenting function in multiple environments at different times of the day until the benefit of therapy is noted.

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

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

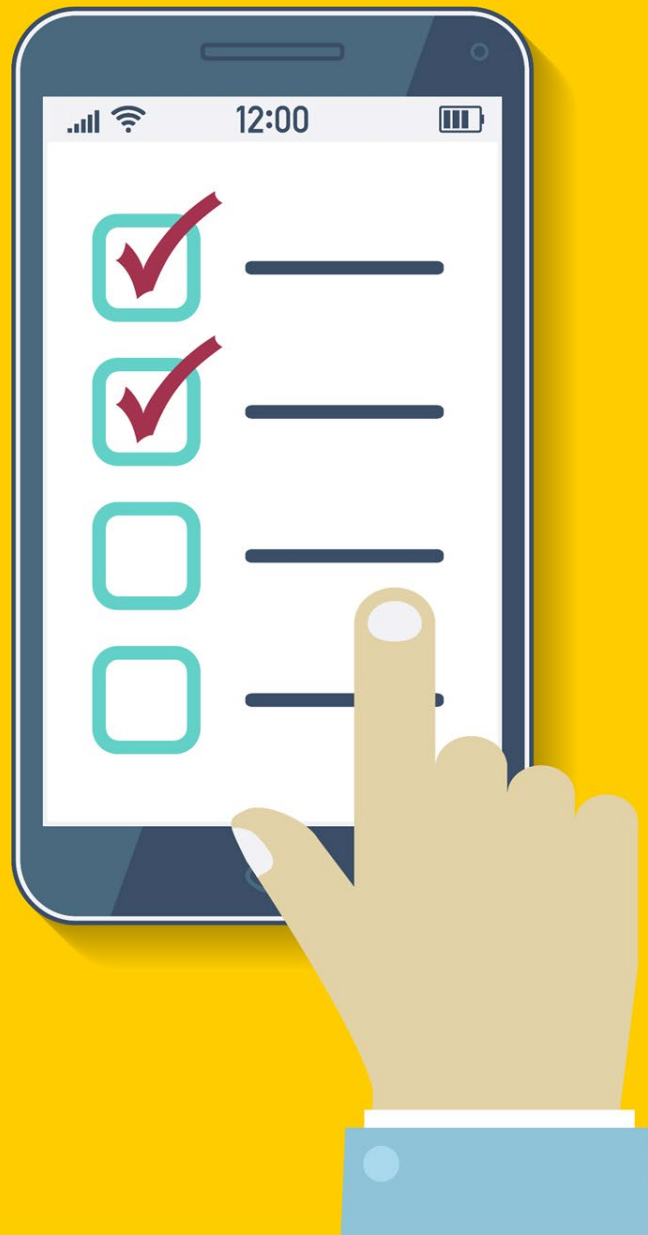
Reality: CMS' response: SNFs only have to code one of the 12 Section GG DC goal items. As long as at least one goal is coded, up to 11 Section GG discharge goal items can be dashed without impacting the QRP data.

Opportunity: Determine which of the 24 GG goals are most appropriate for each individual patient to achieve to safely transition to the next level of care. Ensure all IDT members are aware of the goals established and addressing progress towards those goals at least weekly.

Myth #3: Avoid using "not-assessed" coding options

Reality: An enhancement in Section GG vs G providing answers for why certain items cannot be assessed without using dashes

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



Poll #3

GG Impact – "Functional Outcomes" Defined in QRPs

SNF Functional Outcome Measure:

- **Discharge Self-Care Score** - SNF QRP Reported in CASPER Data Source: MDS
  - This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an **expected discharge self-care score**
  - Includes (Numerator): The total number of Medicare Part A SNF stays with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score (GG)
  - Compared to (Denominator): The total number of Medicare Part A SNF stays except those that meet the exclusion criteria
  - Know your exclusion criteria and co-variates: Ex: Unexpected DCs, No PT/OT upon admission, **Prior Functional Levels (GG),** Hospice Dx…
- **Discharge Mobility Score** - SNF QRP Reported in CASPER - Data Source: MDS
  - Estimates the % of Medicare Part A SNF stays that meet or exceed an **expected discharge mobility score** (GG)
  - Includes (Numerator): The total number of Medicare Part A SNF stays with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score
  - Compared to (Denominator): The total number of Medicare Part A SNF stays except those that meet the exclusion criteria
  - Know your exclusion criteria and co-variates

GG Impact – "Functional Outcomes" Defined in QRPs, cont.

SNF Functional Outcome Measure:

- **Change in Self-Care Score** SNF QRP Reported in CASPER – Data Source: MDS
  - Estimate of the risk-adjusted change in self-care score between admission and discharge among Medicare Part A SNF stays (GG)
  - Includes: Medicare Part A SNF stays estimating the risk adjusted change in self-care score - calculated as the difference between the discharge selfcare score (GG) and the admission self-care score (GG)
  - Compared to: The total number of Medicare Part A SNF stays except those that meet the exclusion criteria
- **Change in Mobility Score** SNF QRP Reported in CASPER – Data Source: MDS
  - Estimate of the risk-adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays
  - Includes: Risk adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria – calculated as the difference between the discharge mobility score (GG) and the admission mobility score (GG)
  - Compared to: The total number of Medicare Part A SNF stays except those that meet the exclusion criteria

Medicare Part A QRP SNF Stay Exclusions

MDS Coding Impactors

- The Medicare Part A SNF Stay is an incomplete stay:
  - Unplanned discharge, which would include discharge against medical advice
  - Discharge to acute hospital, psychiatric hospital, long-term care hospital
  - SNF PPS Part A stay less than 3 days
  - The resident died during the SNF stay
- The resident has the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain
- The resident is younger than age 21
- The resident is discharged to hospice or received hospice while a resident
- The resident did not receive physical or occupational therapy services at the time of admission

