FREE WEBINAR

Final Rule Champions

Critical **SNF FY 2025 Final Rule** insights for reimbursement & compliance success

WED, SEP 18 | 1 PM CT / 2 PM ET

simple.
a Netsmart solution

Netsmart

ZIMMET HEALTHCARE SERVICES GROUP, LLC

SKILLED NURSING

Alicia Cantinieri

MBA, BSN, RN, RAC-MT, RAC-CTA, QCP, DNS-CT

Managing Director. Clinical Reimbursement & Regulatory Compliance | Zimmet Healthcare

simple. a Netsmart solution

Netsmart

ZIMMET HEALTHCARE SERVICES GROUP, LLC

YOUR SPEAKER

POLL #2

Poll question

Disclaimers

This information is current as of the date presented. It is an educational resource and is not intended to create any rights, privileges, or benefits. ZHSG uses its best efforts to ensure the accuracy of this information. The ultimate responsibility for claims submission and for compliance with the applicable state and federal laws lies with the party or parties with the responsibility to comply with these laws. We refer participants to the source documents and recommend that you consult with qualified advisors on your specific facts and circumstances.

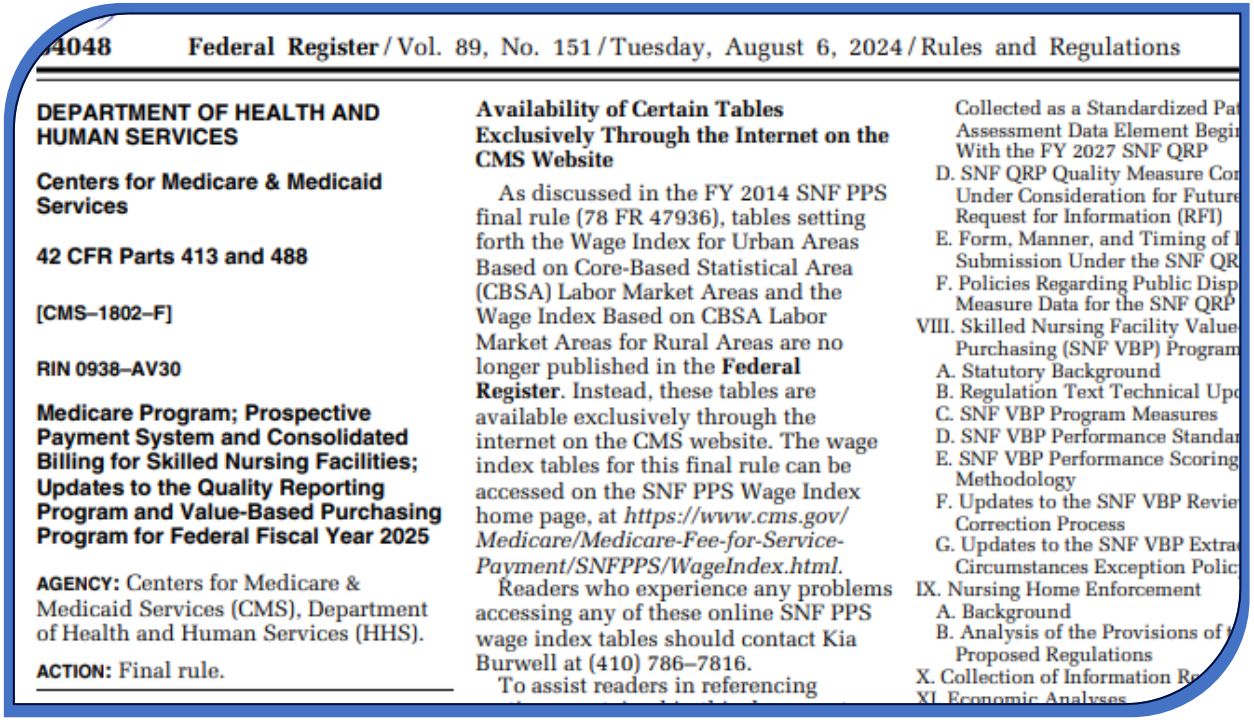
Reference links are provided at the end of the slides.

POLL #1

Have you read all 315 pages of the FY 2025 SNF Final Rule?

- Yes
- No
- What's that?

The SNF FY 2025 Final Rule



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 413 and 488

[CMS–1802–F]

RIN 0938–AV30

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2025

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

ACTION: Final rule.

Availability of Certain Tables Exclusively Through the Internet on the CMS Website

As discussed in the FY 2014 SNF PPS final rule (78 FR 47936), tables setting forth the Wage Index for Urban Areas Based on Core-Based Statistical Area (CBSA) Labor Market Areas and the Wage Index Based on CBSA Labor Market Areas for Rural Areas are no longer published in the **Federal Register**. Instead, these tables are available exclusively through the internet on the CMS website. The wage index tables for this final rule can be accessed on the SNF PPS Wage Index home page, at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html*.

Readers who experience any problems accessing any of these online SNF PPS wage index tables should contact Kia Burwell at (410) 786–7816.

To assist readers in referencing

Collected as a Standardized Pat
Assessment Data Element Begi
With the FY 2027 SNF QRP
D. SNF QRP Quality Measure Cor
Under Consideration for Future
Request for Information (RFI)
E. Form, Manner, and Timing of I
Submission Under the SNF QR
F. Policies Regarding Public Disp
Measure Data for the SNF QRP
VIII. Skilled Nursing Facility Value
Purchasing (SNF VBP) Program
A. Statutory Background
B. Regulation Text Technical Upd
C. SNF VBP Program Measures
D. SNF VBP Performance Standar
E. SNF VBP Performance Scoring
Methodology
F. Updates to the SNF VBP Revie
Correction Process
G. Updates to the SNF VBP Extra
Circumstances Exception Polic
IX. Nursing Home Enforcement
A. Background
B. Analysis of the Provisions of
Proposed Regulations
X. Collection of Information Re
XI. Economic Analyses

4.2% Increase Effective October 1, 2024

2024 PDPM Base Rate		
Component	**Urban**	**Rural**
PT	$70.27	$80.10
OT	$65.41	$73.56
SLP	$26.23	$33.05
Nursing	$122.48	$117.03
NTA	$92.41	$88.29
Non-Case Mix	$109.69	$111.72
TOTAL	**$486.49**	**$503.75**

2025 PDPM Base Rate		
Component	**Urban**	**Rural**
PT	$73.25	$83.50
OT	$68.18	$76.69
SLP	$27.35	$34.46
Nursing	$127.68	$121.99
NTA	$96.33	$92.03
Non-Case Mix	$114.34	$116.46
TOTAL	**$507.13**	**$525.13**

