

# Taking GG from good to great

## Capturing true baseline and discharge status

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# Agenda



- 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



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# 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% of Annual Payment Updates (\$) every Oct at risk for Incomplete Assessments in GG (‘no dashes’ in baseline and DC “Performance” on MDS)
  - Capturing of Functional Improvement (baseline vs DC self care and mobility scores)
- **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



# 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

Source: <https://www.briggshealthcare.com/MDS-3.0-Nursing-Home-Comprehensive-NC-V1.17.1>

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

### 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  
02. IPA - Interim Payment Assessment  
Not PPS Assessment  
99. None of the above

A0310 continued on next page

QUALITY MEASURES (QM)		
<b>CMS ID SHORT STAY QUALITY MEASURES:</b>	<b>CMS ID LONG STAY QUALITY MEASURES:</b>	<b>CMS ID LONG STAY QUALITY MEASURES:</b>
17.1 Residents who self-report moderate to severe pain	17.1 Residents experiencing one or more falls with major injury	24.1 Low risk residents who lose control of their bowel or bladder
17.2 Residents with pressure ulcers that are new or worsened	17.2 Residents who self-report moderate to severe pain	24.2 Residents who have had a catheter inserted and left in their bladder
17.3 Residents who were assessed and appropriately given the seasonal influenza vaccine	17.3 Residents assessed and appropriately given the seasonal influenza vaccine	24.3 Residents who were physically restrained
17.4 Residents who received the seasonal influenza vaccine	17.4 Residents who received the seasonal influenza vaccine	24.4 Residents whose need for help with Activities of Daily Living has increased
17.5 Residents who were offered and declined the seasonal influenza vaccine	17.5 Residents who were offered and declined the seasonal influenza vaccine	24.5 Residents who lose too much weight
17.6 Residents who did not receive, due to medical contraindication, the seasonal influenza vaccine	17.6 Residents who did not receive, due to medical contraindication, the seasonal influenza vaccine	24.6 Residents who have depressive symptoms
17.7 Residents assessed and appropriately given the pneumococcal vaccine	17.7 Residents assessed and appropriately given the pneumococcal vaccine	24.7 Residents who received an antipsychotic medication
17.8 Residents who received the pneumococcal vaccine	17.8 Residents who were offered and appropriately given the pneumococcal vaccine	24.8 Prevalence of falls
17.9 Residents who were offered and declined the pneumococcal vaccine	17.9 Residents who received the pneumococcal vaccine	24.9 Prevalence of antianxiety/hypnotic use
17.10 Residents who did not receive, due to medical contraindication, the pneumococcal vaccine	17.10 Residents who were offered and declined the pneumococcal vaccine	24.10 Prevalence of behavior symptoms affecting others
17.11 Residents who newly received an antipsychotic medication	17.11 Residents who did not receive, due to medical contraindication, the pneumococcal vaccine	24.11 Residents whose ability to move independently worsened
17.12 Residents who made improvements in function	17.12 Residents with a urinary tract infection	24.12 Residents who used antianxiety or hypnotic medication
17.13 Indicates responses that may impact QM items identified by a number in a solid blue oval	17.13 Indicates responses that may impact covariate for the QM identified by a number in an outline blue oval	

Form 1851P-10 2019 BRIGGS, One Market, IA (800) 241-2343 www.briggshealthcare.com

**BRIGGS** Healthcare MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.1 Effective 10/01/2019 1 of 64

# GG Scoring Worksheet Sample



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
	<b>Total Self-care</b>	<b>7</b>	<b>5</b>
Mobility: Sit to lying	03 Partial / moderate assistance	2	2
Mobility: Lying to sitting on side of bed	03 Partial / moderate assistance	2	2
	<b>Mobility: Lying Avg</b>	<b>2.00</b>	<b>2.00</b>
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
	<b>Mobility: Standing Avg</b>	<b>1.00</b>	<b>1.00</b>
Mobility: Walk 50 ft 2 turns	88 Not attempted d/t safety concerns	0	0
Mobility: Walk 150 ft	88 Not attempted d/t safety concerns	0	0
	<b>Mobility: Walk Avg</b>	<b>0.00</b>	<b>0.00</b>
	<b>Total Score</b>	<b>10</b>	<b>8</b>

[Download tool](#)



# PDPM Functional Scoring



PT / OT Function – MDS “Code” to PDPM “Score” Crosswalk		
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

