

SNF QRP Measure Calculations and Reporting User’s Manual V3.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V2.0	SNF QRP Measure Calculations and Reporting User’s Manual V3.0	Description of Change
1	N/A	Title page	N/A	N/A	Title page includes RTI logo and a manual effective date of October 1, 2018	Updated title page to include CMS logo (top, centered), RTI logo (bottom, left aligned), and update of manual effective date of October 1, 2019	Title page is updated each iteration to reflect the manual version number and effective date. Version 3.0 is the first to include the CMS logo on the title page.
2	N/A	TOC	III – IV	N/A	Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 2.0	Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 3.0	Updated Table of Contents to reflect the current version of the manual.
3	All	All	All	N/A	Footnote: SNF QRP Measure Calculations and Reporting User’s manual V2.0 – Effective October 1, 2018	Footnote: SNF QRP Measure Calculations and Reporting User’s manual V3.0 – Effective October 1, 2019	Updated to reflect the correct manual version number and effective date.
4	All	All	N/A	N/A	<ul style="list-style-type: none"> • Percent of Residents or Patients with Pressure Ulcers that Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01) • Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S013.01) • Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S001.02) • Drug Regimen Review Conducted with Follow-up for Identified Issues – PAC SNF QRP (CMS ID: S007.01) 	<ul style="list-style-type: none"> • Percent of Residents or Patients with Pressure Ulcers that Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.02) • Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S013.02) • Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S001.03) • Drug Regimen Review Conducted with Follow-up for Identified Issues – PAC SNF QRP (CMS ID: S007.02) 	CMS measure IDs have been updated to reflect the difference between measure calculations before and after implementation of the Patient Driven Payment Model (PDPM).

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					<ul style="list-style-type: none"> Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01) SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01) SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.01) SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01) 	<ul style="list-style-type: none"> Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.02) SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.02) SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.02) SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.02) 	
5	1	1.1	2	N/A	The organization discussion references manual V1.15.1 and V1.16.0.	The organization discussion has been updated to reference V1.16.1 and V1.17. A reference to the Patient Driven Payment Model (PDPM) has also been included to reflect the new section in Chapter 4. Other non-substantive clarification edits were also applied.	Updated to reflect the correct manual versions and the discussion of the transition to the PDPM.
6	1	1.2	2 – 3	N/A	Look-Back Scan: The look-back scan is conducted to review all assessments within a Medicare Part A SNF Stay to determine whether certain events or conditions occurred during that stay. The look-back period consists of the entire Medicare Part A SNF Stay specific to a resident. All assessments with	Look-Back Scan: The look-back scan is conducted to review all qualifying Reasons for Assessments (RFAs) within a Medicare Part A SNF Stay to determine whether certain events or conditions occurred during that stay. The look-back period consists of the entire Medicare Part A SNF Stay specific to a resident. All	The PDPM has modified the PPS assessment schedule. The Look-Back Scan definition and Qualifying Reasons for Assessment (RFAs) have been updated to reflect the Qualifying RFAs under the PDPM.

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					<p>target dates within the Medicare Part A SNF Stay (i.e., look back period) are examined since some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed.</p> <p>Qualifying Reasons for Assessments (RFAs) for the look-back scan include:</p> <ul style="list-style-type: none"> • Federal OBRA Assessments: A0310A = [01, 02, 03, 04, 05, 06]; <i>or</i> • Medicare Part A PPS Assessments: A0310B = [01, 02, 03, 04, 05, 07]; <i>or</i> • OBRA Discharge Assessment: A0310F = [10, 11]; <i>or</i> • SNF Part A PPS Discharge Assessment: A0310H = [1]. 	<p>assessments identified below as qualifying RFAs, with target dates within the Medicare Part A SNF Stay (i.e., look back period), are examined since some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed.</p> <p>Qualifying RFAs for the look-back scan include:</p> <ul style="list-style-type: none"> • Federal OBRA Assessments: A0310A = [01, 02, 03, 04, 05, 06]; <i>or</i> • Medicare Part A PPS 5-Day Assessment: A0310B = [01]; <i>or</i> • OBRA Discharge Assessments: A0310F = [10, 11]; <i>or</i> • Medicare Part A PPS Discharge Assessment: A0310H = [1]. 	
7	1	1.2	3	N/A	<p>Medicare Part A SNF Stay: A Medicare Part A SNF Stay includes consecutive time in the facility starting with the Medicare Part A Admission Record (PPS 5-Day assessment (A0310B = [01])) through the Medicare Part A Discharge Record (Part A PPS Discharge Assessment (A0310H = [1])) or Death in Facility Tracking Record (A0310F = [12]) at the end the SNF stay and all intervening assessments.</p> <p>Note: A Part A PPS Discharge Assessment (A0310H = [1]) can be combined with an OBRA Discharge Assessment (A0310F = [10, 11]) when the End Date of Most Recent Medicare</p>	<p>Medicare Part A SNF Stay: A Medicare Part A SNF Stay includes consecutive time in the facility starting with the Medicare Part A Admission Record (PPS 5-Day assessment (A0310B = [01])) through the Medicare Part A Discharge Record (Part A PPS Discharge Assessment (A0310H = [1])) or Death in Facility Tracking Record (A0310F = [12]) at the end the SNF stay and all intervening assessments. A Medicare Part A SNF Stay, thus defined, may include interrupted stays lasting 3 calendar days or less.</p> <ul style="list-style-type: none"> • Interrupted Medicare Part A SNF Stay: During a Medicare Part A SNF Stay the 	<p>Updates have been applied to the Medicare Part A SNF Stay definition to introduce the criteria of an Interrupted Medicare Part A SNF Stay under PDPM.</p>