TABLE 5: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.45	$106.21	1.41	$96.13	0.64	$17.50	ES3	3.84	$490.29	3.06	$294.77
B	1.61	$117.93	1.54	$105.00	1.72	$47.04	ES2	2.90	$370.27	2.39	$230.23
C	1.78	$130.39	1.60	$109.09	2.52	$68.92	ES1	2.77	$353.67	1.74	$167.61
D	1.81	$132.58	1.45	$98.86	1.38	$37.74	HDE2	2.27	$289.83	1.26	$121.38
E	1.34	$98.16	1.33	$90.68	2.21	$60.44	HDE1	1.88	$240.04	0.91	$87.66
F	1.52	$111.34	1.51	$102.95	2.82	$77.13	HBC2	2.12	$270.68	0.68	$65.50
G	1.58	$115.74	1.55	$105.68	1.93	$52.79	HBC1	1.76	$224.72	-	-
H	1.10	$80.58	1.09	$74.32	2.7	$73.85	LDE2	1.97	$251.53	-	-
I	1.07	$78.38	1.12	$76.36	3.34	$91.35	LDE1	1.64	$209.40	-	-
J	1.34	$98.16	1.37	$93.41	2.83	$77.40	LBC2	1.63	$208.12	-	-
K	1.44	$105.48	1.46	$99.54	3.50	$95.73	LBC1	1.35	$172.37	-	-
L	1.03	$75.45	1.05	$71.59	3.98	$108.85	CDE2	1.77	$225.99	-	-
M	1.20	$87.90	1.23	$83.86	-	-	CDE1	1.53	$195.35	-	-
N	1.40	$102.55	1.42	$96.82	-	-	CBC2	1.47	$187.69	-	-
O	1.47	$107.68	1.47	$100.22	-	-	CA2	1.03	$131.51	-	-
P	1.02	$74.72	1.03	$70.23	-	-	CBC1	1.27	$162.15	-	-
Q	-	-	-	-	-	-	CA1	0.89	$113.64	-	-
R	-	-	-	-	-	-	BAB2	0.98	$125.13	-	-
S	-	-	-	-	-	-	BAB1	0.94	$120.02	-	-
T	-	-	-	-	-	-	PDE2	1.48	$188.97	-	-
U	-	-	-	-	-	-	PDE1	1.39	$177.48	-	-
V	-	-	-	-	-	-	PBC2	1.15	$146.83	-	-
W	-	-	-	-	-	-	PA2	0.67	$85.55	-	-
X	-	-	-	-	-	-	PBC1	1.07	$136.62	-	-
Y	-	-	-	-	-	-	PA1	0.62	$79.16	-	-

TABLE 6: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—RURAL

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.45	$121.08	1.41	$108.13	0.64	$22.05	ES3	3.84	$468.44	3.06	$281.61
B	1.61	$134.44	1.54	$118.10	1.72	$59.27	ES2	2.90	$353.77	2.39	$219.95
C	1.78	$148.63	1.60	$122.70	2.52	$86.84	ES1	2.77	$337.91	1.74	$160.13
D	1.81	$151.14	1.45	$111.20	1.38	$47.55	HDE2	2.27	$276.92	1.26	$115.96
E	1.34	$111.89	1.33	$102.00	2.21	$76.16	HDE1	1.88	$229.34	0.91	$83.75
F	1.52	$126.92	1.51	$115.80	2.82	$97.18	HBC2	2.12	$258.62	0.68	$62.58
G	1.58	$131.93	1.55	$118.87	1.93	$66.51	HBC1	1.76	$214.70	-	-
H	1.10	$91.85	1.09	$83.59	2.7	$93.04	LDE2	1.97	$240.32	-	-
I	1.07	$89.35	1.12	$85.89	3.34	$115.10	LDE1	1.64	$200.06	-	-
J	1.34	$111.89	1.37	$105.07	2.83	$97.52	LBC2	1.63	$198.84	-	-
K	1.44	$120.24	1.46	$111.97	3.50	$120.61	LBC1	1.35	$164.69	-	-
L	1.03	$86.01	1.05	$80.52	3.98	$137.15	CDE2	1.77	$215.92	-	-
M	1.20	$100.20	1.23	$94.33	-	-	CDE1	1.53	$186.64	-	-
N	1.40	$116.90	1.42	$108.90	-	-	CBC2	1.47	$179.33	-	-
O	1.47	$122.75	1.47	$112.73	-	-	CA2	1.03	$125.65	-	-
P	1.02	$85.17	1.03	$78.99	-	-	CBC1	1.27	$154.93	-	-
Q	-	-	-	-	-	-	CA1	0.89	$108.57	-	-
R	-	-	-	-	-	-	BAB2	0.98	$119.55	-	-
S	-	-	-	-	-	-	BAB1	0.94	$114.67	-	-
T	-	-	-	-	-	-	PDE2	1.48	$180.55	-	-
U	-	-	-	-	-	-	PDE1	1.39	$169.57	-	-
V	-	-	-	-	-	-	PBC2	1.15	$140.29	-	-
W	-	-	-	-	-	-	PA2	0.67	$81.73	-	-
X	-	-	-	-	-	-	PBC1	1.07	$130.53	-	-
Y	-	-	-	-	-	-	PA1	0.62	$75.63	-	-

ZIMMET HEALTHCARE SERVICES GROUP, LLC
simple. a Netsmart solution

Clinical Category Changes to FY 2025 ICD-10 PDPM Mapping

ICD-10-CM Code	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Impatient Stay that Impacts the SNF Care Plan?	FY 2025 Changes: Default Clinical Category	Resident Had Major Procedure during the Prior Impatient Stay that Impacts the SNF Care Plan?
E88.810	Metabolic syndrome	Medical Management	N/A	Return to Provider	N/A
E88.811	Insulin resistance syndrome, Type A	Medical Management	N/A	Return to Provider	N/A
E88.818	Other insulin resistance	Medical Management	N/A	Return to Provider	N/A
E88.819	Insulin resistance, unspecified	Medical Management	N/A	Return to Provider	N/A

Request for Information:
Proposed Update to the NTA Component

- Considering updating the years used for data corresponding to Medicare Part A SNF stays
  - Claims, assessments, and cost reports
- The updated study population will use Medicare Part A SNF stays with admissions from FY 2019 through FY 2022
  - Excluding stays with a COVID–19 diagnosis
- Considering updating the methodology to only utilize SNF Part A claims and the MDS, and not claim types from other Medicare settings
- Considering modifying the overlap methodology to rely more upon the MDS items that use a checkbox whenever possible