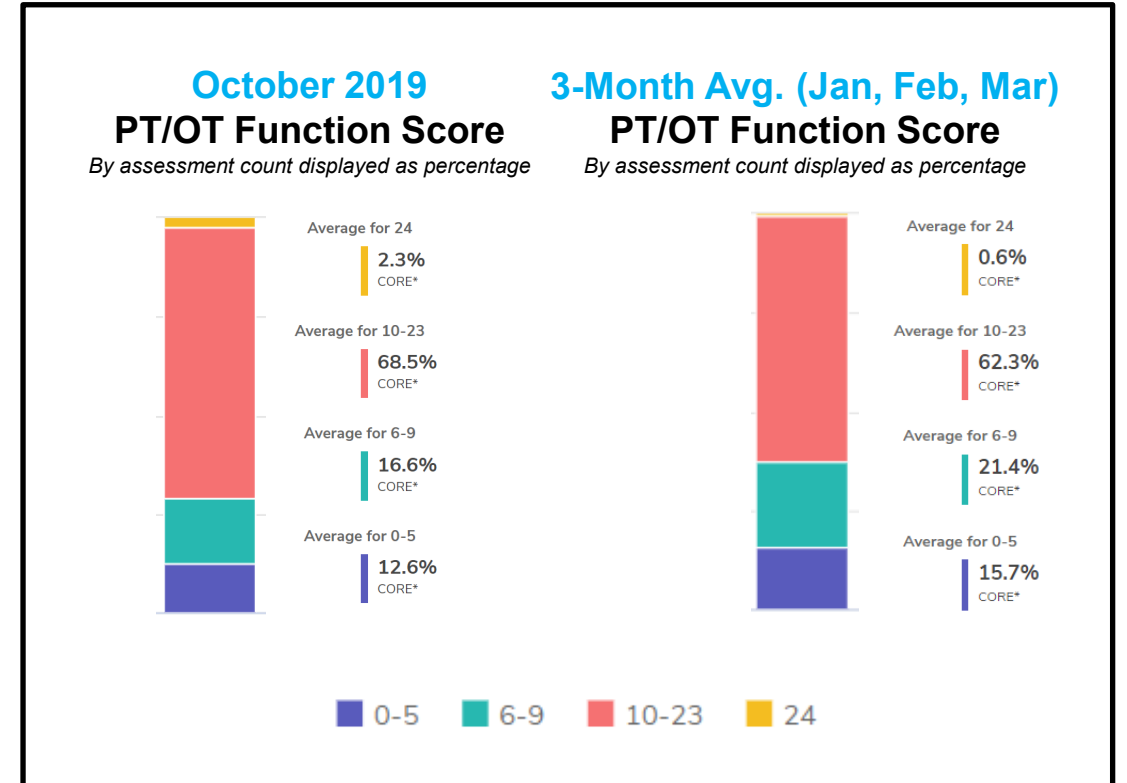
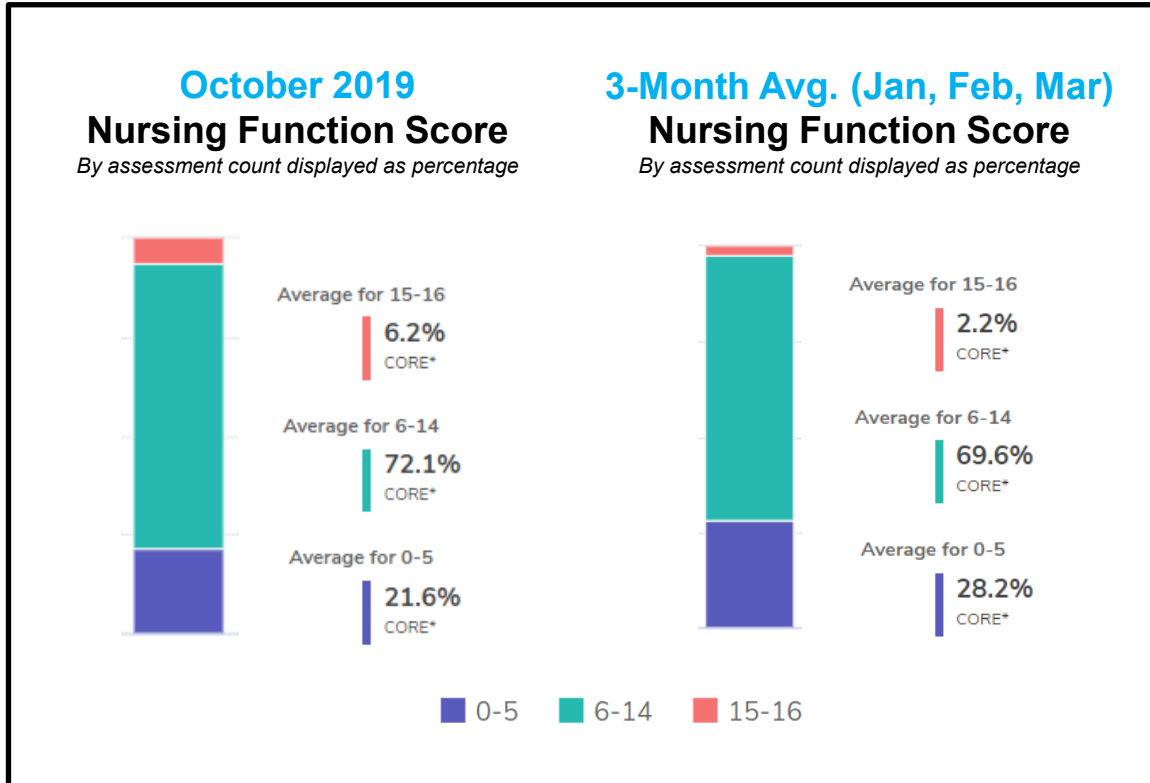


## PDPM Breakdown by GG Score

<u>PT / OT</u>		<u>Nursing</u>	
More Dependent	0 - 5	More Dependent	0 - 5
	6 - 9		6 - 14
	10 - 23	Independent / Set Up	15 - 16
Independent	24		







# 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

# 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



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# 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 Gathering for True Baseline and DC



## GG Data Collection

### 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.

AANAC		Start of Medicare Stay (A2400B):									Usual Performance Score	Discharge Goal
		Day 1 (of Medicare Stay):			Day 2 (of Medicare Stay):			Day 3 (of Medicare Stay):				
		AM	PM	NOC	AM	PM	NOC	AM	PM	NOC		
Self Care GG0100	Eating											
	Oral hygiene											
	Toileting hygiene											
	Shower/bathe self											
	Upper body dressing											
	Lower body dressing											
Mobility GG0700	Putting on/taking off footwear											
	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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 GG070M, 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.