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					Stay (A2400C) is the same day as the Discharge Date (A2000) (i.e., A2400C = A2000) or the day before the Discharge Date (i.e., A2400C = [A2000 – 1]).	resident had an interruption in their Part A SNF stay and resumed the same Part A SNF stay within three consecutive calendar days. <ul style="list-style-type: none"> A Part A PPS Discharge Assessment (A0310H = [1]) can be combined with an OBRA Discharge Assessment (A0310F = [10, 11]) when the End Date of Most Recent Medicare Stay (A2400C) is the same day as the Discharge Date (A2000) (i.e., A2400C = A2000) or the day before the Discharge Date (i.e., A2400C = [A2000 – 1]). 	
8	1	1.2	3	N/A	N/A	Footnote: Please refer to the following link to access the MDS 3.0 RAI manual v1.17 for additional information about Interrupted Medicare Part A SNF Stays: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/mds30raimanual.html	A footnote has been included to provide a link to the MDS 3.0 RAI manual V1.17 for more information about Interrupted Medicare Part A SNF Stays.
9	1	1.2	3	N/A	Record Type: A grouping of MDS records with similar content that includes Entry Tracking Records (A0310F = [01]), OBRA assessments (A0310A), PPS assessments (A0310B), Discharge Assessments (A0310F = [10, 11]), and Death-in Facility Tracking Records (A0310F = [12]). The selection criteria/logic for record type is provided in Chapter 3, Section 3.2.	Record Type: A grouping of MDS records with similar content that includes Entry Tracking Records (A0310F = [01]), OBRA assessments (A0310A = [01, 02, 03, 04, 05, 06]), Medicare Part A PPS 5-Day assessment (A0310B = [01]), Medicare PPS Discharge assessment (A0310H = [1]), OBRA Discharge Assessments (A0310F = [10, 11]), and Death-in Facility Tracking Records (A0310F = [12]). The selection criteria/logic for record type is provided in Chapter 3, Section 3.2.	Updated to reflect the correct record/assessment types and provide the items and values of each assessment type for clarification.

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10	1	1.2	3 – 4	N/A	<ul style="list-style-type: none"> • Entry Tracking Record (A0310F = [01]): target date is equal to the Entry Date (A1600); • OBRA Discharge record (A0310F = [10, 11]) or Death-in-Facility Tracking Record (A0310F = [12]): target date is equal to the Discharge Date (A2000); • For all other records (A0310F = [99]): target date is equal to the Assessment Reference Date (A2300). Records can consist of Federal OBRA Assessments (A0310A), Medicare Part A PPS Assessments (A0310B), or SNF Part A PPS Discharge Assessments (A0310H = [1]). 	<ul style="list-style-type: none"> • Entry Tracking Record (A0310F = [01]): target date is equal to the Entry Date (A1600); • OBRA Discharge Assessments (A0310F = [10, 11]) or Death-in-Facility Tracking Record (A0310F = [12]): target date is equal to the Discharge Date (A2000); • For all other records (A0310F = [99]): target date is equal to the Assessment Reference Date (ARD, A2300). Records can consist of Federal OBRA Assessments (A0310A), Medicare Part A PPS Assessments (A0310B), or SNF Part A PPS Discharge Assessments (A0310H = [1]). 	Clarification edits made to assessment types.
11	1	1.3	5	Table 1-1	N/A	Table Footnote: CMS IDs have been updated in version 3.0 to reflect the change in measure specifications associated with the Patient Driven Payment Model, effective October 1, 2019.	Added footnote to explain the difference in CMS IDs associated with the quality measures in v3.0. In addition, the footnotes associated with Table 1-1 have been reformatted to directly below the table.
12	2	N/A	7	N/A	<ul style="list-style-type: none"> • Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S005.01) 	<ul style="list-style-type: none"> • Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (NQF #3481) (CMS ID: S005.01) 	The measure is now endorsed by NQF, beginning Q2 2019. NQF #3481 was added to the measure title.
13	3	3.1	9	N/A	N/A	Footnote: Please note that critical access hospitals with swing beds are exempt from the SNF PPS and are not required to submit quality data under the SNF QRP	Footnote was added for clarification about the providers included in the SNF PPS.

