Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 4.0

Overview

      This change table provides quality measure updates to the SNF QRP Measure Calculations and Reporting User's Manual, Version 4.0. This document, titled Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 4.0, provides measure-related changes between Version 4.0 and Version 3.0.1 of the manual specified in a change table format. Manual updates are provided in the table below in relation to Version 4.0 manual chapter, section, page number, and step indicator. Updates to the manual are indicated with strikeouts of prior language, and a description of the change. When edits are not found in a specific step, respective table cells display "N/A". When the same edit has been made to more than one chapter, section, page, and/or step of the manual, respective cells display "Multiple". When the same edit has been made to every chapter, section, and page of the manual, respective cells display "All".

      Measure-related changes delineated in this change table include (i) incremented CMS identifiers of each SNF QRP functional outcome measure, (ii) the removal of proprietary Hierarchical Condition Categories (HCCs) from the risk adjustment covariates of the functional outcome measures, (iii) the addition of a chapter for National Healthcare Safety Network (NHSN)-based measure(s) which houses information about the COVID-19 Vaccination among Healthcare Personnel (HCP) measure, (iv) the addition of the Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) measure, and (v) the removal of manual sections summarizing transitions of the Minimum Data Set (MDS) 3.0 V1.16.1 to the MDS 3.0 V1.17 and the transition of the SNF Prospective Payment System (PPS) from the Resource Utilization Group IV (RUG IV) to the Patient Driven Payment Model (PDPM).

Manual Version 4.0 is current as of October 1, 2022

SNF QRP Measure Calculations and Reporting User's Manual V4.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
1.	N/A	Title page	i	N/A	Updated the manual effective date of the title: October 1, ~~2020~~ 2022.	The title page is updated each iteration to reflect the new effective date.
2.	All	All	All	N/A	Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version ~~3.0.1~~ 4.0	Reflects the current version of the manual.
3.	All	All	All	N/A	Footer: SNF QRP Measure Calculations and Reporting User's manual ~~V3.0~~ V4.0 – Effective October 1, ~~2019~~ 2022	Updated to reflect the correct manual version number and effective date.
4.	All	All	All	N/A	Manual formatting	Reformatted several of the manual's features including the table of contents, table of figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, etc.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
5.	Multiple	Multiple	Multiple	Multiple	The definitions below refer to the following measures: • 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[7]) (CMS ID: S001.03) • SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) ~~(CMS ID: S024.03)~~ (CMS ID: S024.04) • SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) ~~(CMS ID: S025.03)~~ (CMS ID: S025.04) • SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) ~~(CMS ID: S022.03)~~ (CMS ID: S022.04) • SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) ~~(CMS ID: S023.03)~~ (CMS ID: S023.04) Footnote: [7] The Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (S001.03) is an application of measure L009.03 and is not NQF endorsed.	Added a footnote to explain that the *Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and Care Plan That Addresses Function* measure is NQF-endorsed in the LTCH setting and not in the SNF setting. Reflects changes in CMS measure identifiers based on the removal of proprietary HCCs from the risk adjustment covariates of the functional outcome measures.