Source: CMS QRP Document

Medicare Part A QRP SNF Stay Co-Variates

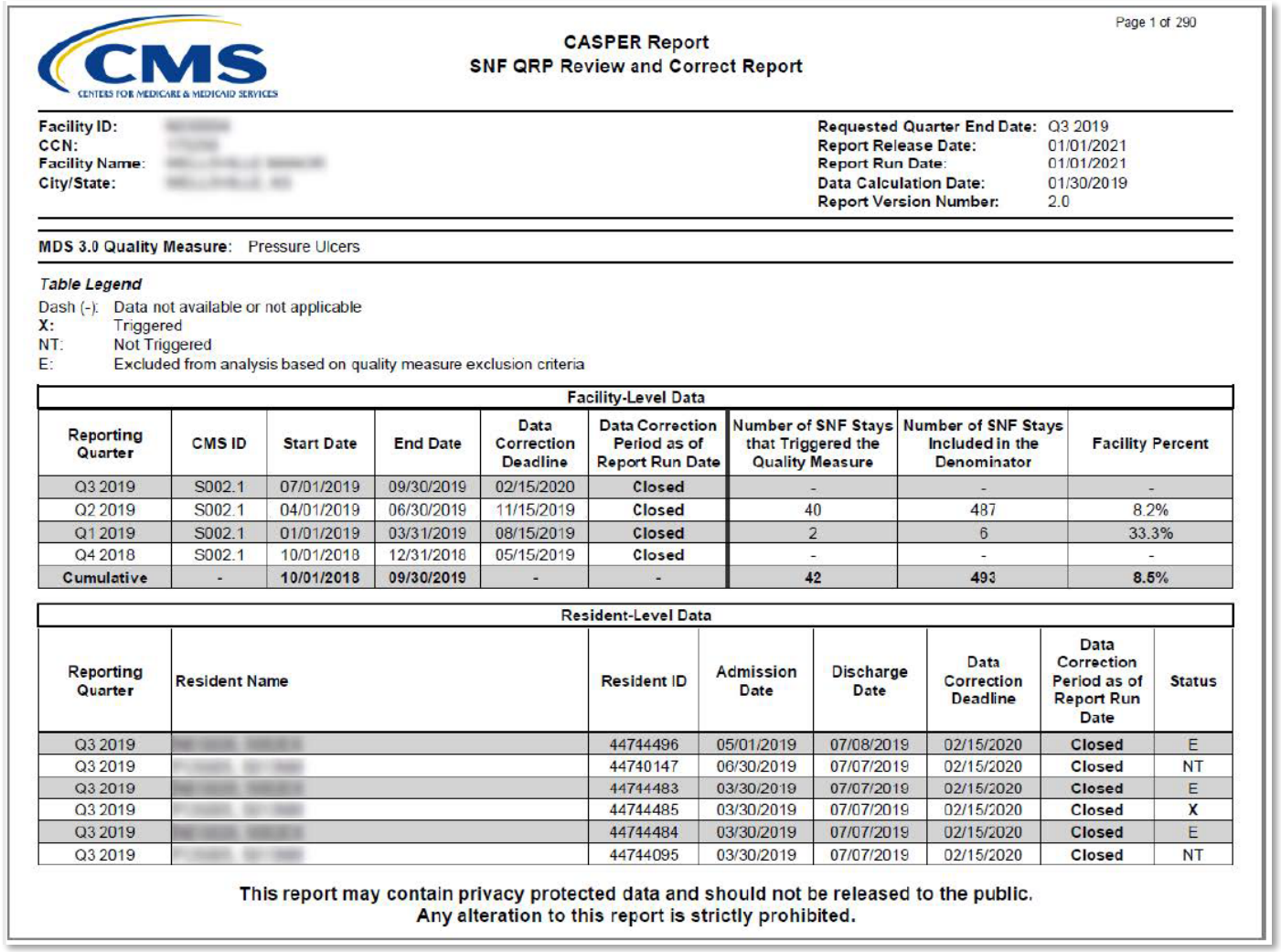
MDS Coding Impactors

- Age group
- Admission self-care score – continuous score
- Admission self-care score – squared form
- Primary medical condition category
- Interaction between primary medical condition category and admission self-care score
- Prior surgery
- Prior functioning: self-care
- Prior functioning: indoor mobility (ambulation)
- Prior mobility device use
- Stage 2 pressure ulcer
- Stage 3, 4, or unstageable pressure ulcer/injury
- Cognitive abilities
- Communication Impairment
- Urinary Continence
- Bowel Continence
- Tube feeding or total parenteral nutrition
- Comorbidities

Monitoring for Progress and Optimal Success

- Monitor Progress Towards Goals during IDT gatherings
  - Rehab Goals and POC should mirror Functional Goals established by IDT in Section GG
  - Transition Readiness should be based on accomplishment of GG Goals as discussed by the IDT
- Utilize CASPER Reports
  - SNF QRP Provider Preview –
    - Previews data reported on Nursing Home Compare prior to release
    - MDS and Claims based measures impacting SNF QRP compared to national rates
  - CASPER Review and Correct Report –
    - Resident and Facility Quality Measure (QM) information updated on a quarterly bases, refreshed weekly
    - Review reports prior to quarterly data submission deadline to ensure accuracy
  - CASPER QM Reports –
    - Refreshed Monthly 2 reports: Facility and Resident level QMs for a single reporting period
  - SNF Resident-Level Quality Measure Report –
    - Displays Residents assessments impacting SNF quality measures – verify accuracy
  - SNF Facility-Level Quality Measure Report –
    - Facility level QM values for selected 12-month period from MDS and Medicare FFS Claims

Monitoring for Optimal Success – Clinical and Financial



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
SNF QRP Review and Correct Report

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

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

MDS 3.0 Quality Measure: Pressure Ulcers

Table Legend

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

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	S002.1	07/01/2019	09/30/2019	02/15/2020	**Closed**	-	-	-
Q2 2019	S002.1	04/01/2019	06/30/2019	11/15/2019	**Closed**	40	487	8.2%
Q1 2019	S002.1	01/01/2019	03/31/2019	08/15/2019	**Closed**	2	6	33.3%
Q4 2018	S002.1	10/01/2018	12/31/2018	05/15/2019	**Closed**	-	-	-
Cumulative	-	**10/01/2018**	**09/30/2019**	-	-	**42**	**493**	**8.5%**

Resident-Level Data

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q3 2019		44744496	05/01/2019	07/08/2019	02/15/2020	**Closed**	E
Q3 2019		44740147	06/30/2019	07/07/2019	02/15/2020	**Closed**	NT
Q3 2019		44744483	03/30/2019	07/07/2019	02/15/2020	**Closed**	E
Q3 2019		44744485	03/30/2019	07/07/2019	02/15/2020	**Closed**	**X**
Q3 2019		44744484	03/30/2019	07/07/2019	02/15/2020	**Closed**	E
Q3 2019		44744095	03/30/2019	07/07/2019	02/15/2020	**Closed**	NT

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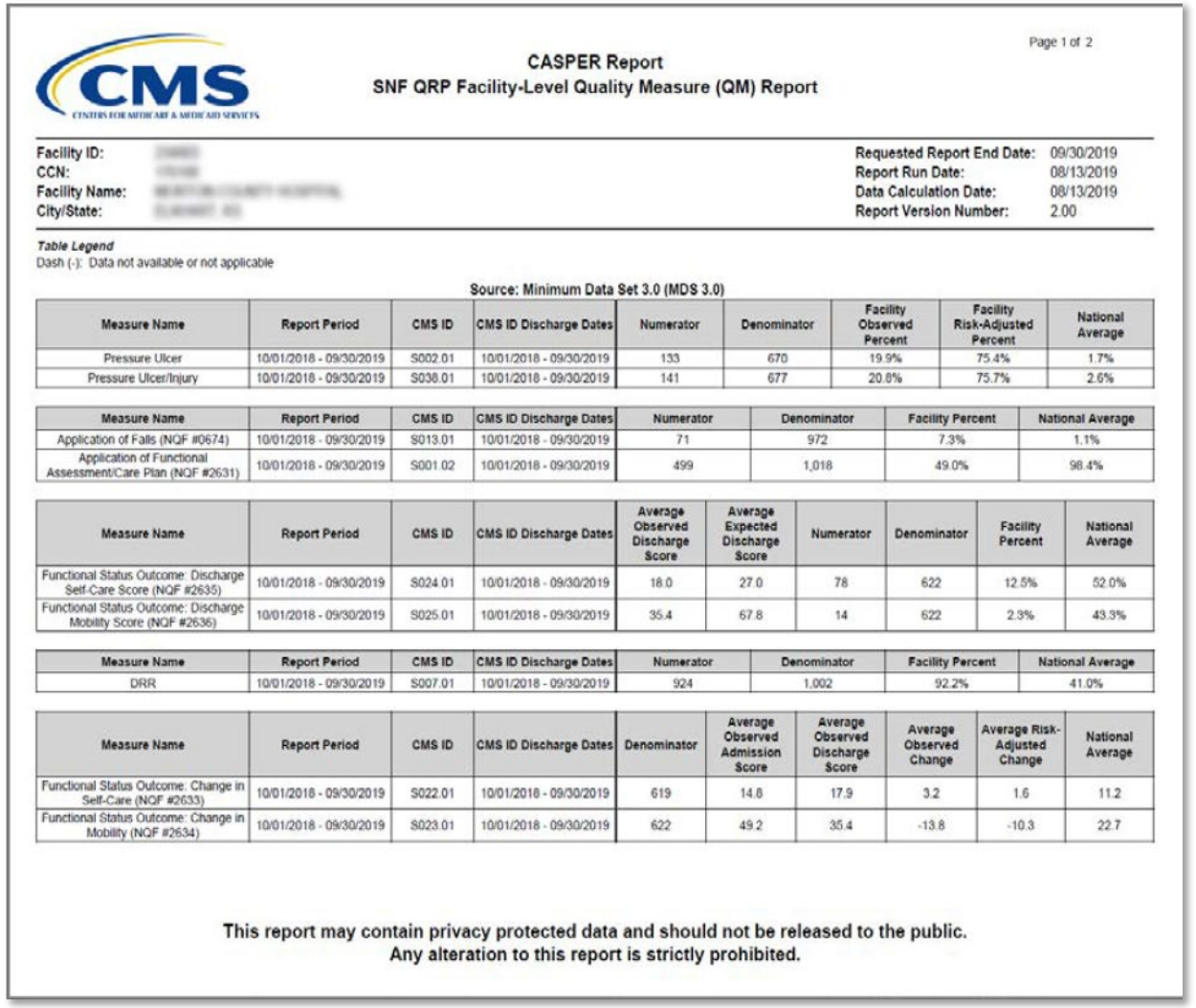
Source: https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf

Monitoring for Optimal Success – Clinical and Financial



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

Facility ID: [redacted]
CCN: [redacted]
Facility Name: [redacted]
City/State: [redacted]

Requested Report End Date: 09/30/2019
Report Run Date: 08/13/2019
Data Calculation Date: 08/13/2019
Report Version Number: 2.00

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

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer	10/01/2018 - 09/30/2019	S002.01	10/01/2018 - 09/30/2019	133	670	19.9%	75.4%	1.7%
Pressure Ulcer/Injury	10/01/2018 - 09/30/2019	S038.01	10/01/2018 - 09/30/2019	141	677	20.8%	75.7%	2.6%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
Application of Falls (NQF #0674)	10/01/2018 - 09/30/2019	S013.01	10/01/2018 - 09/30/2019	71	972	7.3%	1.1%
Application of Functional Assessment/Care Plan (NQF #2631)	10/01/2018 - 09/30/2019	S001.02	10/01/2018 - 09/30/2019	499	1,018	49.0%	98.4%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Facility Percent	National Average
Functional Status Outcome: Discharge Self-Care Score (NQF #2635)	10/01/2018 - 09/30/2019	S024.01	10/01/2018 - 09/30/2019	18.0	27.0	78	622	12.5%	52.0%
Functional Status Outcome: Discharge Mobility Score (NQF #2636)	10/01/2018 - 09/30/2019	S025.01	10/01/2018 - 09/30/2019	35.4	67.8	14	622	2.3%	43.3%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
DRR	10/01/2018 - 09/30/2019	S007.01	10/01/2018 - 09/30/2019	924	1,002	92.2%	41.0%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Denominator	Average Observed Admission Score	Average Observed Discharge Score	Average Observed Change	Average Risk-Adjusted Change	National Average
Functional Status Outcome: Change in Self-Care (NQF #2633)	10/01/2018 - 09/30/2019	S022.01	10/01/2018 - 09/30/2019	619	14.8	17.9	3.2	1.6	11.2
Functional Status Outcome: Change in Mobility (NQF #2634)	10/01/2018 - 09/30/2019	S023.01	10/01/2018 - 09/30/2019	622	49.2	35.4	-13.8	-10.3	22.7

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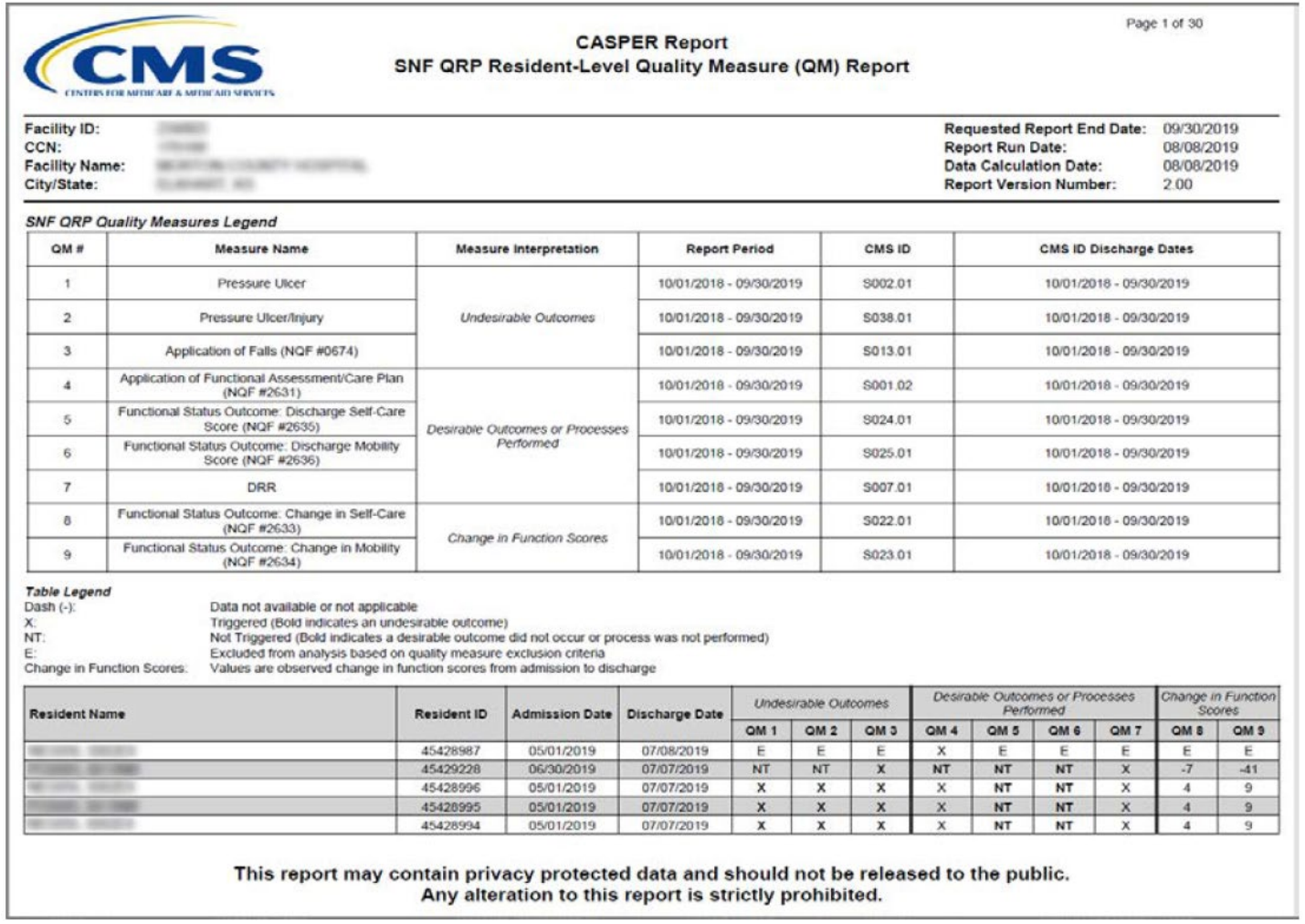
Source: https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf

Monitoring for Optimal Success – Clinical and Financial



Page 1 of 30

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

Facility ID: [redacted]
CCN: [redacted]
Facility Name: [redacted]
City/State: [redacted]

Requested Report End Date: 09/30/2019
Report Run Date: 08/08/2019
Data Calculation Date: 08/08/2019
Report Version Number: 2.00