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						by means of the MDS per the requirements set forth by the IMPACT Act.	
14	3	3.1	9	N/A	<ul style="list-style-type: none"> Categorize each SNF stay as one of two mutually exclusive SNF stay types, defined in Chapter 1, Section 1.2. The SNF stay types will be used to determine if a stay is included in the calculations for each of the quality measures in the SNF QRP. 	<ul style="list-style-type: none"> Categorize each SNF stay as one of two mutually exclusive SNF stay types, defined in Chapter 1, Section 1.2. The SNF stay types will be used to determine if a stay is included in the calculations for each of the quality measures in the SNF QRP. Note, the classification of SNF stay types is unchanged with interrupted stays lasting 3 calendar days or less. 	Clarification statement was included to explain that the classification of stays is the same for uninterrupted and interrupted stays. This edit has been applied in other sections of Chapter 3 as well.
15	3	3.1.1	9	1	Example: The 12-month Quality Measure target Period for CY2017 is January 1, 2017 – December 31, 2017.	Example: The 12-month Quality Measure target Period for CY2018 is January 1, 2018 – December 31, 2018.	The target period and dates associated with the target period have been updated. These edits have also been included throughout subsequent chapters in the manual.
16	3	3.1.2	10	1	<ul style="list-style-type: none"> State ID: the 2-digit state abbreviation code Facility ID: the facility internal identification number for SNFs Resident Internal ID: the resident identification number 	<ul style="list-style-type: none"> State ID: the 2-digit state abbreviation code Facility ID: the facility identification number for SNFs Resident Internal ID: the resident identification number assigned by the QIES system 	The internal identification number is different than the facility's identification number. The reference to "internal" was removed. Also, clarified that the resident identification number is generated from the QIES system.
17	3	3.1.2	10	2	Footnote: Assessments that occur later in the sequence should be submitted and processed later than other records. The record processing timestamp would be a slightly better field to use for this	Footnote: Assessments that occur later in the sequence should be submitted and processed later than other records. The record processing timestamp would be a slightly better field to use for this	Clarification edit to the Minimum Data Set 3.0 (MDS 3.0) Assessment Submission and Processing (ASAP) database.

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					purpose; however, it is available only to users who have direct access to the Outcome and Assessment Information Set (OASIS) Assessment Submission and Processing (ASAP) database. The assessment internal ID was, therefore, adopted as a reasonable substitute for the timestamp so that all users would have access to the same sorting fields.	purpose; however, it is available only to users who have direct access to the Minimum Data Set 3.0 (MDS 3.0) Assessment Submission and Processing (ASAP) database. The assessment internal ID was, therefore, adopted as a reasonable substitute for the timestamp so that all users would have access to the same sorting fields.	
19	3	3.1.3	11	2	<ol style="list-style-type: none"> Type 1 SNF Stay: a SNF stay with a matched pair of PPS 5-Day Assessment (A0310B = [01]) and PPS Discharge Assessment (A0310H = [1]) and no Death in Facility Tracking Record (A0310F = [12]) within the SNF Stay Time Window (defined in Step 2.1 below). Type 2 SNF Stay: a SNF stay with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). 	<ol style="list-style-type: none"> Type 1 SNF Stay: a SNF stay with a matched pair of PPS 5-Day Assessment (A0310B = [01]) and PPS Discharge Assessment (A0310H = [1]) and no Death in Facility Tracking Record (A0310F = [12]) within the SNF Stay Time Window (defined in Step 2.1 below). Type 1 SNF stays may include one or more interruptions. Type 2 SNF Stay: a SNF stay with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). Type 2 SNF stays may include one or more interruptions. Death in Facility Tracking Records (A0310F = [12]) with A2400A = [0] (and, therefore, A2400B = [^] and A2400C = [^]), should not be used to mark the end of a Type 2 SNF stay. 	Clarification statements were added to explain that Type 1 and Type 2 stays can include program interruptions.
19	3	3.1.3	11	2	Footnote: For a PPS Discharge Assessment (A0310H = [1]), the Target Date is equal to the Discharge Date (A2000). For a PPS 5-Day Assessment	Footnote: For a PPS Discharge Assessment (A0310H = [1]), the Target Date is equal to the Discharge Date (A2000) when the PPS Discharge	Provided additional context about the use of the Target Date on PPS Discharge assessments that are