# Decision Tree

## GG Data Gathering for True Baseline and DC

### Section GG Key Coding Questions and Answers



*\*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.*

#### START HERE

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.





# CMS GG Training Videos



## [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.](#)



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# CMS GG Training Videos

The screenshot shows a YouTube video player interface. At the top left is the YouTube logo and a search bar. The video title is "Coding GG0170L. Walking 10 feet on uneven surfaces" with a duration of 5:52. The video player shows a blue banner with the title and a row of four thumbnail images representing different care settings: Skilled Nursing Facility, LTCH (Long-Term Care Hospital), Inpatient Rehabilitation Facility, and Home Health. Below the video player, the video title and view count (1,796 views) are displayed. To the right of the video player is an "Up next" list of recommended videos, including "GG0170P. Picking up object", "Mix - CMSHHGov", "Coding GG0130A. Eating", "Patient Driven Payment Model: What is Changing (and What Is...)", "Coding GG0130B. Oral Hygiene", "Medicare Coverage and Payment of Virtual Services", and "Children's Welfare - Cherokee".

Watch video >>





# Top 5 GG Myths & Opportunities

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

**Reality:** Start collecting GG upon admission from all caregivers, across all shifts. Capture and document level of function in multiple environments at different times of the day until the benefit of intervention from therapy or other sources are noted – code “usual” performance based on what was captured prior to benefit.

**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.

**RAI Manual:** “Treatment should not be withheld in order to conduct the functional assessment.”



# Top 5 GG Myths & Opportunities

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

**Reality: RAI Manual:** “For the SNF Quality Reporting Program (QRP), a minimum of one self-care or mobility discharge goal must be coded. However, facilities may choose to complete more than one self-care or mobility discharge goal. Code the resident’s discharge goal(s) using the six-point scale. Use of the “activity was not attempted” codes (07,09,10 and 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded. Of note, at least one Discharge Goal must be indicated for either Self-Care or Mobility. Using the dash in this allowed instance after the coding of at least one goal does not affect the Annual Payment Update (APU) determination”.

**Opportunity:** Determine which of the 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.



# Top 5 GG Myths & Opportunities

## 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. (See above quote from the RAI manual surrounding use of the “not assessed” coding).

Code 07, Resident refused

Code 09, Not applicable: if the activity was not attempted and the resident did not perform this activity previously

Code 10, Not attempted due to environmental limitations

Code 88, Not attempted due to medical condition or safety concerns

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

### RAI Manual Example:

**Walk 10 feet:** Mrs. C has resolving sepsis and has not walked in three weeks because of her medical condition. A physical therapist determines that it is unsafe for Mrs. C to use a walker, and the resident only walks using the parallel bars. On day 3 of the Admission assessment period, Mrs. C walks 10 feet using the parallel bars while the therapist provides substantial weight-bearing support throughout the activity.

**Coding: GG0170I would be coded 88,** Not attempted due to medical condition or safety concerns. Rationale: When assessing a resident for GG0170 walking items, do not consider walking in parallel bars, as parallel bars are not a portable assistive device. If the resident is unable to walk without the use of parallel bars because of his or her medical condition or safety concerns, use code 88, Activity not attempted due to medical condition or safety concerns.



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# Top 5 GG Myths & Opportunities

## Myth #4: It's OK to use what therapy provides for GG coding

**Reality:** Therapy is not able to provide “usual” performance on GG tasks. Their input will provide what they have seen within those first 3 days but will NOT present an accurate and complete picture to determine “usual” performance during the remaining hours of the day with nursing and other care providers.

**Opportunity:** Utilize whatever tool works in your location to gather and assess “usual” performance from time of admission through 11:59 pm day 3 of stay. Then determine “usual” performance during an IDT review of information gathered, document the IDT decision and enter into the medical record.

### **RAI Manual:**

“CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period.”



# Top 5 GG Myths & Opportunities

## Myth #5: Section G and GG should “Match”:

**Reality:** It is not possible for G and GG to “Match”.

### **Different Assessment Windows -**

- G is a 7 day look back capturing “most support provided over all shifts” – RULE OF 3
- GG is an assessment of the first and last 3 days “usual” performance – NO RULE OF 3

### **Inverse Coding -**

- G is a scale from 0 (Independent) to 4 (Dependent) – 8 (did not occur)
- GG is a scale from 6 (Independent) to 01 (Dependent) – Not Assessed codes: 0 7,09,10, 88

**Opportunity:** Utilize whatever tool works in your location to gather and assess GG “usual” performance from time of admission through 11:59 pm day 3 of stay. Then determine “usual” performance during an IDT review of information gathered, document the IDT decision and enter into the medical record.



# 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 include a review surrounding 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



## CASPER Report SNF QRP Review and Correct Report

Page 1 of 290

Facility ID:		Requested Quarter End Date:	Q3 2019
CCN:		Report Release Date:	01/01/2021
Facility Name:		Report Run Date:	01/01/2021
City/State:		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	-	-	-
<b>Cumulative</b>	-	<b>10/01/2018</b>	<b>09/30/2019</b>	-	-	<b>42</b>	<b>493</b>	<b>8.5%</b>

### 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	[REDACTED]	44744496	05/01/2019	07/08/2019	02/15/2020	Closed	E
Q3 2019	[REDACTED]	44740147	06/30/2019	07/07/2019	02/15/2020	Closed	NT
Q3 2019	[REDACTED]	44744483	03/30/2019	07/07/2019	02/15/2020	Closed	E
Q3 2019	[REDACTED]	44744485	03/30/2019	07/07/2019	02/15/2020	Closed	X
Q3 2019	[REDACTED]	44744484	03/30/2019	07/07/2019	02/15/2020	Closed	E
Q3 2019	[REDACTED]	44744095	03/30/2019	07/07/2019	02/15/2020	Closed	NT

