Quality Measures, QRP, and Value Based Purchasing
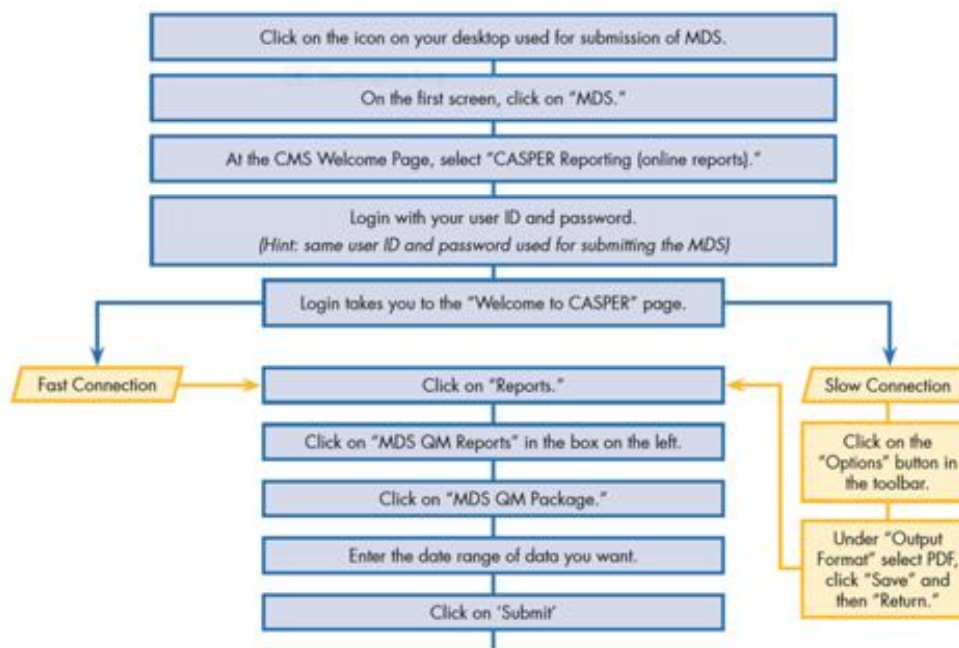
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Objectives

- Understand and interpret Quality Measures, Quality Reporting Program (QRP), and Value Based Purchasing

- Incorporate into practice utilizing these measures for quality improvement

- Understand how the metrics affect payment and drives quality in our homes

Printing Quality Measures

Accessing the new MDS QM Reports

Click on the icon on your desktop used for submission of MDS.

On the first screen, click on "MDS."

At the CMS Welcome Page, select "CASPER Reporting (online reports)."

Login with your user ID and password.
(Hint: same user ID and password used for submitting the MDS)

Login takes you to the "Welcome to CASPER" page.

Fast Connection

Click on "Reports."

Click on "MDS QM Reports" in the box on the left.

Click on "MDS QM Package."

Enter the date range of data you want.

Click on 'Submit'

Slow Connection

Click on the "Options" button in the toolbar.

Under "Output Format" select PDF, click "Save" and then "Return."

Facility Level Characteristics Report

MDS 3.0 Facility Characteristics Report

Facility ID:
CCN:
Facility Name:
City/State:
Data was calculated on: 02/22/2016

Report Period: 08/01/15 - 01/31/16
Comparison Group: 06/01/15 - 11/30/15
Run Date: 02/26/16
Report Version Number: 1.00

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	38	120	31.7%	35.5%	37.2%
Female	82	120	68.3%	64.5%	62.8%
Age					
<25 years old	0	120	0.0%	0.1%	0.4%
25-54 years old	6	120	5.0%	5.2%	5.8%
55-64 years old	8	120	6.7%	9.8%	10.8%
65-74 years old	19	120	15.8%	19.5%	18.7%
75-84 years old	31	120	25.8%	29.6%	27.5%
85+ years old	56	120	46.7%	35.7%	36.8%
Diagnostic Characteristics					
Psychiatric diagnosis	48	119	40.3%	60.0%	56.2%
Intellectual or Developmental Disability	0	60	0.0%	1.5%	1.4%
Hospice	14	120	11.7%	6.3%	6.0%
Prognosis					
Life expectancy of less than 6 months	11	120	9.2%	4.6%	4.6%
Discharge Plan					