Request for Information:
Proposed Update to the NTA Component

Updates to Conditions and Extensive Services Used for NTA Classification

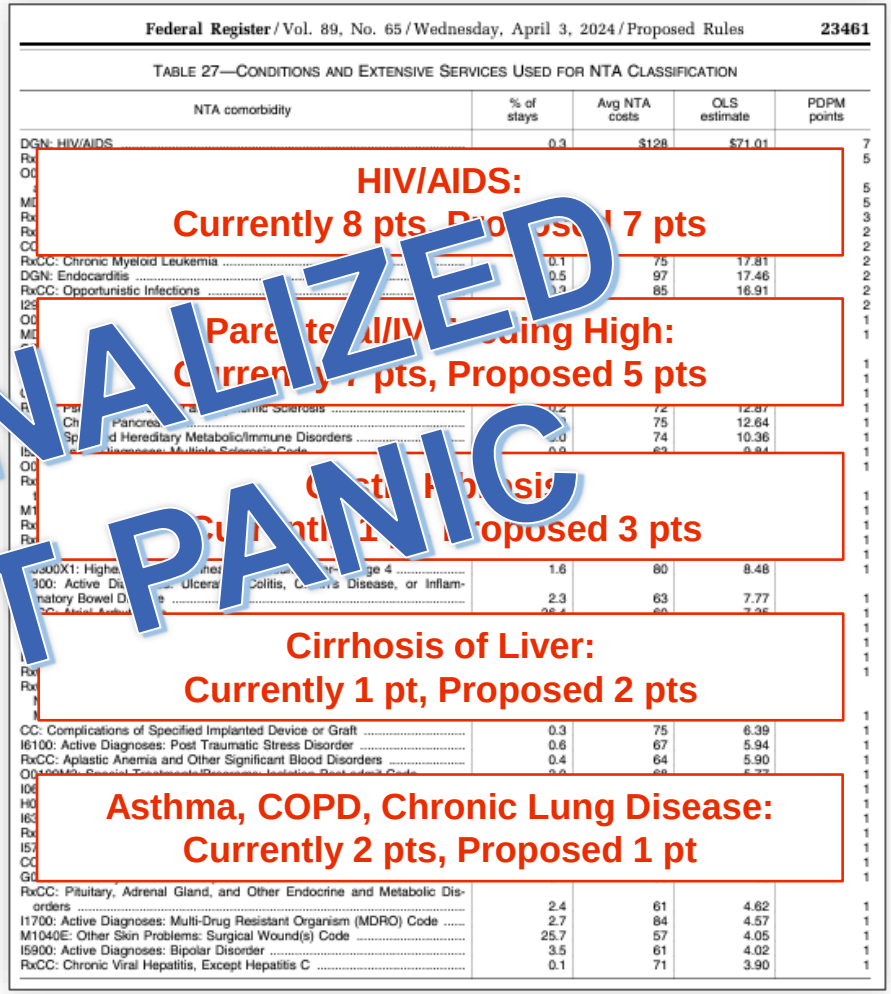

Federal Register / Vol. 89, No. 65 / Wednesday, April 3, 2024 / Proposed Rules 23461

TABLE 27—CONDITIONS AND EXTENSIVE SERVICES USED FOR NTA CLASSIFICATION

NTA comorbidity	% of stays	Avg NTA costs	OLS estimate	PDPM points
DGN: HIV/AIDS	0.3	$128	$71.01	7
RxCC: Chronic Myeloid Leukemia	0.1	75	17.81	2
DGN: Endocarditis	0.5	97	17.46	2
RxCC: Opportunistic Infections	[illegible]	85	16.91	2
[illegible]	[illegible]	72	12.87	1
[illegible] Pancreas	[illegible]	75	12.64	1
[illegible] Hereditary Metabolic/Immune Disorders	[illegible]	74	10.36	1
[illegible]	[illegible]	[illegible]	[illegible]	1
[illegible]	1.6	80	8.48	1
[illegible] Colitis, [illegible] Disease, or Inflammatory Bowel D[illegible]	2.3	63	7.77	1
[illegible]	[illegible]	[illegible]	[illegible]	1
CC: Complications of Specified Implanted Device or Graft	0.3	75	6.39	1
I6100: Active Diagnoses: Post Traumatic Stress Disorder	0.6	67	5.94	1
RxCC: Aplastic Anemia and Other Significant Blood Disorders	0.4	64	5.90	1
[illegible]	[illegible]	[illegible]	[illegible]	1
RxCC: Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders	2.4	61	4.62	1
I1700: Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	2.7	84	4.57	1
M1040E: Other Skin Problems: Surgical Wound(s) Code	25.7	57	4.05	1
I5900: Active Diagnoses: Bipolar Disorder	3.5	61	4.02	1
RxCC: Chronic Viral Hepatitis, Except Hepatitis C	0.1	71	3.90	1

HIV/AIDS:
Currently 8 pts, Proposed 7 pts

Parenteral/IV Feeding High:
Currently 7 pts, Proposed 5 pts

Cystic Fibrosis:
Currently 1 pt, Proposed 3 pts

Cirrhosis of Liver:
Currently 1 pt, Proposed 2 pts

Asthma, COPD, Chronic Lung Disease:
Currently 2 pts, Proposed 1 pt

NOT FINALIZED
DON'T PANIC

ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple. a Netsmart solution

Removal of Therapy Items for 2025

- Effective 10/1/2025, items in MDS Section O0400 will be removed from the PPS 5-day assessment for SLP, OT, PT, and Psychological Therapy:
  - Days
  - Minutes
  - Start Date
  - End Date
- Item O0425 A-C capturing total days/minutes during the entire Part A stay will remain

Quality Reporting Program

ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple.
a Netsmart solution

TABLE 28: Quality Measures Currently Adopted for the SNF QRP

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

New SPADES Items

Beginning with the FY 2027 SNF QRP
Under Social Determinants of Health

ZIMMET HEALTHCARE SERVICES GROUP, LLC
simple. a Netsmart solution

Living Situation

“What is your living situation today?”

- (0) I have a steady place to live
- (1) I have a place to live today, but I am worried about losing it in the future
- (2) I do not have a steady place to live
- (7) Resident declines to respond
- (8) Resident is unable to respond

Food

“Within the past 12 months, you worried that your food would run out before you got money to buy more.”

“Within the past 12 months, the food you bought just didn’t last, and you didn’t have money to get more.”

- (0) Often true
- (1) Sometimes true
- (2) Never true
- (7) Resident declines to respond
- (8) Resident is unable to respond

Utilities

“In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?”

- (0) Yes
- (1) No
- (2) Already shut off
- (7) Resident declines to respond
- (8) Resident is unable to respond

Transportation

Beginning with the FY 2027 SNF QRP

Modification specifies a 12-month look-back period

“In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?”

- (0) Yes
- (1) No
- (7) Resident declines to respond
- (8) Resident is unable to respond

QRP Validation Process: MDS-Based QRP Measures

Beginning with the FY 2027

The validation contractor would select, on an annual basis, up to 1,500 SNFs that submit at least one MDS record in the calendar year (CY) 3 years prior to the applicable FY SNF QRP

Would be the same SNFs randomly selected to participate in the SNF VBP validation process for the corresponding SNF VBP program year

Up to 10 medical records from each selected SNF

Required to submit the medical records within 45 days of the date of the request

Failure to submit the requested number of medical records within 45 days of the initial request would result in a 2% of the APU

Evaluate the submitted records against the MDS for accuracy of the MDS data used to calculate the measure results

Data Collection Periods for the SNF Validation Process Affecting the FY 2027 SNF QRP

FY QUARTER	DATES	AFFECTS FY QRP
Q1	10/1 – 12/31/2024	2027
Q2	1/1 – 3/31/2025	2027
Q3	4/1 - 6/30/2025	2027
Q4	7/1 – 9/30/2025	2027

Request for Information: SNF QRP Quality Measure Concepts Under Consideration for Future Years

- Vaccination Composite
- Pain Management
- Depression
- Patient Experience of Care/Patient Satisfaction

Value-Based Purchasing (SNF VBP)

ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple.
a Netsmart solution

What is the SNF VBP?