SNF QRP Quality Measures Legend

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer	*Undesirable Outcomes*	10/01/2018 - 09/30/2019	S002.01	10/01/2018 - 09/30/2019
2	Pressure Ulcer/Injury		10/01/2018 - 09/30/2019	S038.01	10/01/2018 - 09/30/2019
3	Application of Falls (NQF #0674)		10/01/2018 - 09/30/2019	S013.01	10/01/2018 - 09/30/2019
4	Application of Functional Assessment/Care Plan (NQF #2631)	*Desirable Outcomes or Processes Performed*	10/01/2018 - 09/30/2019	S001.02	10/01/2018 - 09/30/2019
5	Functional Status Outcome: Discharge Self-Care Score (NQF #2635)		10/01/2018 - 09/30/2019	S024.01	10/01/2018 - 09/30/2019
6	Functional Status Outcome: Discharge Mobility Score (NQF #2636)		10/01/2018 - 09/30/2019	S025.01	10/01/2018 - 09/30/2019
7	DRR		10/01/2018 - 09/30/2019	S007.01	10/01/2018 - 09/30/2019
8	Functional Status Outcome: Change in Self-Care (NQF #2633)	*Change in Function Scores*	10/01/2018 - 09/30/2019	S022.01	10/01/2018 - 09/30/2019
9	Functional Status Outcome: Change in Mobility (NQF #2634)		10/01/2018 - 09/30/2019	S023.01	10/01/2018 - 09/30/2019

Table Legend

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

Resident Name	Resident ID	Admission Date	Discharge Date	*Undesirable Outcomes*			*Desirable Outcomes or Processes Performed*				*Change in Function Scores*	
				QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8	QM 9
[redacted]	45428987	05/01/2019	07/08/2019	E	E	E	X	E	E	E	E	E
[redacted]	45429228	06/30/2019	07/07/2019	NT	NT	X	NT	NT	NT	X	-7	-41
[redacted]	45428996	05/01/2019	07/07/2019	X	X	X	X	NT	NT	X	4	9
[redacted]	45428995	05/01/2019	07/07/2019	X	X	X	X	NT	NT	X	4	9
[redacted]	45428994	05/01/2019	07/07/2019	X	X	X	X	NT	NT	X	4	9

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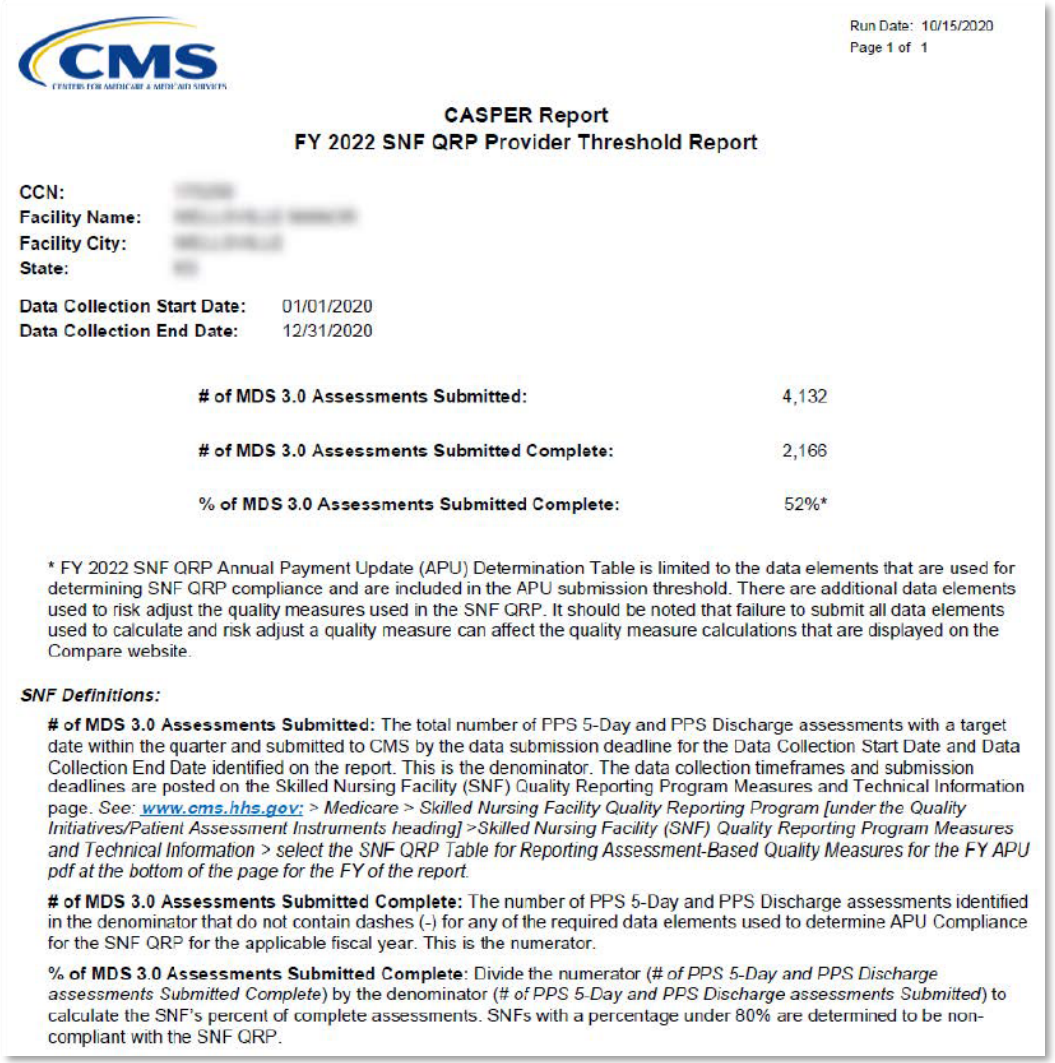
Source: https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf

Monitoring for Optimal Success – Clinical and Financial



Run Date: 10/15/2020
Page 1 of 1

CASPER Report
FY 2022 SNF QRP Provider Threshold Report

CCN: [redacted]
Facility Name: [redacted]
Facility City: [redacted]
State: [redacted]

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

# of MDS 3.0 Assessments Submitted:	4,132
# of MDS 3.0 Assessments Submitted Complete:	2,166
% of MDS 3.0 Assessments Submitted Complete:	52%*

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

SNF Definitions:

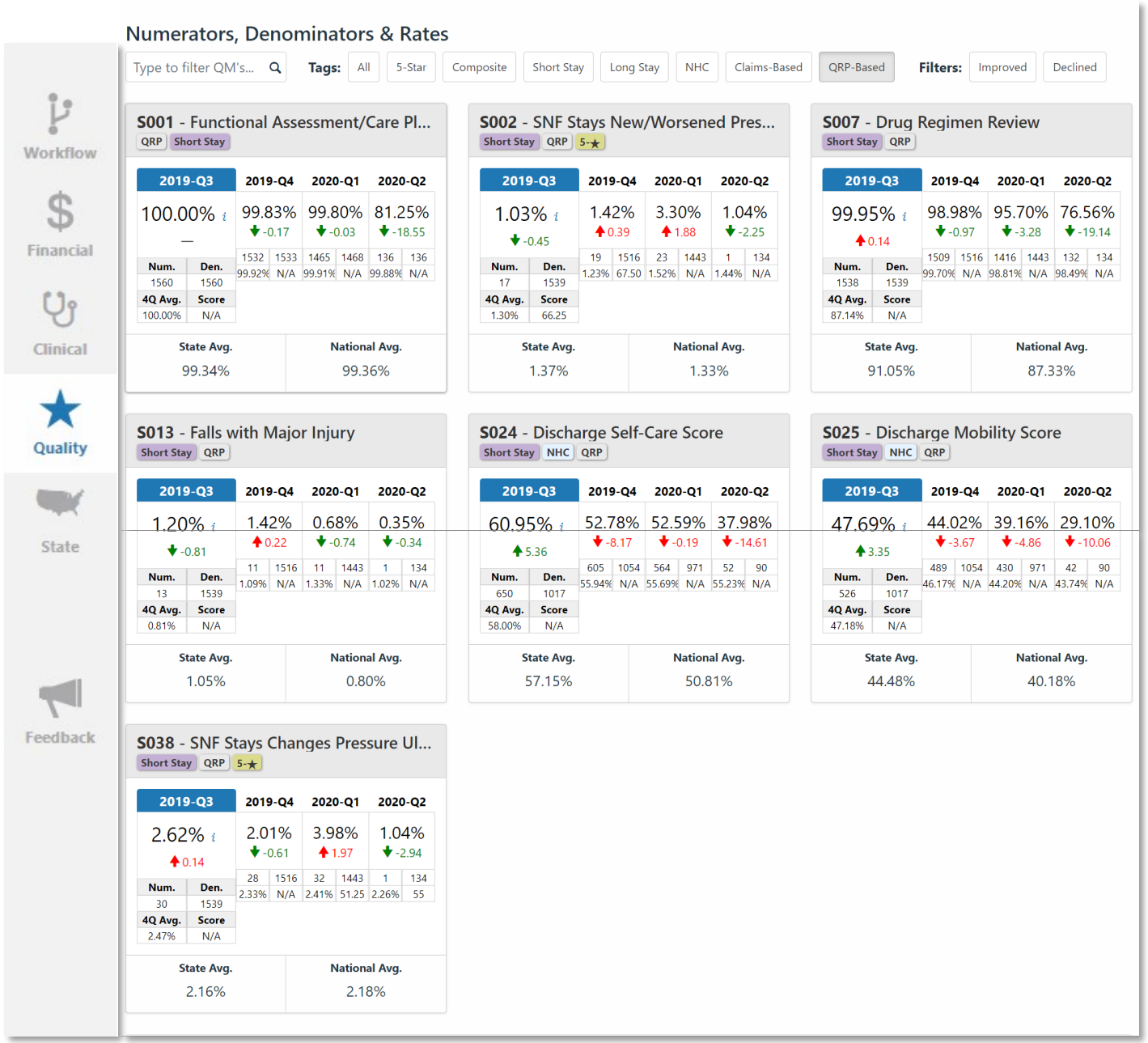
# of MDS 3.0 Assessments Submitted: The total number of PPS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator.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

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

% of MDS 3.0 Assessments Submitted Complete: Divide the numerator (*# of PPS 5-Day and PPS Discharge assessments Submitted Complete*) by the denominator (*# of PPS 5-Day and PPS Discharge assessments Submitted*) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 80% are determined to be non-compliant with the SNF QRP.

Source: https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf

QRP QMs in SimpleAnalyzer™



SIMPLELTC™
A BRIGGS HEALTHCARE COMPANY

Measuring Self-care & Mobility

SIMPLELTC™
A BRIGGS HEALTHCARE COMPANY

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

Self-care Score (7 to 42)

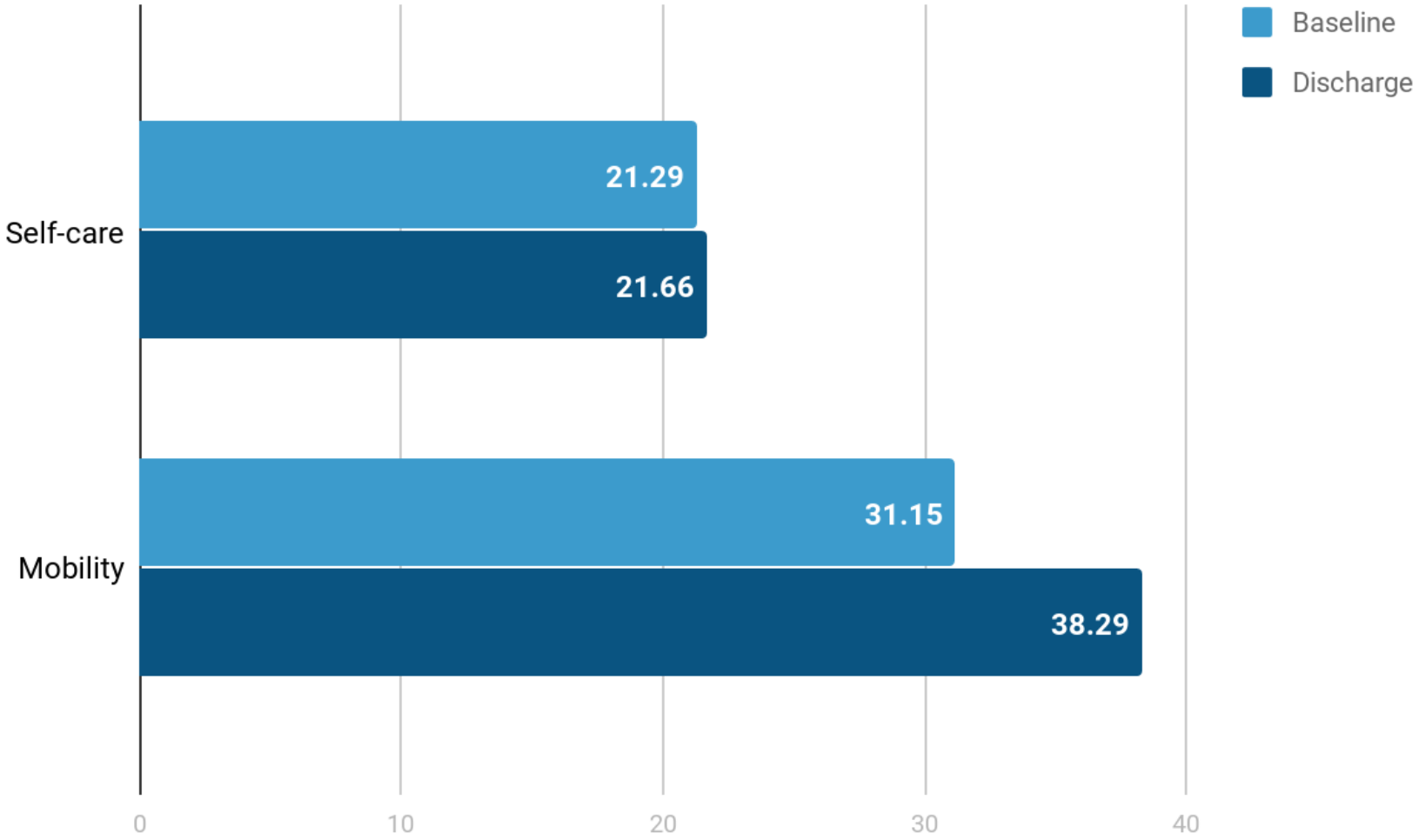
Σ (GG0130A-C, GG0130E-H)

Mobility Score (15 to 90)

Σ (GG0170A-G, GG0170I-P)