Facility Level Quality Measure Report

MDS 3.0 Facility Level Quality Measure Report

Facility ID: ▮

CCN: ▮

Facility Name: ▮

City/State: ▮

Data was calculated on: 02/22/2016

Report Period: 08/01/15 - 01/31/16

Comparison Group: 06/01/15 - 11/30/15

Run Date: 02/26/16

Report Version Number: 2.00

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		0	32	0.0%	0.0%	16.7%	17.3%	0
SR Mod/Severe Pain (L)	N014.02		4	48	8.3%	9.9%	8.9%	8.7%	65
Hi-risk Pres Ulcer (L)	N015.01		2	46	4.3%	4.3%	6.1%	6.4%	39
New/worse Pres Ulcer (S)	N002.02		1	44	2.3%	1.6%	1.3%	1.3%	75 *
Phys restraints (L)	N027.01		0	76	0.0%	0.0%	0.7%	0.8%	0
Falls (L)	N032.01		30	76	39.5%	39.5%	47.6%	44.8%	31
Falls w/Maj Injury (L)	N013.01		1	76	1.3%	1.3%	4.4%	3.4%	24
Antipsych Med (S)	N011.01		0	31	0.0%	0.0%	2.5%	2.4%	0
Antipsych Med (L)	N031.02		11	74	14.9%	14.9%	17.1%	17.3%	47
Antianxiety/Hypnotic (L)	N033.01		6	67	9.0%	9.0%	8.9%	9.2%	59
Behav Sx affect Others (L)	N034.01		27	67	40.3%	40.3%	20.9%	22.9%	86 *
Depress Sx (L)	N030.01		2	67	3.0%	3.0%	2.8%	5.6%	58

Resident Level Quality Measure Report

MDS 3.0 Resident Level Quality Measure Report

Facility ID:
Facility Name:
CCN:
City/State:
Data was calculated on: 02/22/2016

Report Period: 08/01/15 - 01/31/16
Run Date: 02/26/16
Report Version Number: 2.00

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded.
C = complete; data available for all days selected; I = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess WL Loss (L)	Incr ADL Help (L)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Active Residents																				
		01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	X	1
		02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	X	b	b	X	3
		03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		02/99/99	b	b	b	b	b	X	b	b	X	b	b	b	b	b	b	X	b	3
		03/99/99	b	b	b	b	b	X	b	b	b	b	X	b	b	b	b	b	b	2
		99/03/99	b	b	b	b	b	b	b	b	X	b	X	b	b	b	b	b	b	2

Definitions: MDS Quality Measures

- **Short Stay-** days in facility less than or equal to 100 days
- **Long Stay-** days in facility greater than or equal to 101 days in facility
- **Target Period-** span of time that defines the QM reporting period
- **Numerator-** top number of the fraction; actual number of residents who had/have QM condition
- **Denominator-** Bottom number of fraction; number of residents eligible to be at risk of being the numerator
- **Exclusions-** residents removed from calculations if outcomes are not under facility control or unavoidable
- **Risk adjustments-** refines raw QM score to better reflect the prevalence of problems that facilities should be able to address

Quality Measures- Short Stay

- Self-Report Moderate to Severe Pain
- Pressure Ulcers that are new or worsened (QM and SNF QRP) (will end October 1)
- Newly received an Antipsychotic Medication
- Made Improvements in Function
- Seasonal Influenza Vaccines
- Pneumococcal Vaccines

Short Stay Moderate to Severe Pain

- Numerator: Short stay residents
  - Condition #1 Resident reports daily pain with at least ONE episode of moderate/severe pain. *Both* of the following condition must be met:
    - Almost constant or frequent pain (J0400=1,2) and
    - At least one episode of moderate to severe pain (J0600A=05,06,07,08,09) or (J0600B=2,3)
  - Condition #2 Resident reports very severe/horrible pain of any frequency (J0600A=10) or (J0600B=4)
- Denominator: All short stay residents with selected target assessment

Short Stay Moderate to Severe Pain

- Exclusions: If resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) and any of the following conditions are true:
  - Pain assessment interview not completed
  - Pain presence item was not completed
  - For residents with pain or hurting at any time in the last 5 days any of the following are true
    - Pain frequency item was not completed
    - Neither the pain intensity items was completed
    - Numeric pain intensity item indicates no pain

Short Stay: Influenza Vaccine

- Numerator: Residents received vaccine (either in or out of facility), Was offered and declined, ineligible due to contraindications

- Denominator: All short stay residents with selected influenza assessment

- Exclusions: Resident's age on target assessment is 179 days or less

- Notes: Measure is only calculated once per 12 month influenza season.