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# Monitoring for Optimal Success – Clinical and Financial



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

Page 1 of 2

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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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# Monitoring for Optimal Success – Clinical and Financial

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
	45428987	05/01/2019	07/08/2019	E	E	E	X	E	E	E	E	E
	45429228	06/30/2019	07/07/2019	NT	NT	X	NT	NT	NT	X	-7	-41
	45428996	05/01/2019	07/07/2019	X	X	X	X	NT	NT	X	4	9
	45428995	05/01/2019	07/07/2019	X	X	X	X	NT	NT	X	4	9
	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](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](http://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](https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf)



# QRP QMs in SimpleAnalyzer™

## Numerators, Denominators & Rates

Type to filter QM's...  Tags: All 5-Star Composite Short Stay Long Stay NHC Claims-Based QRP-Based Filters: Improved Declined

S001 - Functional Assessment/Care Plan							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
100.00% <i>i</i>		99.94%		99.95%		92.31%	
↑0.06		↓-0.06		↑0.02		↓-7.65	
Num.	Den.	1198	1199	1288	1289	147	147
1336	1336	99.96%	N/A	99.95%	N/A	99.96%	N/A
4Q Avg.	Score						
99.92%	N/A						
State Avg.				National Avg.			
99.38%				99.36%			

S002 - SNF Stays New/Worsened Pressure Ulcers							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
0.96% <i>i</i>		0.14%		0.40%		0.00%	
↑0.13		↓-0.83		↑0.26		↓-0.4	
Num.	Den.	2	1177	6	1269	0	143
10	1318	0.64%	81.54	0.56%	N/A	0.48%	N/A
4Q Avg.	Score						
0.83%	78.46						
State Avg.				National Avg.			
0.66%				1.33%			

S007 - Drug Regimen Review							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
100.00% <i>i</i>		98.46%		96.58%		87.69%	
↑0.6		↓-1.54		↓-1.88		↓-8.88	
Num.	Den.	1157	1177	1234	1269	140	143
1318	1318	99.43%	N/A	98.63%	N/A	98.24%	N/A
4Q Avg.	Score						
94.10%	N/A						
State Avg.				National Avg.			
80.15%				87.30%			

S013 - Falls with Major Injury							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
0.04% <i>i</i>		0.11%		0.13%		0.64%	
↓-0.25		↑0.08		↑0.01		↑0.51	
Num.	Den.	2	1177	2	1269	2	143
1	1318	0.15%	N/A	0.15%	N/A	0.15%	N/A
4Q Avg.	Score						
0.32%	N/A						
State Avg.				National Avg.			
0.44%				0.80%			

S024 - Discharge Self-Care Score							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
52.31% <i>i</i>		51.99%		58.07%		40.84%	
↓-0.53		↓-0.31		↑6.07		↓-17.22	
Num.	Den.	406	777	478	833	53	89
477	881	51.55%	N/A	53.46%	N/A	53.77%	N/A
4Q Avg.	Score						
51.75%	N/A						
State Avg.				National Avg.			
50.19%				50.78%			

S025 - Discharge Mobility Score							
2019-Q3		2019-Q4		2020-Q1		2020-Q2	
39.39% <i>i</i>		41.60%		45.56%		34.71%	
↑1.11		↑2.2		↑3.96		↓-10.85	
Num.	Den.	333	777	357	833	37	89
360	881	38.14%	N/A	41.22%	N/A	42.06%	N/A
4Q Avg.	Score						
37.59%	N/A						
State Avg.				National Avg.			
41.24%				40.15%			



# Measuring Self-care & Mobility



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

## Self-care Score (7 to 42)

$\Sigma$  ( GG0130A-C, GG0130E-H)

