



Skilled Nursing Facility Quality Reporting Program

Provider Training Questions and Feedback on MDS 3.0:

- **Part A PPS Discharge Combinations**
- **Section GG**
- **SNF QRP Pressure Ulcer quality measure**

Completion of MDS 3.0 Assessments and APU information related to the SNF QRP:

- The Assessment Reference Date (ARD) coded in item A2300 will determine the version of the MDS 3.0 that providers are to complete and submit to CMS. Specifically, if the ARD is on or after October 1, 2016, providers should use MDS 3.0 version 1.14.1. Version 1.14.1 is the version that has all of the items required for submission for the SNF QRP, including a Section new to the MDS 3.0, Section GG.
- For the quality measures used in the SNF QRP, we will begin calculating these measures using records submitted with an actual admission date on or after 10/01/2016. Assessments submitted that are used in order to calculate the quality measures for the NHQI will continue as required.
- The Annual Payment Update threshold for FY 2018 is not based on the final calculation of a quality measure, nor complete stays. Rather it is based on the determination of the completion of the items necessary to calculate the quality measure, which we note includes the risk adjustment items. The threshold is based on the completion of items on a record regardless of whether the stay has been completed.
 - For example, if a resident is admitted on December 20th, and the SNF has completed all items on the resident's 5-Day PPS assessment that is used to calculate the SNF QRP quality measures, then this record would be among those considered compliant. A provider must have 100% of all the items necessary to calculate the measure on at least 80% of the records submitted that would be used to calculate (and risk adjust) the quality measure.
 - We wish to note that missing data (e.g., dashes) are already very low for SNFs. We further note that the calculation of the SNF QRP measures are stay-based and are therefore calculated using the 5-day PPS for the admission and either the SNF Part A PPS discharge or the OBRA Discharge, depending on which the SNF submits to CMS.

PART A PPS Discharge

- The Part A PPS Discharge cannot be combined with unscheduled PPS assessments (OMRAs), as it was determined that the volume of cases where these combinations might exist was so low that it did not warrant the creation of the additional item sets and submission specifications that would be required. Therefore, when a Part A PPS Discharge is required and an OMRA (unscheduled PPS assessment) is also required, the Part A PPS Discharge and the OMRA are to be completed separately.
- The Part A PPS Discharge may be combined with OBRA and scheduled PPS assessments following the combination rules established in Chapter 2 of the RAI Manual and the instructions for the completion of the MDS items on the combined assessment, in Chapter 3 of the RAI Manual. We note that while the Part A PPS Discharge can be combined with OBRA and scheduled PPS assessments, it cannot be used in substitution of these.

Section GG Clarifications

- The Section GG items are required on both admission and discharge to the SNF when the resident is covered under a Medicare Part A stay.
 - On admission, these items are completed only when A0310B=01 (5-Day PPS assessment). The assessment period for Section GG on admission, is the first three days of the Part A stay starting with the date in A2400B.
 - On discharge, these items are completed only if A0310G is not =2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03. The assessment period for the Section GG Discharge items is the last three days of the Part A stay ending with the date in A2400C.
- Providers have had questions concerning how to interpret the coding instruction on the Section GG Discharge items GG0130 and GG0170, which states: “Complete only if A0310G is not =2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03,” and requested additional guidance as to when to complete the Section GG Discharge items.
 - To simplify, it may be helpful to remember that when a resident’s Part A stay ends (i.e., the resident is “discharged” from Part A), the Section GG Discharge items are required to be completed unless the resident is being physically discharged from the facility and the discharge is:
 - an unplanned discharge,
 - a Part A stay that was less than three days, or
 - the resident is being discharged to an acute hospital.
 - This coding instruction is included on the MDS 3.0 item set to alert providers as to the circumstances under which the Section GG Discharge items are to be completed. Based on how **all** of these specific Section A items are coded, the Section GG Discharge items will either be active or not active on discharge.
 - The coding instruction is also included on the item set for providers who may be completing MDS 3.0 item sets on paper. It is important to remember that items

displayed on a paper item set contain all of the possible items that might be active depending on how other items are coded. For example, if an assessor codes an assessment that a resident is Comatose (B0100 = 1, Yes), then the person completing the assessment would skip several items, per instructions on the item set, and in the RAI Manual; yet the items that will be skipped still remain on the paper version of the item set.

- It is also important to note, that as long as the provider is using MDS computer software in which the vendor has incorporated the CMS data submission specifications or is using CMS' jRAVEN software to enter this data, the determination as to when items are active or not active on a specific item set are "invisible" to the provider. That is, the software, based on the submission specifications and how providers code certain items, would either display the Section GG Discharge items or not.
- When completing a standalone Part A PPS Discharge, Section GG items are to be completed when the Medicare Part A stay ends and the resident is remaining in the facility.
- If a resident is being physically discharged on the day of or one day after the end date of the most recent Medicare stay, both the Part A PPS Discharge and the OBRA Discharge are required but may be combined. When this occurs, the submission specifications will allow for the Section GG Discharge items to be completed.

SNF QRP Pressure Ulcer QM

- Regarding Section M items M0300 and M0800 for the SNF QRP Pressure Ulcer QM, providers need to be aware that nothing has changed in how the assessor is to complete these items. The difference is simply in how the measures are calculated for the different quality programs. For the Nursing Home Quality Initiative (NHQI), the Short-Stay version of the Pressure Ulcer QM is calculated using M0800. For the SNF QRP, the Pressure Ulcer QM is calculated using M0300.
 - Please refer to the *MDS 3.0 Quality Measure User's Manual* for the specifications related to the NHQI Short-Stay PU QM, available at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>
 - Please refer to the document titled, *Skilled Nursing Facility Quality Reporting Program - Specifications for Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (NQF #0678)* for the specifications related to the SNF QRP Pressure Ulcer QM, available at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Specifications_August-2016_updated-PU.docx

Resources:

- Training related to the SNF QRP is available on [SNF Quality Reporting Program Training](#) webpage
- For SNF Quality Reporting Program comments or questions: SNFQualityQuestions@cms.hhs.gov
- [Sign up](#) for the latest SNF QRP updates and announcements