Short Stay: Newly Received Antipsychotic Medication

This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but NOT on their initial assessment

- Numerator: Short stay residents whose assessments indicate antipsychotic medication was received

- Denominator: All short stay residents who do not have exclusions

- Exclusions: Dx of Schizophrenia, Tourette's, or Huntington's; Initial assessment indicates use of antipsychotic or use unknown

Short Stay: Improvement in Function

This measure reports the percentage of short-stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.

- Numerator: Valid 5 day assessment or admission assessment and valid discharge assessment. Have a change in performance score that is negative

- Denominator: Have valid discharge and 5 day or admission assessment

- Exclusions: Comatose, Life expect <6 months, Hospice, missing assessment on section G, no impairment, unplanned discharges

Long Stay Measures

- Falls with Major Injury (QM and SNF QRP)
- Self-Reported Moderate to Severe Pain
- High-Risk Pressure Ulcers
- Urinary Tract Infections
- Catheter
- Lose Control of Bowel or Bladder
- Physically Restrained
- Need for Help with ADLs has increased
- Lose too much Weight
- Depressive Symptoms

Long Stay Measures

- Received an Antipsychotic Medication
- Ability to Move Independently worsened
- Prevalence of Falls
- Used Antianxiety or Hypnotic Medication
- Behavior affecting Others
- Seasonal Influenza Vaccines
- Pneumococcal Vaccines
- Admission and Discharge Functional assessment and care plan (SNF QRP)

Long Stay: Moderate to Severe Pain

- Long stay residents who report with (1) almost constant or frequent moderate to severe pain in the last 5 days OR (2) any very severe/horrible pain in the last 5 days

- Exclusions:
  - target assessment is an admission or 5 day
  - Residents did not complete pain interview
  - Pain presence not completed
  - Resident answered yes to pain but pain frequency/intensity not completed OR resident rated pain as 0

Long Stay: Pressure Ulcers

- Residents who are determined to be high risk with a Stage 2,3,or 4 pressure ulcer.
- Denominator: all residents who meet definition of high risk
  - Impaired self-performance in bed mobility or transfer
  - Comatose
  - Malnutrition or at risk for malnutrition

Long Stay- Urinary Tract Infection

- Numerator: Residents with a Urinary Tract Infection in the last 30 days

- Denominator: All long stay residents with a selected target assessment

Long Stay: Catheter

- Numerator: Long stay residents who have had an indwelling catheter in the last 7 days

- Denominator: All long stay residents with selected target assessment, except those with exclusions

- Exclusions:

  - target assessment admission or 5 day

  - Indwelling catheter status missing

  - Diagnosis of Neurogenic bladder or obstructive uropathy

Long stay: Lose control or bowel or bladder

- Numerator: Long stay resident that indicates frequently or always incontinent of the bowel or bladder
- Denominator: Long stay residents with selected target assessments, except those with exclusions
- Exclusions:
  - Target assessment is an admission or 5 day
  - Severe cognitive impairment
  - Totally dependent in bed mobility, transfers, or locomotion
  - Comatose
  - Indwelling catheter or Ostomy

Long Stay: Physically Restrained

- Numerator: Long stay residents indicate daily physical restraints
  - Trunk restraint used in bed, in chair, or out of bed
  - Limb restraint used in bed, in chair, or out of bed
  - Chair prevents rising used in chair or out of bed
- Denominator: All long stay residents with a target assessment, except those with exclusions
- Exclusions:
  - Trunk restraint, limb restraint, or chair prevents rising are dashed

Long Stay: ADLs Help Increased

- Numerator: Long stay residents whose need for help with late loss ADLS (bed mobility, transfers, eating, and toileting) has increased when compared to prior assessment.
  - Increase is defined as increase in 2 or more coding points in one late loss ADL or one point increase in 2 or more late loss ADLs
- Denominator: Long stay residents with selected target assessment, except those with exclusions
- Exclusions:
  - All four late loss ADLs coded total dependence or 3 coded dependence and one extensive
  - Comatose
  - Hospice or life expectancy <6 months