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					(A0310B = [01]), the Target Date is equal to the Assessment Reference Date (ARD, A2300).	Assessment is combined with an OBRA Discharge assessment (A0310F = [10, 11]). The Target Date of a standalone PPS Discharge assessment is the Assessment Reference Date (ARD, A2300). For a PPS 5-Day Assessment (A0310B = [01]), the Target Date is equal to the Assessment Reference Date (ARD, A2300).	standalone or combined with an OBRA Discharge assessment.
20	3	3.1.3	12	2.1	<ul style="list-style-type: none"> Sort all assessments with the same Unique resident identifier if the Target Dates of the assessments occur within the SNF Stay Time Window. 	<ul style="list-style-type: none"> Sort all qualifying RFAs with the same unique resident identifier if the Target Dates of the assessments occur within the SNF Stay Time Window. 	Updated to reflect the assessment types that should be sorted and used in the measure calculation.
21	3	3.1.3	12	2.1	<ul style="list-style-type: none"> Start date of most recent Medicare stay (A2400B) is the same on the PPS 5-Day Assessment (A0310B = [01]) and the PPS Discharge Assessment (A0310H = [1]). 	<ul style="list-style-type: none"> Start date of most recent Medicare stay (A2400B) is the same on the PPS 5-Day Assessment (A0310B = [01]) and the PPS Discharge Assessment (A0310H = [1]). Note: Because the Medicare Part A benefit resumes after an interruption, this criterion applies to qualifying RFAs within the SNF Stay Time Window with and without interruptions (A0310G1 = [0, 1]). 	Clarification statement included to address stays with an interruption. Note, a similar statement was also included throughout Chapter 3 to provide additional clarity around interrupted stays and the record selection steps.
22	3	3.1.3	13	2.1.1	N/A	Note: Because the Medicare Part A benefit resumes after an interruption, the SNF Stay Start Date is equal to A2400B on the PPS Discharge Assessment (A0310H = [1]) and the SNF Stay End Date is equal to A2400C on the PPS Discharge Assessment (A0310H = [1]) for stays with an interruption (A0310G1 = [1]) and stays without an interruption (A0310G1 = [0]).	Clarification to discuss the SNF Start Date and SNF End Date on the PPS Discharge assessments for stays with and without program interruptions. This edit has also been applied throughout Chapter 3.

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23	3	3.1	14	2.2.1.2	<p>If the End date of most recent Medicare stay (A2400C) is missing, the stay is identified as a Type 2 SNF Stay.</p> <ul style="list-style-type: none"> • SNF Stay Start Date = A2400B on the PPS 5-Day Assessment (A0310B = [01]) • SNF Stay End Date = A2000 on the Death in Facility Tracking Record (A0310F = [12]) 	<p>If the End date of most recent Medicare stay (A2400C) is missing, the stay is identified as a Type 2 SNF Stay.</p> <ul style="list-style-type: none"> • SNF Stay Start Date = A2400B on the PPS 5-Day Assessment (A0310B = [01]) • SNF Stay End Date = A2000 on the Death in Facility Tracking Record (A0310F = [12]). Death in Facility Tracking Records (A0310F = [12]) with A2400A = [0] (and, therefore, A2400B = [^] and A2400C = [^]), should not be used to mark the end of a Type 2 SNF stay. 	Included additional sentence about Death in Facility Tracked records and determining if a SNF stay is a Type 2 stay.
24	3	3.1	14	2.2.1.3	<p>If the End date of most recent Medicare stay (A2400C) is missing, the stay is identified as a Type 2 SNF Stay.</p> <ul style="list-style-type: none"> • SNF Stay Start Date = A2400B on the PPS 5-Day Assessment (A0310B = [01]) • SNF Stay End Date = A2000 on the Death in Facility Tracking Record (A0310F = [12]) 	<p>If the resident had a Medicare-covered stay since the most recent entry (A2400A = [1]) and if the End date of most recent Medicare stay (A2400C) is missing, the stay is identified as a Type 2 SNF Stay.</p> <ul style="list-style-type: none"> • SNF Stay Start Date = A2400B on the PPS 5-Day Assessment (A0310B = [01]) • SNF Stay End Date = A2000 on the Death in Facility Tracking Record (A0310F = [12]) 	Clarification sentence added to explain the classification of Type 2 SNF stays.
25	3	3.2	16	1	<p>1. Select all Medicare Part A SNF Stays that end within the Quality Measure Target Period, based on the target date of the Medicare Part A Discharge Record (A2300).</p>	<p>1. Select all Medicare Part A SNF Stays that end within the Quality Measure Target Period, based on the target date (A2300) of the Medicare Part A Discharge Record (A0310H = [1]) or the target date (A2000) of the Death in Facility Tracking Record (A0310F = [12]).</p>	Applied additional language for accuracy and clarity to include the Death in Facility Tracking records (Type 2 SNF stays) since Type 2 SNF stays are included in the measure calculation for the function process measure (NQF #2631).