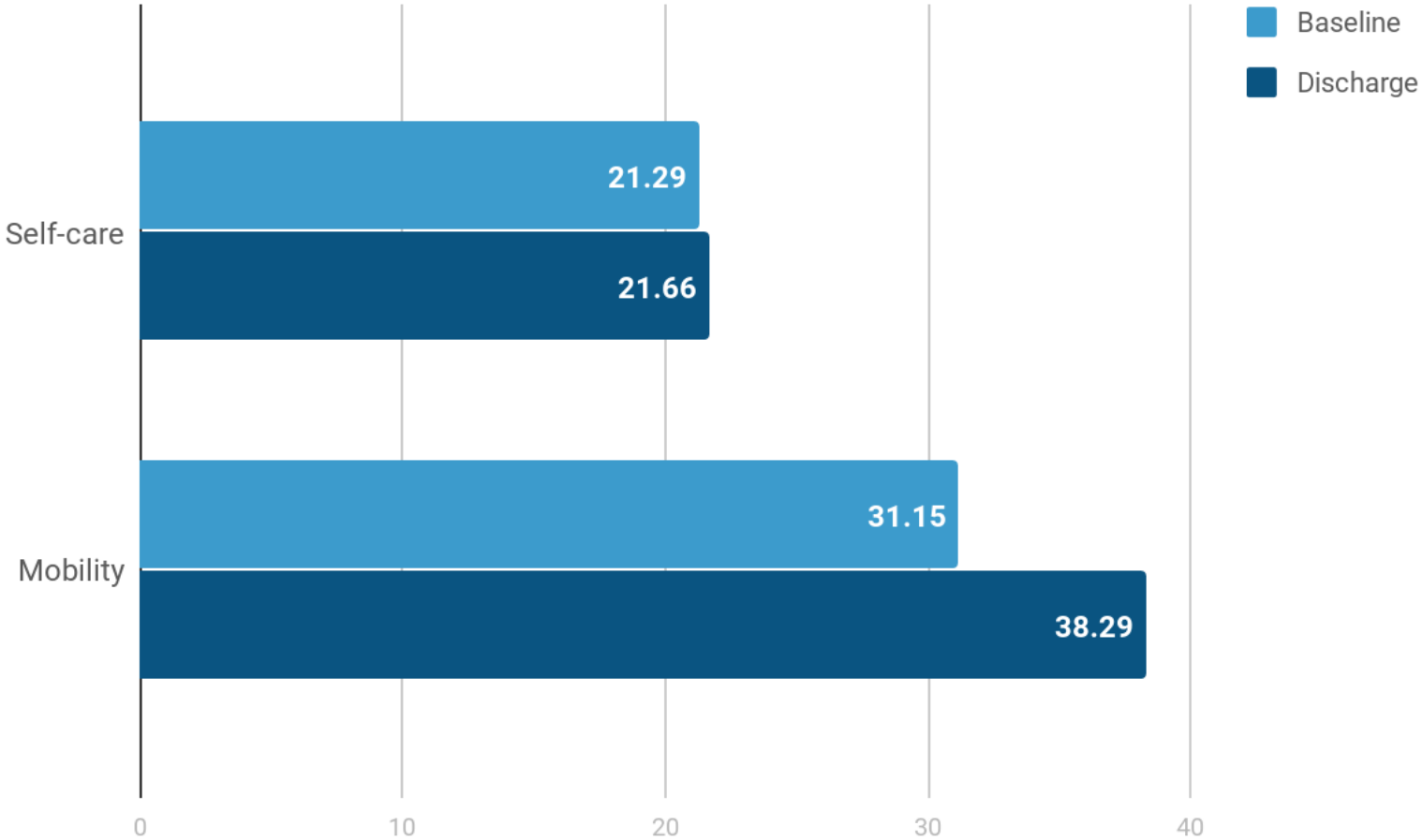
## Mobility Score (15 to 90)

$\Sigma$  ( 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)



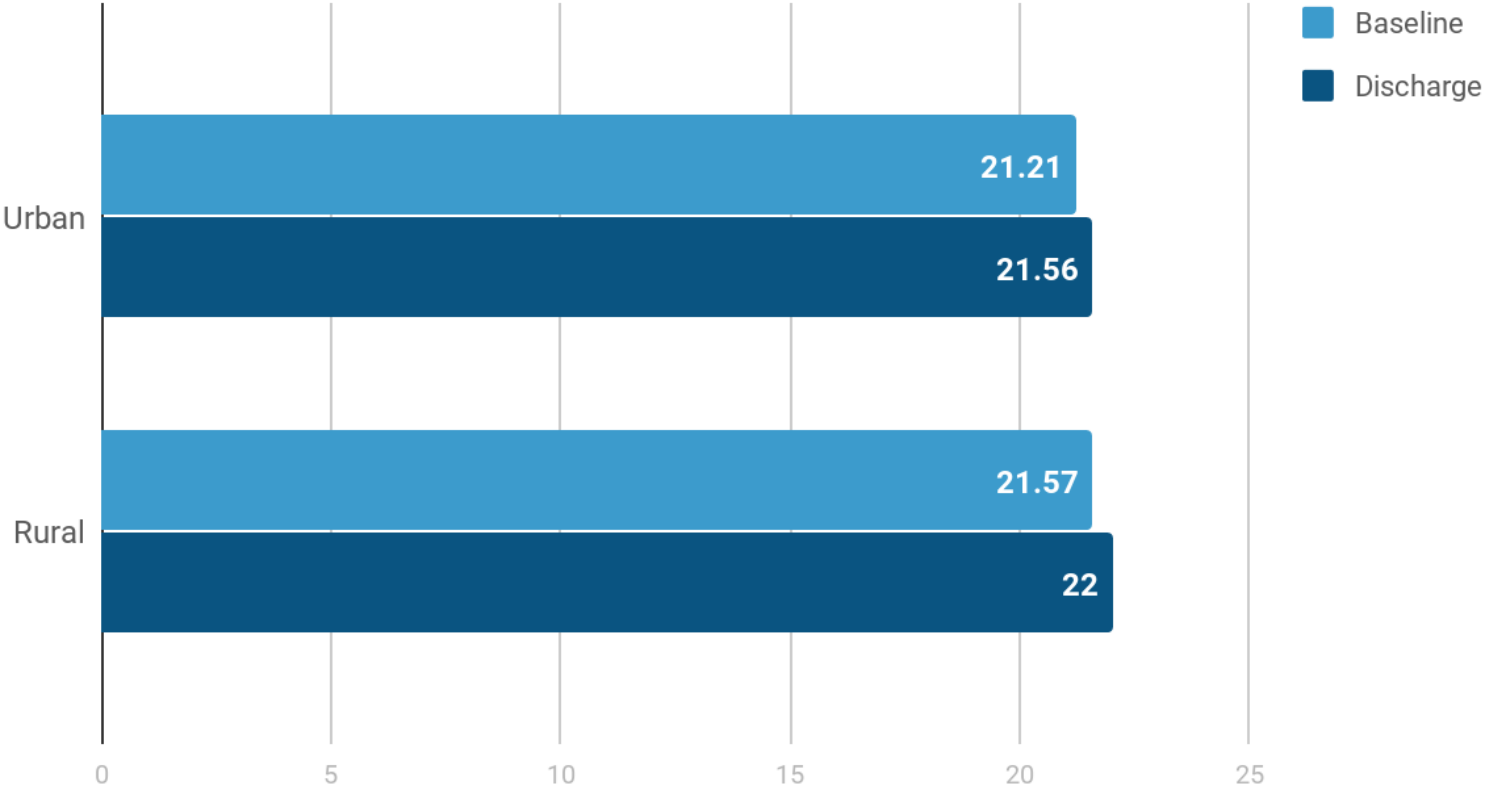
Self-care & Mobility  
Medicare stays: 59,762  
Avg LOS: 34