Long Stay: Lose too much Weight

- Numerator: Long stay residents that indicates weight loss of 5% or more in last month or 10% in the last 6 months that were not on physician prescribed weight loss regimen

- Denominator- Long stay residents with a selected target assessment, except those with exclusions

- Exclusions:
  – Target assessment an admission or 5 day assessment
  – Weight loss is dashed

Long Stay: Depressive Symptoms

- The percentage of long stay residents who have had symptoms of depression (from interviews) during 2 week period preceding target assessment date

- Numerator: Long stay resident that meets either condition
  - Little interest or pleasure in doing things or feeling down, depressed or hopeless half or more of the days
  - Interview or staff interview assessment score indicates presence of depression

- Denominator: All long stay residents with a selected target assessment, except those with exclusions

- Exclusions: Comatose or dashed items

Long Stay: Antipsychotic Medication

- Numerator: Long stay residents where antipsychotic medication was received

- Denominator: Long stay residents with a selected targeted assessment, except those with exclusions

- Exclusions:
  - Schizophrenia
  - Tourette's syndrome
  - Huntington's disease

Long Stay: Ability to move worsened

- Numerator: Long stay residents who have a decline in locomotion when comparing target assessment to prior assessment
- Denominator: Long stay residents who have a qualifying target assessment and at least one qualifying prior assessment, except those with exclusions
- Exclusions:
  - Comatose
  - Less than 6 months prognosis
  - Hospice
  - Totally dependent on locomotion
  - No prior assessment or prior assessment was discharge
  - Target assessment is an admission or 5 day

Long Stay: Prevalence of Falls

- Numerator: Long Stay residents with one or more look back scan assessments that indicate the occurrence of a fall

- Denominator: All long stay residents with one or more look-back scan assessments, except those with exclusions

- Exclusions: Occurrence of falls not assessed (dashed)

Long Stay: Falls with Major Injury

- Numerator: Long Stay resident with one or more look back scan assessments that indicate one or more falls that resulted in major injury

- Denominator: Long stay residents with one or more look back scan assessments, except those with exclusions

- Exclusions:
  - Occurrence of falls not assessed
  - Assessment indicates a fall but no major injury

- Look back scan is 275 days. Will stay on Quality Measure Report for about a year.

Long Stay: Antianxiety or Hypnotics

- Numerator: Long Stay residents who received antianxiety or hypnotic medication

- Denominator: Long stay resident with selected target assessment, except those with exclusions

- Exclusions:
  - Antianxiety medications or Hypnotic medications dashed
  - Life expectancy less than 6 months
  - Hospice

Long Stay: Behavioral Symptoms

- Numerator: Long stay residents who had the presence of
  – Physical, verbal, or other behavioral symptoms directed towards others
  – Rejection of care
  – Wandering
- Dominator: all residents with target assessment, except those with exclusions
- Exclusions:
  – Target assessment is OBRA discharge
  – Items dashed

Long Stay: Influenza Vaccines

- Four different measures
  - Resident's assessed and appropriately given
  - Received vaccine
  - Offered and declined
  - Did no receive due to medical contraindication
- Numerator: Residents received vaccine in or outside facility, offered and declined, ineligible due to contraindications
- Denominator: Long stay residents with assessments, except those with exclusions
- Exclusions: Age of resident is 179 days or less

Long Stay: Pneumococcal Vaccine

- Four different measures
  - Assessed and given
  - Received vaccine
  - Offered and declined
  - Did not receive due to medical contraindication
- Numerator: Long stay residents vaccines were up to date, offered and declined, or ineligible due to contraindication
- Denominator: All long stay residents with a selected target assessment
- No exclusions

SNF Quality Reporting Program (QRP)

- IMPACT (Improving Medicare Post-Acute Care Transformation) Act of 2014 required standardization of data collection in post-acute settings
  - Skilled Nursing Facilities
  - Inpatient Rehabilitation Facilities
  - Home Health Agencies
  - Long-term Care Hospitals
- CMS in response began SNF Quality Reporting Program
  - SNFs may receive a 2% reduction to annual payment update if they do not submit required information
  - Measures cannot be calculated if MDS item set is missing (dashed) or PPS Discharge assessment not completed