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26	4	N/A	20	N/A	N/A	Section 4.4 of this chapter presents information about the transition to the Patient Driven Payment Model on October 1, 2019	New section added and has been listed in the introduction of Chapter 4. The numbering of subsequent sections has been updated.
27	4	4.1	22	Table 4-2	N/A	Updated Table 4-2 Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures	Table has been updated to identify the existing and new measures in 2019 and 2020. Table also includes a footnote to provide information about the last data collection period for NQF #0678.
28	4	4.3	25 – 26	N/A	Section 4.3: Measure Calculations During the Transition from MDS 3.0 V1.15.1 to MDS 3.0 V1.16.0	Section 4.3: Measure Calculations During the Transition from MDS 3.0 V1.16.1 to MDS 3.0 V1.17	Updates have been applied to reflect the current MDS 3.0 versions and clarification edits have also been included in this section.
29	4	4.3	26	N/A	The following measures are new to the SNF QRP and calculations for these measures will begin when both MDS 3.0 V1.16.0 admission and discharge assessments are available. MDS 3.0 V1.16.0 assessments are effective on or after October 1, 2018, so measure calculations can begin for residents admitted on and after October 1, 2018: <ul style="list-style-type: none"> • Drug Regimen Review Conducted with Follow-up for Identified Issues – PAC SNF QRP (CMS ID: S007.01) 	N/A	The listing of measures at the end of Section 4.3 has been removed since the measures are no longer new in v3.0 of the manual.

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					<ul style="list-style-type: none"> • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01) • SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01) • SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.01) • SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) • SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01) 		
30	4	4.4	26 – 28	N/A	N/A	Section 4.4: Transitioning to the Patient Driven Payment Model	A new section has been included in Chapter 4 to explain the transition to the PDPM and approach to measure calculations.
31	4	4.5	28	N/A	Section 4.4: Transition of the Pressure Ulcer Quality Measures	Section 4.5: Transition of the Pressure Ulcer Quality Measures	The statement that explains the transition from the pressure ulcer measure to the skin integrity measure has been updated for clarity. This is now Section 4.5 in v3.0 of the manual.

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32	4	4.5	28	Table 4-6	Table 4-6 Data Collection and CASPER Report Display Schedule for the Pressure Ulcer Measures	Table 4-6 Data Collection and CASPER Report Display Schedule for the Pressure Ulcer Measures and footnote	Edits have been applied to Table 4-6 to provide additional clarity about the display of the pressure ulcer measures on the Review & Correct Reports and the QM Reports. A footnote has also been added to explain the last quarter end date displays for NQF #0678.
33	5	5.2	31	6	N/A	<p>Round the percent value to one decimal place.</p> <ol style="list-style-type: none"> 1. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged. 2. Drop all the digits following the first decimal place. 	Added new step in the quality measure calculation of observed scores to explain rounding rules.
34	6	6.4	39	N/A	The adjusted quality measure score equation will produce risk-adjusted scores in the range of 0 to 1. These risk-adjusted scores can then be converted to percentages for ease of interpretation by multiplying the risk-adjusted score (<i>Adj</i>) by 100 and rounding the percent value to one decimal place.	The adjusted quality measure score equation will produce risk-adjusted scores in the range of 0 to 1. These risk-adjusted scores can then be converted to percentages for ease of interpretation by multiplying the risk-adjusted score (<i>Adj</i>) by 100 and rounding the percent value to one decimal place. <ol style="list-style-type: none"> 1. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged. 2. Drop all the digits following the first decimal place. 	Provided steps 1 and 2 as clarification about calculating the risk-adjusted score and rounding values.