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

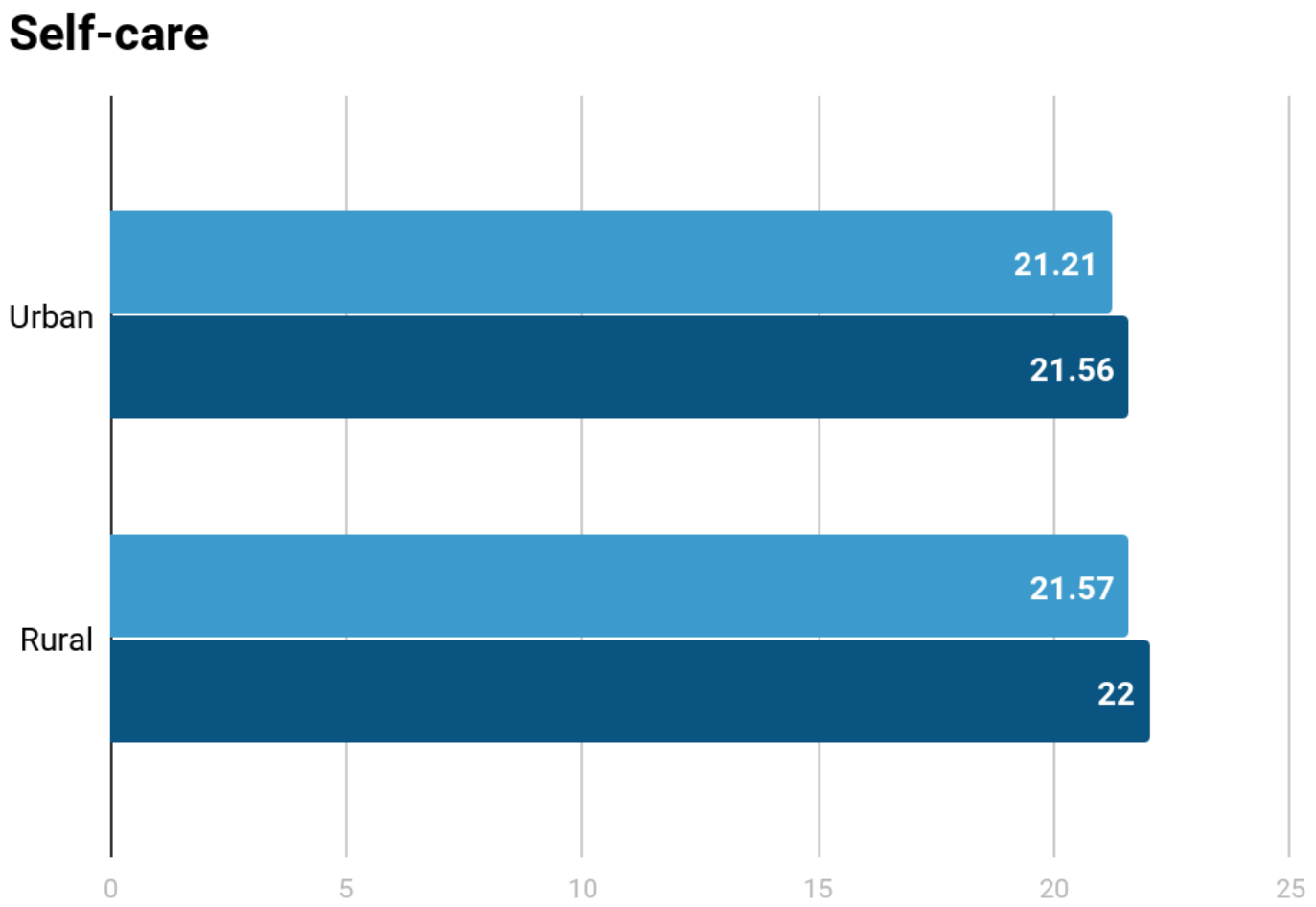
Completed Medicare stays (Q4 2019)



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

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

Urban vs. rural (Q4 2019)



Urban
Medicare stays: 46,416
Avg LOS: 33

Rural
Medicare stays: 13,351
Avg LOS: 37

SOURCE: *All SimpleLTC customers, approx. 4,000 facilities, between Oct 1 and Dec 31, 2019.*

Urban vs. rural (Q4 2019)

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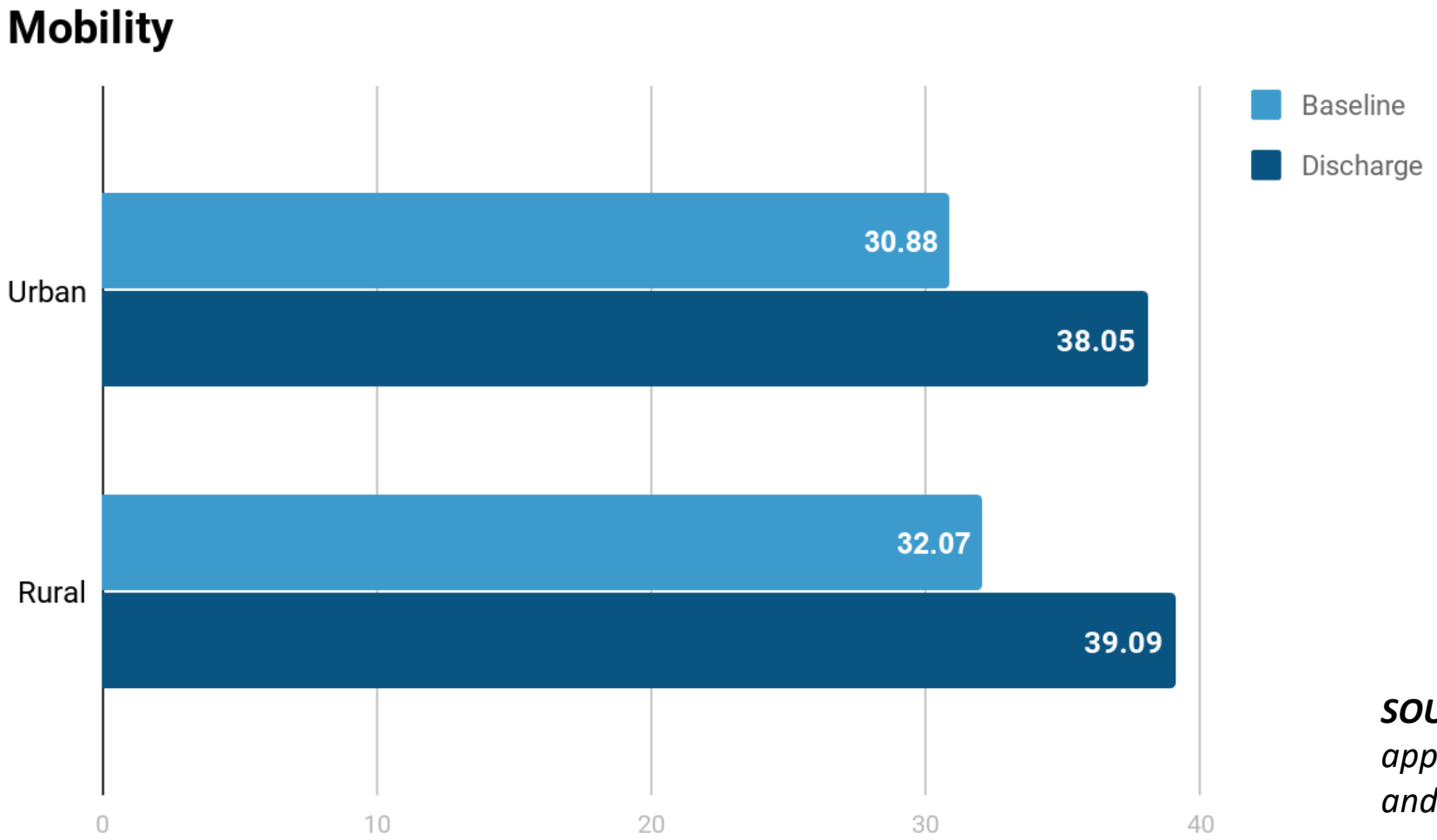

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Medicare stays: 13,351
Avg LOS: 37

SOURCE: *All SimpleLTC customers, approx. 4,000 facilities, between Oct 1 and Dec 31, 2019.*

Common diagnoses (Q4 2019)