SNF QRP

- FY 2018 QRP Measures:
    - Long Stay Falls with Major Injury
    - Residents with Pressure Ulcers that are new or worsened
    - Admission and Discharge Functional assessment
- FY 2020 QRP Measures:
    - Drug Regimen Review
    - Changes in skin integrity post-acute care pressure ulcer/injury
    - Change in Self-Care Score for Medicare patients
    - Change in Mobility score for Medicare patients
    - Discharge self-care score for Medicare patients
    - Discharge Mobility score for Medicare patients

SNF QRP Functional Assessment

- The percentage of patients with complete or incomplete Medicare stay with Admission and discharge functional assessment and care plan that addresses function

- Numerator:
  - Residents with complete Medicare A stays
    - Complete at least one self-care or mobility item on 5 day
    - Complete discharge functional assessment data on discharge
  - Residents with incomplete Medicare A stays
    - Complete admission functional assessment data and a discharge goal for at least one self-care or mobility item on 5 day

- Denominator: Number of Medicare PPS stays with a Medicare Part A stay End date during the measure target period

FY 2020 SNF QRP

- Data collection begins October 1st 2018
  - Drug Regimen Review
  - Changes in skin integrity post-acute care pressure ulcer/injury
  - Change in Self-Care Score for Medicare patients
  - Change in Mobility score for Medicare patients
  - Discharge self-care score for Medicare patients
  - Discharge Mobility score for Medicare patients
- Changes in MDS items to use for these measures
  - Section GG, Section M, Section N

Important Notes

- The numerator is the number of SNF stays in your facility that met the criteria to trigger or be counted in the measure

- The denominator is the number of SNF stays in your facility that could have triggered or been counted in the measure
  - The denominator value may be different across each assessment based measure for the same reporting period because different criteria are used to determine the denominator for each measure
  - Some SNF stays could be excluded from one measure (not included in the denominator), but are not excluded (are included in the denominator) for a different measure

Medicare Claims-Based Measures

- Potentially Preventable 30 day Post-Discharge Readmission Measure
  – Measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for residents who receive services in SNF
- Discharge to Community
  – Measure reports SNF's risk-standardized rate of Medicare residents who are discharged to community following SNF stay, and do not have an unplanned readmission to acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge

Medicare Claims-based Measure

- Medicare Spending Per Beneficiary
  - Measure evaluates SNF providers' efficiency relative to the efficiency of the national median SNF provider. Specifically, the measure assesses the cost to Medicare for services performed by the SNF provider during an MSPB-PAC SNF episode. The measure is calculated as the ratio of the price-standardized, risk adjusted MSPB-PAC amount for each SNF divided by the episode-weighted median MSPB-PAC amount across all SNF providers

SNF Value-Based Purchasing (VBP)

- Protecting Access to Medicare Act (PAMA) of 2014 initiated the SNF VBP to reward skilled nursing facilities with incentive payment the quality of care given to Medicare residents

- CMS will withhold 2% of the SNF Medicare payments starting October 1, 2018 to fund incentive pool

- CMS will then redistribute 50-70% of the withheld payments back to SNFs through the SNF VBP program.

- The FY 2018 PPS Final Rule determined 60% will be paid back to the SNFs for FY 2019 (Oct 1 2018)

SNF Value Based Purchasing

- Measure Used: Skilled Nursing Facility 30 day All Cause Readmission Measure (SNFRM)
  - Estimates the risk-standardized rate of unexpected readmissions within 30 days
    - Any cause or condition for readmission is included
  - Tracks hospital readmissions, not readmissions to the SNF, identified through Medicare claims
    - No additional reporting is required by the SNF
  - Includes all Medicare fee-for-service SNF residents, with the exception of certain measure exclusions

SNF-Value Based Purchasing

- Beginning October 1, 2018, SNFs will have an opportunity to receive incentive payments based on performance
- Performance is scored
  - Achievement scoring: compares a SNF's performance rate in a performance period against all SNFs' performance during baseline period
    - FY 2019 (beginning October 1, 2018) will compare SNF's calendar year 2017 performance to the performance of all facilities during calendar year 2015
  - Improvement scoring: compares a SNF's performance during the performance period against its own prior performance during baseline period
    - FY 2019 (beginning October 1, 2018) will compare SNF's calendar year 2017 performance to the performance of all facilities during calendar year 2015

SNF Value based Purchasing

- Reports: Beginning October 1, 2016, SNFs began receiving quarterly confidential feedback reports about their performance in the SNF VBP via CASPER
- CMS provides feedback reports quarterly and annual basis
- Quarterly reports include patient level data for quality improvement
- Two annual reports are sent to SNFs
  - One is full performance period and measure score
  - Second report contains the SNF performance score, rank, and payment incentive to be applied to Medicare claims in the upcoming fiscal year.