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



# Urban vs. rural (Q4 2019)

## Self-care



**Urban**  
Medicare stays: 46,416  
Avg LOS: 33

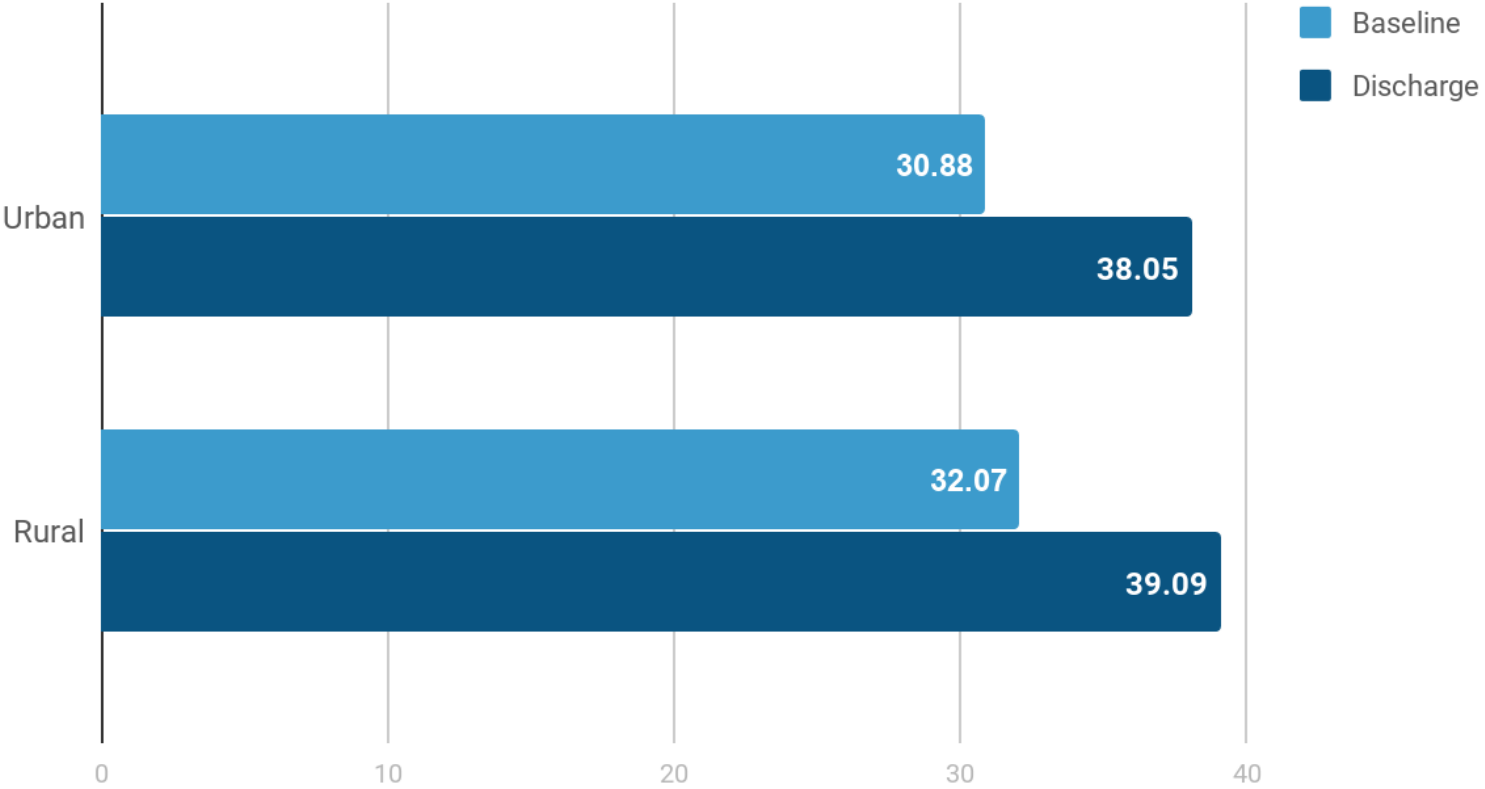
**Rural**  
Medicare stays: 13,351  
Avg LOS: 37