Incentive payment program encourage improvement in the quality of care

CMS withholds 2% of SNFs' Medicare FFS Part A payments and is required to redistribute between 50% -70%of the withholding to SNFs as incentive payments

The remaining 40% is retained in the Medicare Trust Fund

For FY 2025, performance is based on a single measure: SNF 30-Day All-Cause Readmission Measure (SNFRM) using data from FY 2022

Measures Adopted by SNF VBP

Measure and Link to Technical Report	Adopted in SNF PPS Final Rule	FY 2025 Program Year	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year
SNF 30-Day All-Cause Readmission Measure (SNFRM)	FY 2016	✓	✓	✓	–
Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization	FY 2023	–	✓	✓	✓
Total Nurse Staffing Hours per Resident Day (including Registered Nurse [RN], Licensed Practical Nurse [LPN], and Nurse Aide hours)	FY 2023	–	✓	✓	✓
Total Nursing Staff Turnover	FY 2024	–	✓	✓	✓
Discharge to Community—Post-Acute Care (DTC-PAC) Measure for SNFs	FY 2023	–	–	✓	✓
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	FY 2024	–	–	✓	✓
Discharge Function Score for SNFs	FY 2024	–	–	✓	✓
Number of Hospitalizations per 1,000 Long Stay Resident Days	FY 2024	–	–	✓	✓
Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure	FY 2024	–	–	–	✓

Text Updates

- **Beginning October 1, 2027**
- Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) will be replaced with the Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) measure
  - Reflects readmission rates for SNF residents who are readmitted to a short-stay acute-care hospital or long-term care hospital (LTCH) with a principal diagnosis considered unplanned and potentially preventable while within SNF care
  - The measure is risk-adjusted and calculated using 2 consecutive years of Medicare FFS claims data

Other VBP Updates

1

Adopting a measure retention and removal policy to ensure the measure set remains focused on the best and most appropriate metrics for assessing quality care, similar to the policy used by the SNF QRP

2

Adopting technical measure update policy to allow CMS to update previously finalized measure specifications

3

Finalizing an administrative policy update to the review and correct policy

Nursing Home Enforcement – Civil Monetary Penalties

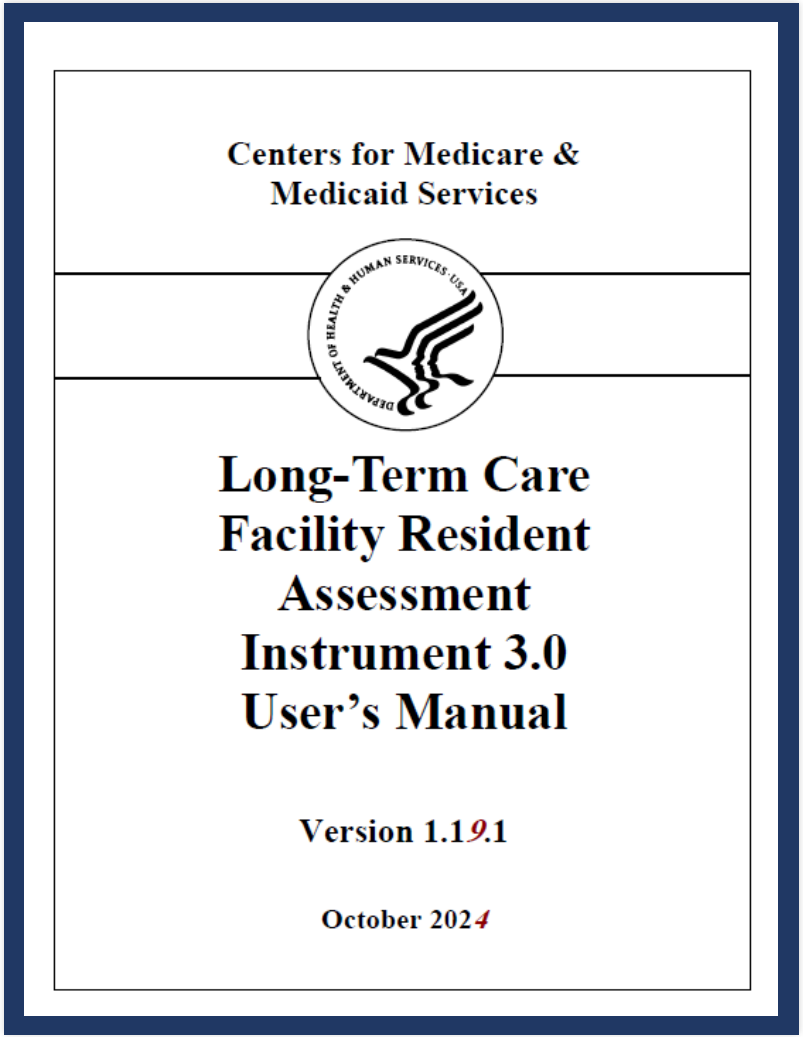
- CMS enforcement to impose more equitable and consistent CMPs for health and safety violations
- Gives CMS flexibility in determining the mix and number of penalties and encourages facilities to correct and maintain compliance
- Final Rule expands the types of CMPs to allow for more per instance and per day penalties
  - Permits both types to be imposed
  - Greater flexibility
  - Incentivized permanent correction
  - Still subject to statutory daily limits

POLL #2

Have you looked at the final RAI Manual v1.19.1 and the final MDS item sets?

- Yes
- No
- Waiting until Sep 30

Changes Ahead!

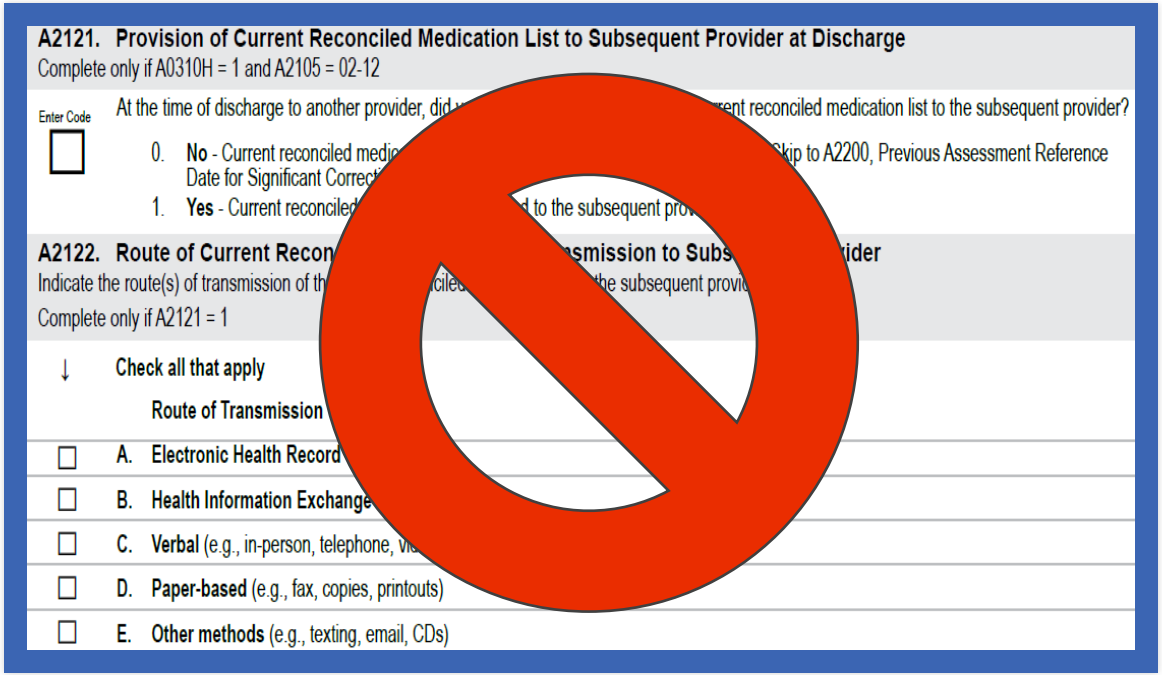


ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple.
a Netsmart solution

A2121 and A2122 Provision and Route of Current Reconciled Medication List to Subsequent Provider at Discharge