SNF Value based Purchasing

- SNFRM does not assess the rate of readmission for SNF patients to a SNF following a discharge. The measure instead assesses the rate of readmission of SNF patients to a hospital with before or after discharge from the SNF, within 30 days of discharge from a prior hospitalization

- SNFRM is adjusted to account for patient differences, such as comorbidities, when comparing facility readmission rates

Skilled Nursing Facility 30 day all cause Readmission Measure

- Numerator: Risk adjusted estimate of the number of unplanned readmissions that occurred within 30 days of discharge from prior proximal acute hospitalization (Medicare A patients only)

- Denominator: The number of SNF admissions within 1 day of prior proximal hospital discharge during a target year, taking denominator exclusions in account

- Exclusions:
  - All are claim based

SNF QRP Reports

SNF QRP Review and Correct Report

- User on-demand reports In QIES CASPER Reports
- Confidential to providers
- Displays quarterly data: When reporting quarter ends, the report is available the next calendar day
- Available for providers to run with updated data weekly (until the data correction deadline)
- Displays data correction deadlines and whether the data correction period is open or closed

Review and Correct Report

- Providers are able to obtain aggregate performance for up to the past four full quarters as data are available

- Subsequent Review and Correct Reports:
  - After the first quarter, data for the subsequent reporting quarters are added
  - Cumulative data are displayed
  - When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters)

- The Review and Correct Report does not display compliance with Annual Payment Update (APU)

Data Collection Periods

Calendar Year Data Collection Quarter	Data Collection/Submission QRP	Quarterly Review and Correction Periods
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

SNF QRP QM Reports

- User-Requested Reports available in CASPER

- Also referred to as Confidential Feedback Reports

- Available to providers prior to public reporting for internal purposes only and not for public display

  - Used for feedback to help providers to improve quality of care

- Contain QM information at the facility and resident levels for a single reporting period

SNF QRP QM Reports

- Available on demand

- Providers are able to select the data collection end date and obtain aggregate performance data

- Claims-based QMs are not included in resident-level reports

Provider Preview Report

- Contains facility-level QM data

- Automatically generated and saved into your provider's shared folder in the CASPER application

- Displays results that will be posted on the Nursing Home Compare website

- Available approximately 5 months after the end of each data collection quarter

Provider Preview Report

- After the data collection period has ended, providers are unable to correct the underlying data in these reports

- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date)

- There will be a 30 day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders

Provider Preview Report

- Please review the data about your facility
- Providers may email the Centers for Medicare & Medicaid Services (CMS) Public Reporting Help Desk at SNFQRPPRquestions@cms.hhs.gov. if they have questions related to the report
- The order of the measures may not represent the order in which they will be displayed on the Nursing Home Compare website
- The titles of the measure(s) are not the consumer language titles that will appear on the Nursing Home Compare website
- The crosswalk between these titles will be available on the Nursing Home Compare website

Provider Preview Report

- CMS encourages providers to review data in the Provider Preview Report each quarter, prior to public display
- If a provider disagrees with the accuracy of performance data contained within its report (numerator, denominator, or other QM result), the provider can request review of that data by CMS
- Requests for CMS review of Provider Preview Report data must be submitted during the 30-day review period
  - The 30 - day review period begins the day the Provider Preview Reports are issued in the provider's CASPER folders
- Providers will not have the opportunity to request the correction of underlying data if the data correction deadline has passed

Important Notes

- Failure to submit all data subject to a 2% reduction to annual payment update (APU) for the applicable payment year

- Submit all data to calculate SNF QRP measures on at least 80% of MDS assessments

- Validation Reports will now have an error code - 3897 (Payment Reduction Warning) if items are dashed inappropriately

Resources

- MDS 3.0 Quality Measure User's Manual
- CASPER Reports in QIES system
  - Five-Star Preview Report
- CASPER Reporting User's Guide for MDS Providers
  - https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers
- Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0