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



# Urban vs. rural (Q4 2019)

## Mobility



**Urban**  
Medicare stays: 46,416  
Avg LOS: 33

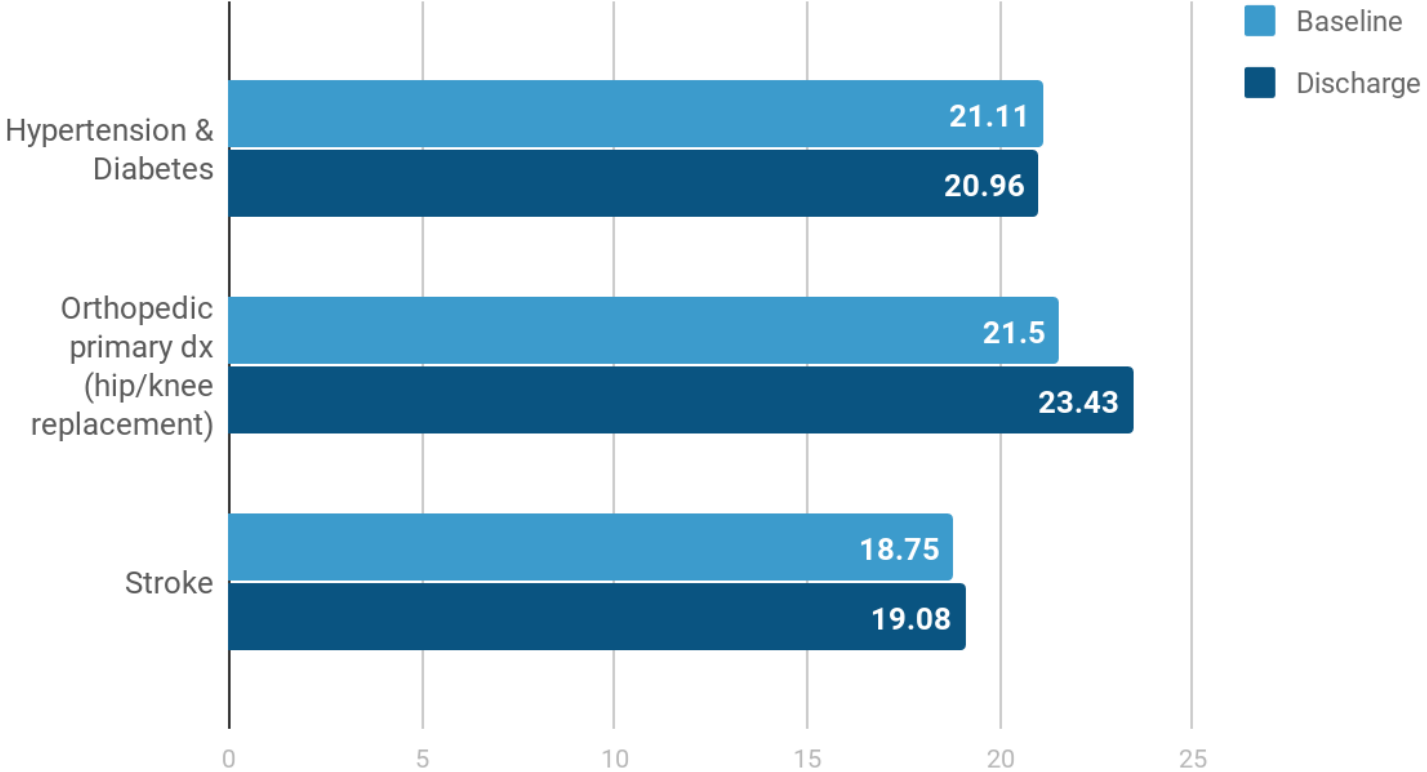
**Rural**  
Medicare stays: 13,351  
Avg LOS: 37

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



# Common diagnoses (Q4 2019)

## Self-care



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

**Orthopedic primary dx**  
Avg LOS: 31

**Stroke**  
Medicare stays: 9,935  
Avg LOS: 42

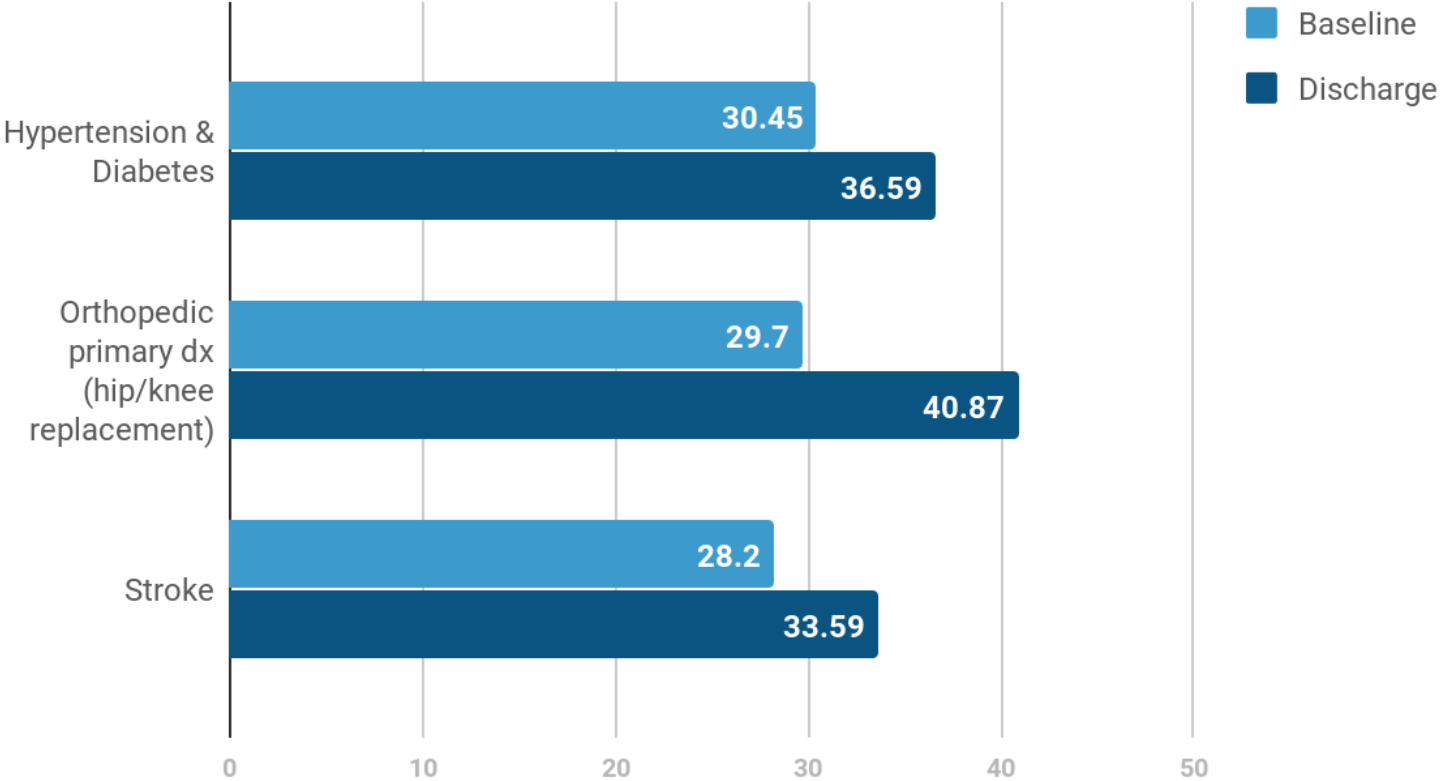
SOURCE: SimpleLTC customers (approx. 4,000 facilities, between Oct. 1 and Dec. 31, 2019)