- Removed from the standalone Part A PPS Discharge (NPE)
- No longer need to answer these questions for residents remaining in the facility

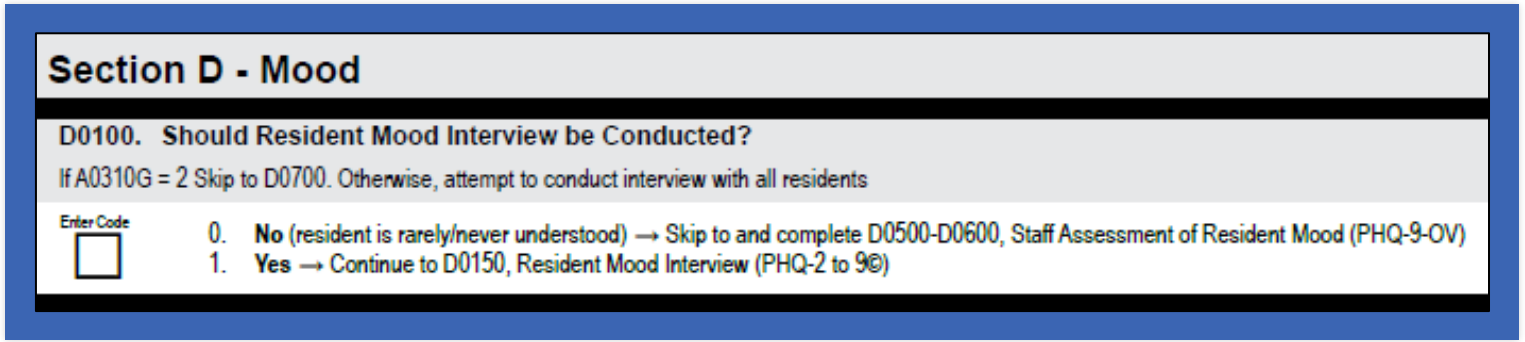


ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple. a Netsmart solution

D0100 Should the Resident Mood Interview be Conducted

- Completion instructions were revised on the OBRA Discharge Assessment instructions to read if A0310G Unplanned Discharge =2, skip to E0100 (Section E – Behavior)



Section D - Mood

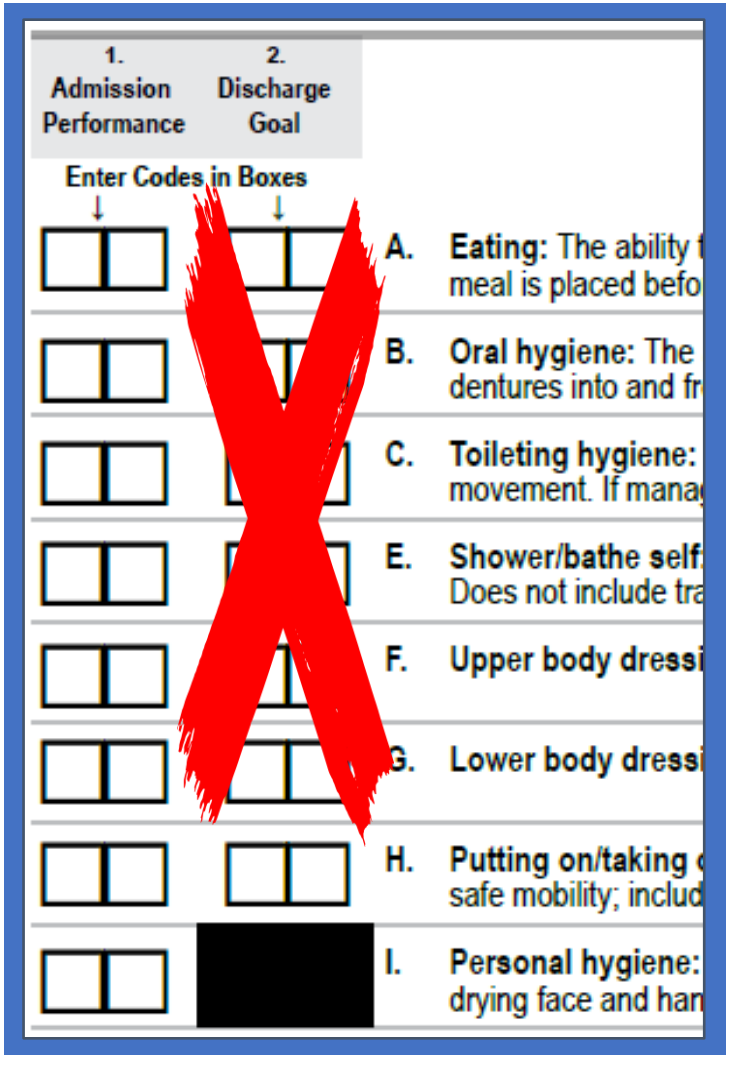
D0100. Should Resident Mood Interview be Conducted?

If A0310G = 2 Skip to D0700. Otherwise, attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)