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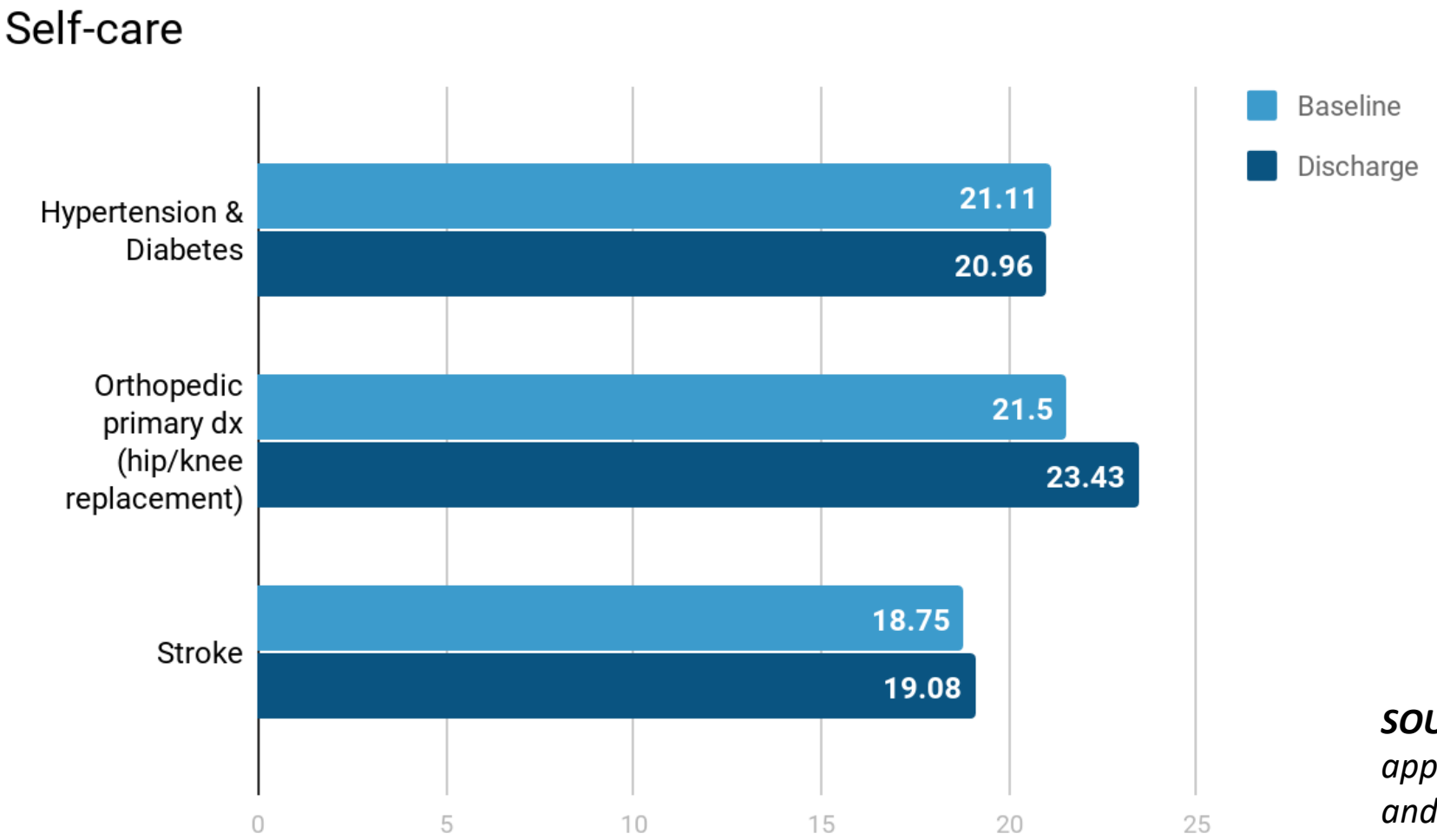

Hypertension & Diabetes
Medicare stays: 21,298
Avg LOS: 35

Orthopedic primary dx
Avg LOS: 31

Stroke
Medicare stays: 9,935
Avg LOS: 42

SOURCE: *All SimpleLTC customers, approx. 4,000 facilities, between Oct 1 and Dec 31, 2019.*

Common diagnoses (Q4 2019)

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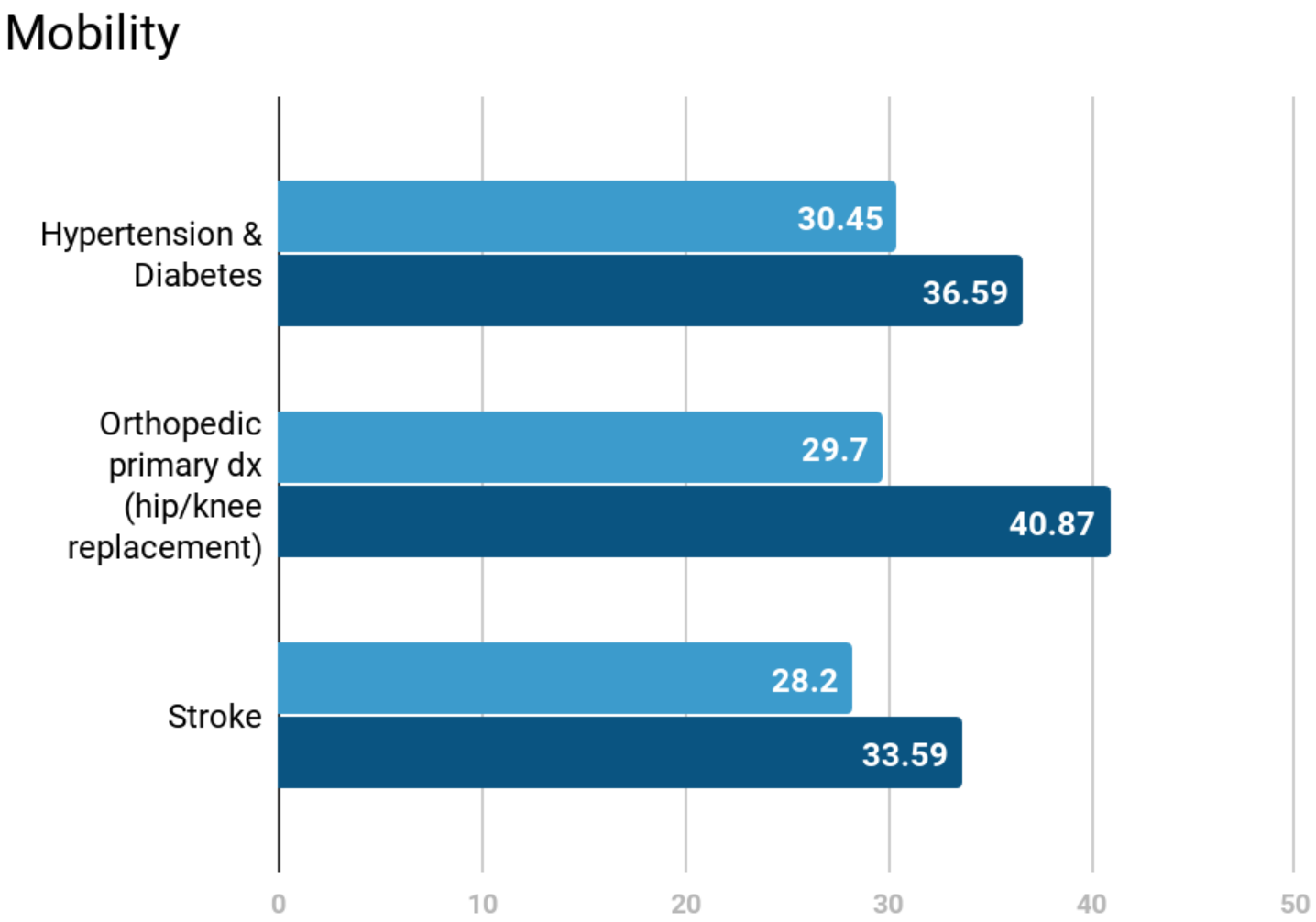

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Orthopedic primary dx
Avg LOS: 31

Stroke
Medicare stays: 9,935
Avg LOS: 42

SOURCE: *All SimpleLTC customers, approx. 4,000 facilities, between Oct 1 and Dec 31, 2019.*

Quality Rehab Management (QRM)

Quality Rehab Management
QRMHEALTH.COM

- Comprehensive Rehab Management
  - In-House Transitions
  - Ongoing Program Ownership
  - Cost Containment
  - Operational Expertise
- PDPM Training
  - Analytics
  - Onsite Support
  - Webinars
  - PDPM Tool Kit
  - Podcasts
- Clinical Programming & Education
  - Outcome Focused
  - Compliance Driven
- Medical Review
- Recruitment & Staffing
- Home Health