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35	7	Table 7-1 through 7-9	44 – 67	N/A	Measure descriptions/specifications did not align across measure with respect to the presentation of Type 2 SNF Stays and how these stays are used in each measure's calculation.	Measure description/specifications now include references to Type 1 SNF Stays and Type 2 SNF Stays and are consistent among measures.	These edits were included to provide clarification about the type of SNF stays that are used to create the SNF sample for quality measure calculations.
36	7	Table 7-1 through 7-9	44 – 67	N/A	N/A	If a resident has multiple Medicare Part A SNF Stays during the target 12 months, then all stays are included in this measure.	Added to reflect the number of stays, specific to each resident, that may be included in the quality measure calculations.
37	7	Table 7-1	45	N/A	Footnote: A copy of the MDS 3.0 v.1.16 is available for download at: 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	Footnote: A copy of the MDS 3.0 v.1.17 item set is available for download at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/HQIMDS30TechnicalInformation.html	Footnote with old URL has been removed. Updated footnote added to provide URL to direct downloadable MDS 3.0 v.1.17 item set.
38	7	Table 7-2 through 7-9	46 – 67	N/A	N/A	Footnote: ^a The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.	Footnote was added to clarify how the national average observed score is calculated. Additionally, measure specific footnotes have been added to the measure specification tables.
39	7	Table 7-4	51	N/A	There are no denominator exclusions for this measure.	Medicare Part A SNF Stays are excluded if: 1. The resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01])	Included new exclusion criterion for this measure to be consistent with how Type 2 stays are presented across other measure specification tables.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V2.0	SNF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
						and a matched Death in Facility Tracking Record (A0310F = [12]).	
40	7	Table 7-3, 7-6, 7-7, 7-8, 7-9	47 – 50 & 54 – 67	N/A	The resident death indicated by A2100 = [08] or A0310F = [12], [as indicated on an MDS tracking record (RFA: A0310F = [12]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].	The resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).	Provided clarification about the use of Type 2 stays. This statement is now consistent across measure specification tables, where applicable.
41	7	Table 7-6 through 7-9	54 – 67	N/A	6. The resident did not receive physical or occupational therapy services	6. The resident did not receive physical or occupational therapy services at the time of the admission (i.e., on the 5-Day PPS assessment)	Clarification about which assessment to use when checking to see if resident received physical or occupational therapy services.
42	Appendix	Table A-3	71	N/A	= 1 if GG0170C = [01, 02, 07, 09, 10, 88] = 0 if GG0170C = [03, 04, 05, 06, -]	= 1 if GG0170C1 = [01, 02, 07, 09, 10, 88] = 0 if GG0170C1 = [03, 04, 05, 06, -]	Included a digit to reflect the correct item from the MDS used to code the impaired mobility covariate.
43	Appendix	Table A-4	71	N/A	Primary Medical Condition Category (I0020A) and Active Diagnosis in the Last 7 days (I8000A through I8000J) – ICD-10-CM Codes	Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) – ICD-10-CM Codes	Edited to reflect the correct primary medical condition category item from the MDS. This has also been updated in the column 1 header.
44	Appendix	Table A-5	72 – 98	N/A	Table A-5 Risk-Adjustment Covariates for the Change in Self-Care Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)	Table A-5 Risk-Adjustment Covariates for the Change in Self-Care Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)	Edits have been applied to the MDS items and calculations (values) to reflect correct items/values used to code the risk-adjustor categories. A footnote has also been

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V2.0	SNF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
							updated (footnote a) to provide clarification about the order in which the calculation steps should be applied.
45	Appendix	A.2	99	N/A	National Average: This document provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Reports, Provider Preview Reports, and on public display on the Compare Website may vary from the national average observed score provided by this document.	National Average: This tab provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Reports, Provider Preview Reports, and on public display on the Compare Website may vary from the national average observed score provided by the Risk-Adjustment Appendix File.	Provided clarification that the national average values can be found in the Risk-Adjustment Appendix File and not the SNF QRP User's manual v3.0.