Section GG:
Now Called Functional Abilities

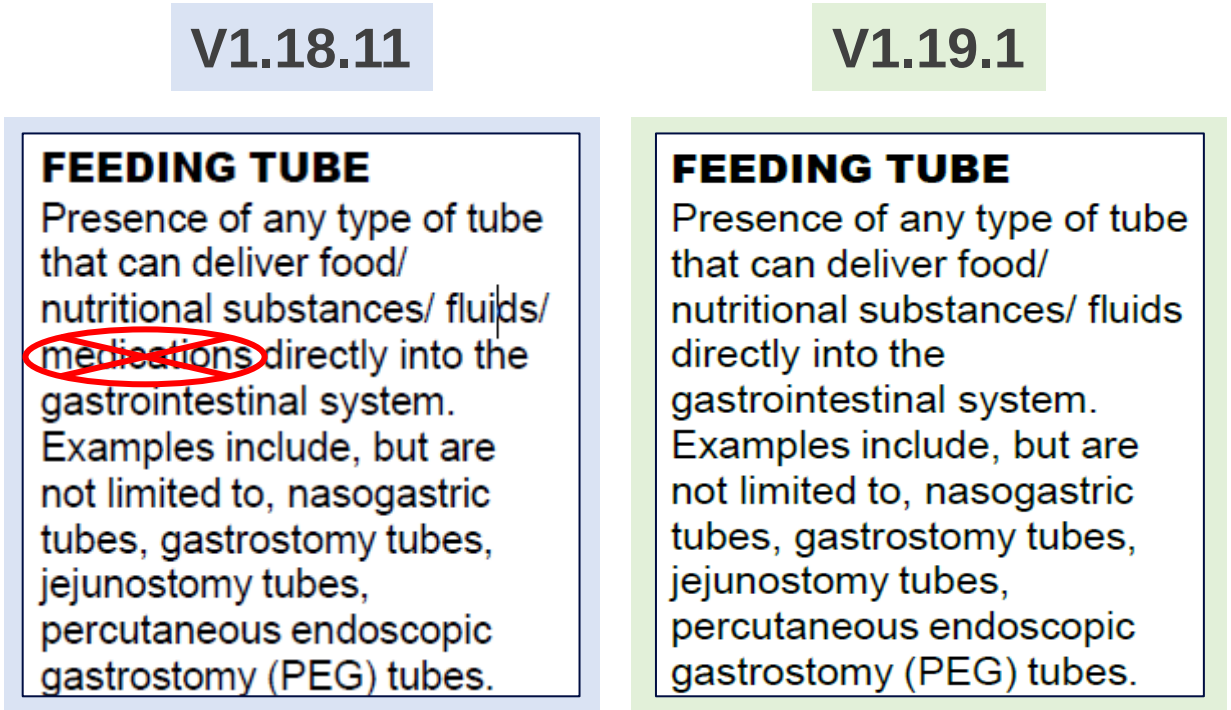


ZIMMET HEALTHCARE SERVICES GROUP, LLC

simple. a Netsmart solution

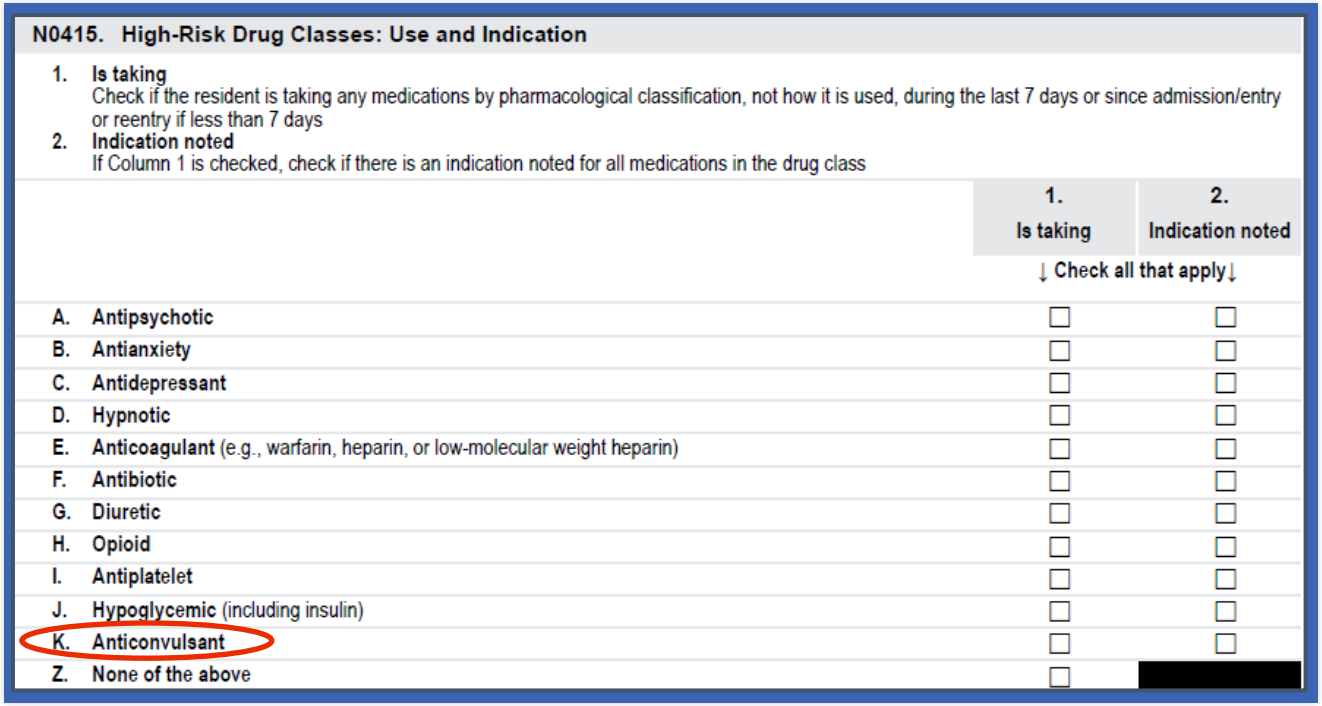
K0520: Nutritional Approaches

- The definition of a feeding tube eliminates the word “medications”



N0415K Anticonvulsants

- New classification added to the High-Risk Drug Classes



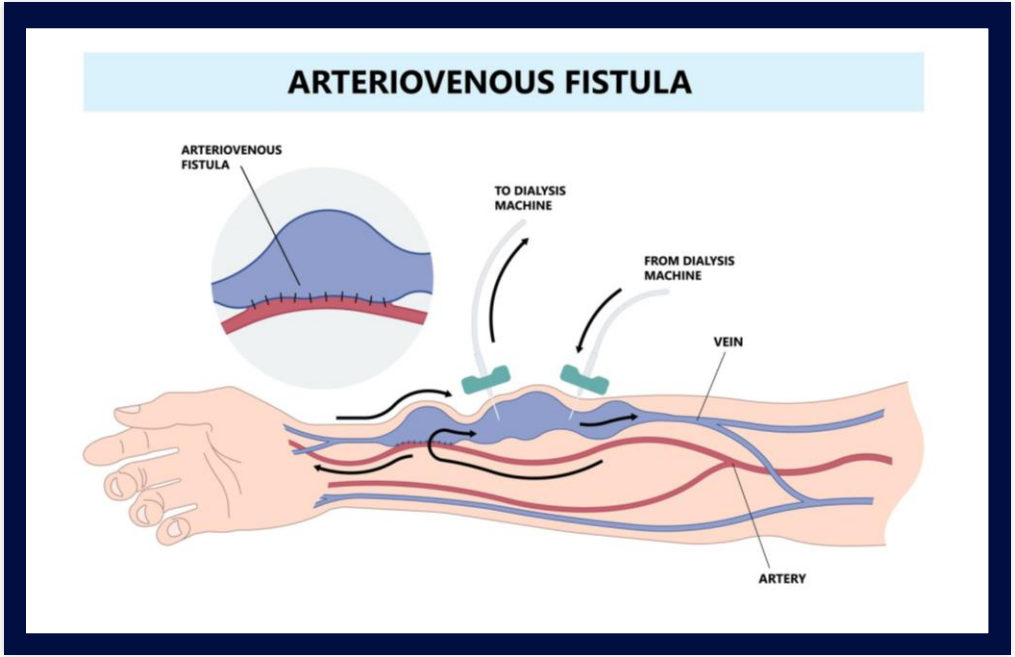
N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
   Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. **Indication noted**
   If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. **Antipsychotic**	☐	☐
B. **Antianxiety**	☐	☐
C. **Antidepressant**	☐	☐
D. **Hypnotic**	☐	☐
E. **Anticoagulant** (e.g., warfarin, heparin, or low-molecular weight heparin)	☐	☐
F. **Antibiotic**	☐	☐
G. **Diuretic**	☐	☐
H. **Opioid**	☐	☐
I. **Antiplatelet**	☐	☐
J. **Hypoglycemic** (including insulin)	☐	☐
K. **Anticonvulsant**	☐	☐
Z. **None of the above**	☐	[redacted]