# Common diagnoses (Q4 2019)

## Mobility



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

**Orthopedic primary dx**  
Avg LOS: 31

**Stroke**  
Medicare stays: 9,935  
Avg LOS: 42

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

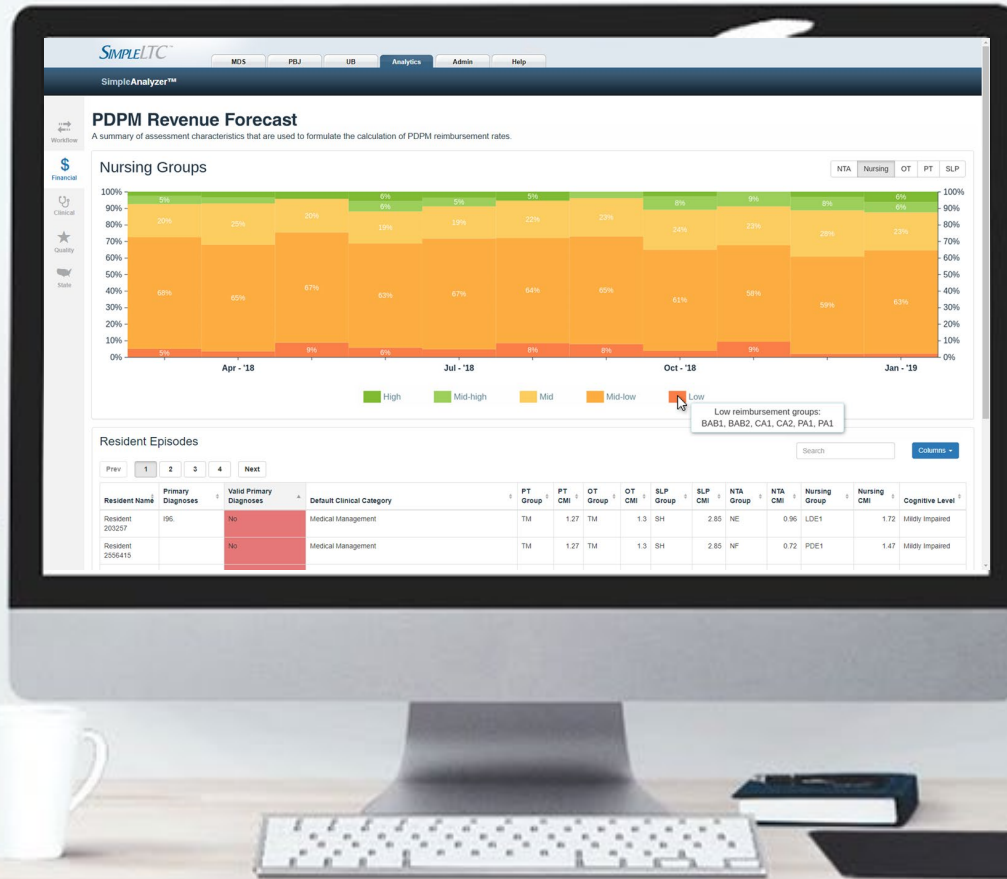
# Quality Rehab Management (QRM)



Quality Rehab  
Management  
QRMHEALTH.COM

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





## SimpleAnalyzer™

MDS Five-Star analytics

PDPM performance insights

Real-time QM improvement

Pre-transmission MDS scrubbing

Trusted by thousands of providers

[Sign up for a live demo](#)

# Helpful Resources

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- [GG Scoring Calculator](#) (QRM)
- [Color-coded MDS](#) (Briggs)
- [Decision Tree tool](#) (AANAC)
- [GG Data Collection tool](#) (AANAC)
- [GG training videos](#) (CMS)



# References



SNF QRP QM User's Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Downloads-and-Videos.html>

MDS 3.0 RAI Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

CASPER Reporting MDS User's Guide: [https://qtso.cms.gov/system/files/qtso/cspr\\_sec13\\_mds\\_prvdr\\_3.pdf](https://qtso.cms.gov/system/files/qtso/cspr_sec13_mds_prvdr_3.pdf)



# Thanks for attending!

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[simpleltc.com/learninglab](https://simpleltc.com/learninglab)