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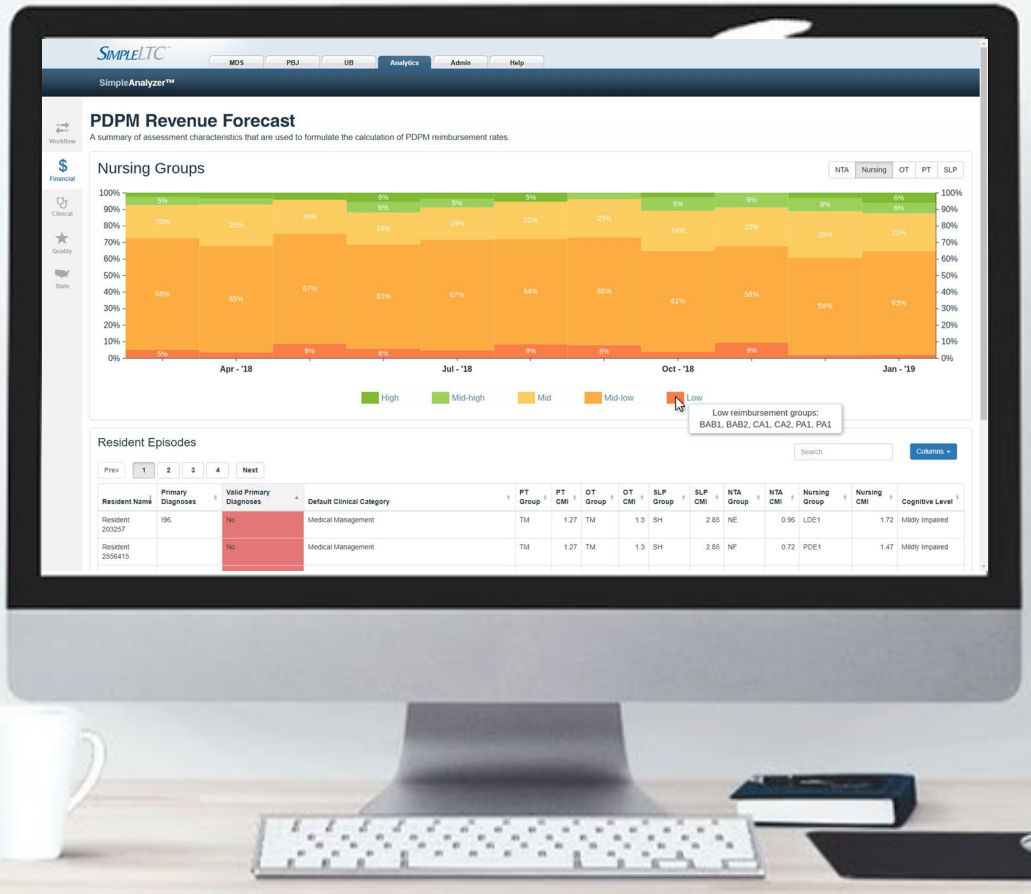


SimpleAnalyzer™

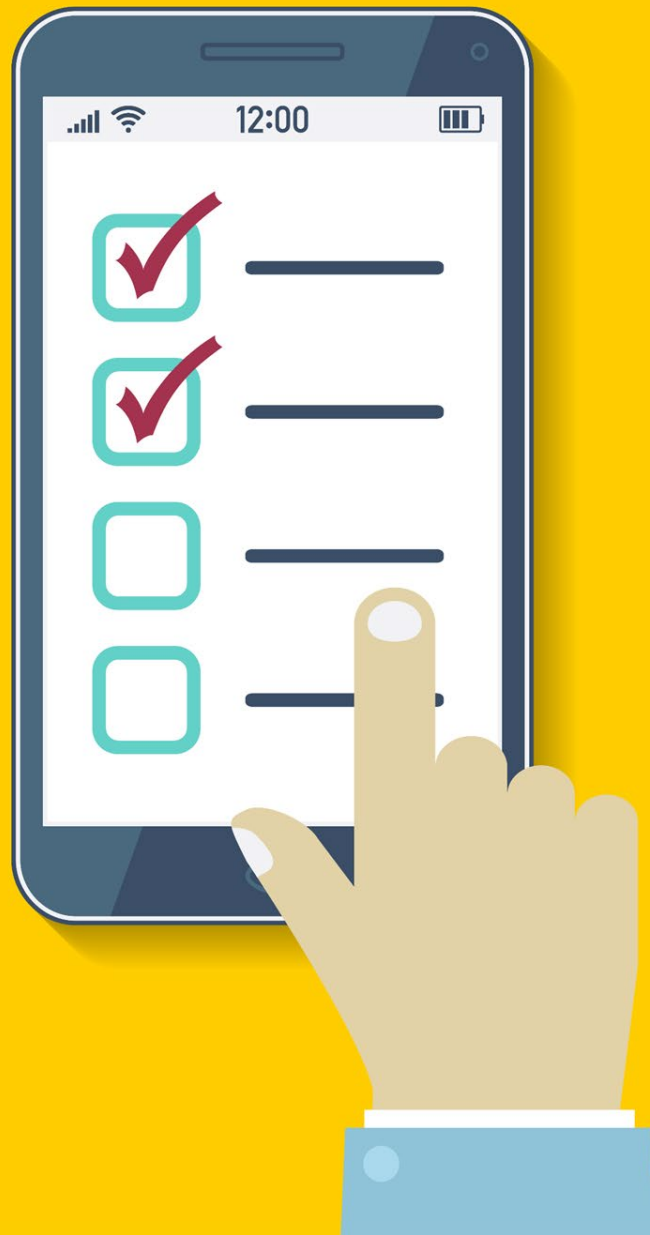
MDS Five-Star analytics

PDPM performance insights

Real-time QM improvement

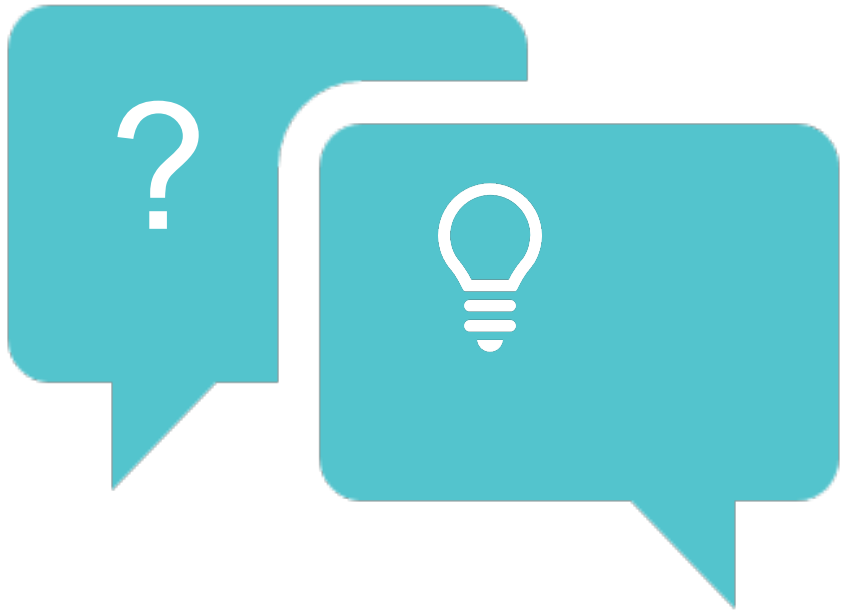
Pre-transmission MDS scrubbing

Trusted by thousands of providers



Poll #4

Questions / Discussion



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References

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Thank you for attending!

Recording and slides available at

simpleltc.com/gg