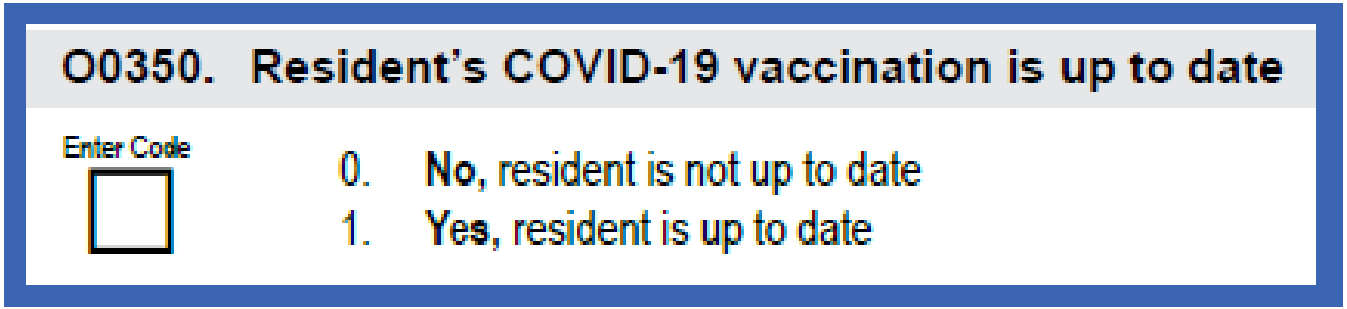
O0110O1 IV Access

- Clarification that an arteriovenous (AV) fistula does not meet the definition of IV access in this item



O0350 Resident's COVID-19 Vaccination is Up to Date

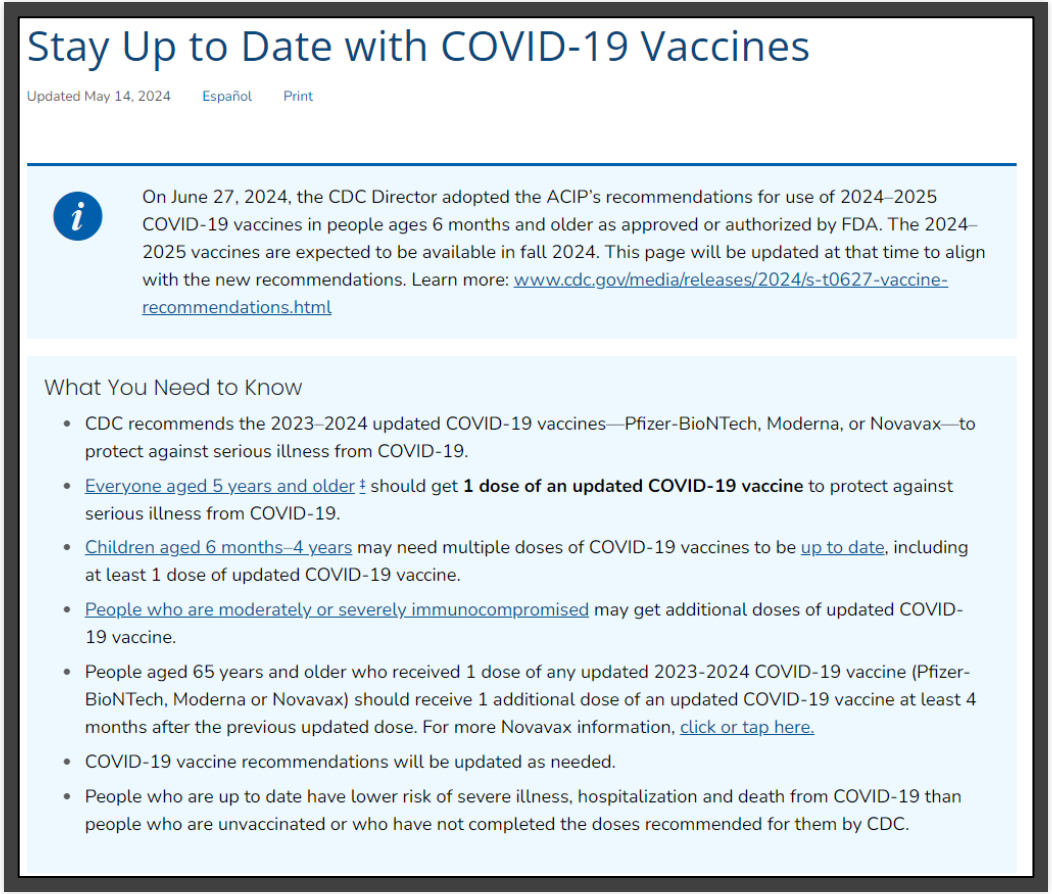
- New item
- To be used in reporting the new FY 2026 QRP Measure - COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date



O0350 Resident's COVID-19 Vaccination is Up to Date

Definition of "Up to Date"

- Refer to the CDC website "Stay Up to Date with COVID-19 Vaccines"



Stay Up to Date with COVID-19 Vaccines

Updated May 14, 2024 Español Print

On June 27, 2024, the CDC Director adopted the ACIP's recommendations for use of 2024–2025 COVID-19 vaccines in people ages 6 months and older as approved or authorized by FDA. The 2024–2025 vaccines are expected to be available in fall 2024. This page will be updated at that time to align with the new recommendations. Learn more: www.cdc.gov/media/releases/2024/s-t0627-vaccine-recommendations.html

What You Need to Know

- CDC recommends the 2023–2024 updated COVID-19 vaccines—Pfizer-BioNTech, Moderna, or Novavax—to protect against serious illness from COVID-19.
- Everyone aged 5 years and older ‡ should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19.
- Children aged 6 months–4 years may need multiple doses of COVID-19 vaccines to be up to date, including at least 1 dose of updated COVID-19 vaccine.
- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- People aged 65 years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose. For more Novavax information, click or tap here.
- COVID-19 vaccine recommendations will be updated as needed.
- People who are up to date have lower risk of severe illness, hospitalization and death from COVID-19 than people who are unvaccinated or who have not completed the doses recommended for them by CDC.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

I2100 Septicemia

- MDS v.1.19.1 adds clarification on appropriate coding of Septicemia
- For sepsis to be considered septicemia, **there needs to be inflammation due to sepsis and evidence of a microbial process**
    - If the medical record reflects inflammation due to sepsis and evidence of a microbial process, code I2100, Septicemia
    - If the medical record does not reflect inflammation due to sepsis and evidence of a microbial process, enter the sepsis diagnosis and ICD code in item I8000, Additional Active Diagnoses
        - Not resolved diagnosis that does not impact the current plan of care
        - Not “history of”

Sepsis vs. Septicemia

- **Not the same thing**
- Septicemia is an infection in the bloodstream and spreads throughout the body
- Sepsis is the body's reaction to the infection
- Septicemia is diagnosed based on symptoms and positive blood tests to identify the bacteria, virus, or fungus

ZIMMET HEALTHCARE SERVICES GROUP, LLC
simple. a Netsmart solution

MDS Section X: Correction Requests

- Assessments erroneously submitted not for OBRA or Medicare Part A purposes can only be removed from the CMS database with a manual deletion request
    - Test records
    - Medicare Advantage or other insurance
    - Wrong facility
- For erroneous PPS assessments combined with OBRA-required assessments, the evaluation must be manually deleted if the item set code changes, and a new, stand-alone OBRA assessment must be submitted
- If the item set code does not change, then a modification can be completed
- Manual deletion must be done in writing via the state RAI coordinator and is addressed in the RAI Manual in Chapter 5

Medal-Worthy Takeaways

- Changes in CBSA means changes to per diem rates
- Significant change in imposing CMPs for health and safety noncompliance
- 4 New Standardized Patient Assessment Data Elements (SPADES) coming for the MDS in 2025
- New QRP Validation Process
- New resident COVID vaccination status question and QM
- New guidance for coding Septicemia
- New high-risk drug class data collection: anticonvulsants
- Manual correction requests

References & Resources

- https://www.cms.gov/files/document/finalmds-30-rai-manual-v1191october2024.pdf
- https://www.cms.gov/files/zip/mds30finalitemsetsv1191foroct12024.zip
- https://www.hopkinsmedicine.org/health/conditions-and-diseases/septicemia
- https://my.clevelandclinic.org/health/diseases/21539-septicemia
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html
- https://www.cms.gov/files/zip/fy-2025-pdpm-icd-10-code-mapping.zip
- https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities
- https://www.federalregister.gov/documents/2024/08/06/2024-16907/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities
- https://www.cms.gov/files/document/fy-2025-snf-vbp-program-fact-sheet.pdf
- https://www.cms.gov/files/document/snf-vbp-faqs-august-2024-pdf.pdf
- https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities

ZIMMET HEALTHCARE SERVICES GROUP, LLC

Independent & Objective since 1993

120+ US-based employees dedicated to rationalizing the SNF-economy

Trusted by 4,000+ SNF provider & industry clients

ConsulTech™

Cross-Domain consulting services powered by proprietary industry-leading software:

- Reimbursement-Compliance Audits
- Quality Innovations
- Cost Reporting & Analytics
- Advisory & Asset Monitoring
- Market Insights
- Payment System Reform

R² Reimbursement Reimagined

Scalable PDPM/CMI and Managed Care solutions that enhance revenue & efficiency:

- Remote Assessment Monitoring
- MDS Coverage & Outsourcing
- HMO Authorizations
- Managed Care Contracting
- ISNP-Arbitrage
- Software & Support

zpax post-acute eXchange

Open Development Platform for SNF-focused software reduces application development costs by 75%, while z.Apps opens formerly inaccessible sales channels. Single-Sign-On, data connectivity, and ease of onboarding enhances utility, relieves user "technology fatigue", and reduces operating expenses.

zintel

Comprehensive, contextualized SNF data analytics platform for informed business development, mitigated underwriting risk, and rational policymaking.

CONNECT

Integrated, Interconnected PDPM, CMI & therapy management applications revolutionize reimbursement-compliance and operating efficiency.

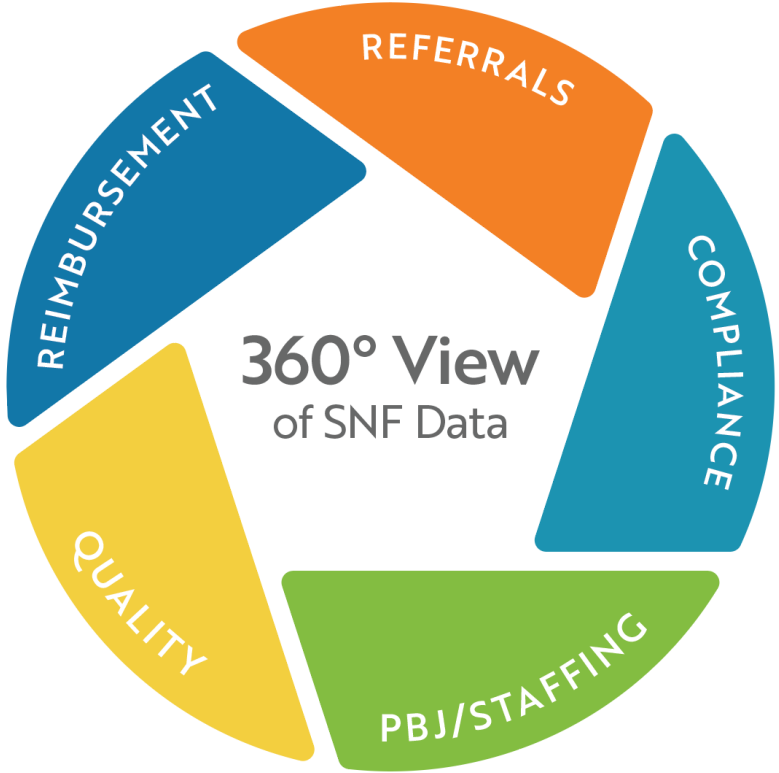
ZHSG's diverse subject matter expertise spans Skilled Nursing's eight "Data Domains" that define each provider's profile.

Our ability to cross-contextualize fragmented reimbursement, regulatory, and reporting silos yields insights that are indiscernible from single-domain perspectives.

SimpleComplete™

One simple suite for SNF success

The industry's only complete solution for reimbursement, referrals and regulatory compliance.



MDS predictive analytics.

Optimize PDPM, Five-Star/QMs and iQIES workflow

PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy

Referrals and reimbursement.

Build census and optimize claims revenue in real time

Scan code or visit simpleltc.com/demo to get started

QUESTIONS

simple.
a Netsmart solution

Netsmart

ZIMMET HEALTHCARE
SERVICES GROUP, LLC

SKILLED NURSING

Thanks for attending!

Slides and recording are available at:

www.simpleltc.com/FY2025-Final-Rule

simple.
a Netsmart solution

Netsmart

ZIMMET HEALTHCARE
SERVICES GROUP, LLC

SKILLED NURSING

Thank You

CORPORATE HEADQUARTERS

Zimmet Healthcare Services Group, LLC
200 Route 9 North
Manalapan, NJ 07726
877.SNF.2001 / 732.970.0733

info@zhealthcare.com

www.zhealthcare.com

ZIMMET HEALTHCARE SERVICES GROUP, LLC