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6.	Multiple	Multiple	Multiple	Multiple	Chapter 2 ~~Medicare Claims-Based~~ National Healthcare Safety Network Measures • National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: S040.01) o This measure identifies the percentage of healthcare personnel (HCP) eligible to work in the SNF setting for at least one day during the reporting period who receive a complete COVID-19 vaccination course, regardless of clinical responsibility or patient contact. ■ CDC NHSN: HCP COVID-19 Vaccine	New chapter that accounts for the addition of the COVID-19 Vaccination Coverage among Healthcare Personnel measure to the SNF QRP through the FY2022 SNF PPS Final Rule. All chapter numbers following Chapter 2 have shifted by one number (i.e., Chapter 3 (formerly Chapter 2) now accounts for Medicare claims-based measures). Additionally, all CASPER reporting table numbers, captured in what now is Chapter 5 (previously Chapter 4), have also shifted by one.
7.	Multiple	Multiple	Multiple	Multiple	~~Chapter 4~~ Chapter 5 describes the two Certification and Survey Provider Enhanced Reports (CASPER) for the MDS-based quality measures, consisting of the CASPER Review and Correct reports and the CASPER Quality Measure (QM) reports. The CASPER Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated resident-level data. The CASPER QM Report is comprised of two reports, one containing facility-level measure information and a second that includes resident-level data for a selected reporting period. Following the discussion of quality measure specifications for each report, information is presented in table format to illustrate the report calculation month, reporting quarters, and the months of data that are included in each monthly report. ~~The chapter concludes with the transition from MDS 3.0 V1.16.1 to MDS 3.0 V1.17, and the transition to the Patient Driven Payment Model. Data collection for MDS 3.0 V1.16.1 began October 1, 2018 and impacted certain quality measure specifications.~~	Removed sections of the manual that summarize the MDS v1.16.1 to v1.17 transition and the RUG-IV to PDPM transition as both transitions occurred in 2019.
8.	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with other QM manuals.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
9.	N/A	TOC	iii	N/A	~~Chapter 3~~ Chapter 4 Record Selection for Assessment-Based (MDS) Quality Measures ~~Section 3.1~~ Section 4.1 Selection Logic for Key Data Elements Used to Construct Records Section 4.1.1 Define the Quality Measure Target Period Section 4.1.2 Create Resident Identifiers and Sort Associated Assessments Section 4.1.3 Identify SNF Stays ~~Section 3.2~~ Section 4.2 Selection Criteria to Create Medicare Part A SNF Stay- Level Records	Added detailed sub-headings to provide further guidance for selecting records for assessment-based measure stay construction.
10.	1	1.2	2	N/A	**Medicare Part A Discharge Record:** Defined as a Part A PPS Discharge Assessment (A0310H = [1]). A Part A PPS Discharge record is required when a resident's Medicare Part A SNF Stay ends. A Part A PPS Discharge Assessment (A0310H = [1]) may be combined with an OBRA[5] Discharge Assessment (A0310F = [10, 11]) when the End Date of Most Recent Medicare Stay (A2400C) is on the same day as the Discharge Date (A2000) (i.e., A2400C = A2000) or one day before the Discharge Date (i.e., A2400C = [A2000-1] ~~A2000~~).	Added item numbers for each type of assessment to provide clarity.
11.	1	1.2	3	N/A	• **Interrupted Medicare Part A SNF Stay**: During a Medicare Part A SNF Stay the resident had an interruption in their Part A SNF stay and resumed the same Part A SNF stay within three consecutive calendar days. • ~~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]).~~	Removed the second bullet as it was repetitive of the aforementioned definition of a Medicare Part A Discharge Record.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
12.	1	1.2	4	N/A	~~The target date corresponds to the event date and allows records to be sorted in chronological order.~~ **Target Period**: The span of time that defines the Quality Measure Reporting Period (e.g., a 12- month calendar or fiscal year) for the SNF QRP quality measures. The target period for the SNF QRP quality measures is defined in ~~Chapter 3~~ Chapter 4, ~~Section 4.1.1~~ Section 4.1.1.	The removed statement was repetitive of the aforementioned target date definition. Additionally, the removed sentence incorrectly mentions that stay construction records are sorted in chronological order, rather than reverse chronological order. Clarifications were made to the target period definition as several quality measures use fiscal year rather than calendar year target periods.
13.	3	N/A	5-6	N/A	• **Medicare Spending Per Beneficiary (MSPB) - Post-Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (CMS ID: S006.01)** o This measure evaluates SNF providers' ~~efficiency relative to the efficiency of the national median SNF provider~~ resource use relative to the use 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. ▪ Medicare Claims-Based: Medicare Spending Per Beneficiary	Revised the MSPB measure description to reflect that it is a resource use measure.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
14.	3	N/A	6	N/A	• **Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalization Quality Measure (CMS ID: S039.01)** ○ This measure estimates the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalizations, as identified using the principal diagnosis on the Medicare inpatient (IP) claims of SNF residents. The hospitalization must occur during the period beginning on day four after SNF admission and within three days after SNF discharge. Since HAIs are not considered never-events, the measure's objective is to identify SNFs that have higher HAI rates than their peers. ▪ Medicare Claims-Based: SNF Healthcare-Associated Infections	Accounts for the addition of the SNF HAI measure to the SNF QRP through the FY2022 SNF PPS Final Rule.
15.	4	4.1	7	N/A	• Create a unique identifier for each resident in the data, define the record types of the associated assessments, and sort the ~~data~~ assessments using ~~this identifier~~ these variables.	Rephrased to provide clarity.
16.	4	4.1.1	7	1	1. Define the Quality Measure Target Period. Note: The Quality Measure Target Period for all MDS-based quality measures in the SNF QRP is a 12-month calendar or fiscal year (i.e., four quarters).	Clarified that the 12-month target period may include calendar year or fiscal year as several quality measures are calculated using fiscal years of data.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
17.	4	4.1.1	8	2	2. Include MDS assessments in the Quality Measure Target Period if their Target Dates fall on or after the beginning of the Target Period and on or before the end of the Target Period. Note: If there is a PPS Discharge Assessment (A0310H = [1]) that is combined with an OBRA Discharge Assessment and the End date of most recent Medicare stay (A2400C) on this PPS Discharge Assessment (A0310H = [1]) is the last day of the Target Period, the Target Date of this assessment will be on or one day after the end of the Target Period. This PPS Discharge Assessment (A0310H = [1]) should be included in the set of assessments for this iteration. Example: If the Quality Measure Target Period is January 1, 2019 – December 31, 2019, all MDS assessments should be included with a Target Date on or after January 1, 2019 and on or before December 31, 2019, should be included. or January 1, 2020 for PPS Discharge Assessments combined with OBRA Discharge Assessments.	The added scenario has been moved up from another section of the manual as accounting for cases in which a stay is represented by a PPS Discharge Assessments with a combined OBRA Discharge Assessment is relevant for defining the target period. Further clarified the dates in the example scenario.
18.	4	4.1.2	8	N/A	Section 3.1.2 Section 4.1.2 Create Resident Identifiers, Define Record Types, and Sort Associated Assessments Create a unique identifier for each resident in the data, define the record types of the associated assessments, and sort the data using these variables this identifier.	Clarified that this subsection will define record types.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
19.	4	4.1.2	8	2	2. Define the record types of the associated assessments as follows: a. If A0310B = 01 (PPS 5-Day Assessment), then record_type = [2] b. Else If A0310H = 1 (PPS Discharge Assessment), then record_type = [3] c. Else If A0310F =12 (Death in Facility Tracking Record), then record_type = [4] d. Else record_type = [1]	Clarified the coding of different record types.
20.	4	4.1.2	8-9	3	3. Sort assessments in reverse chronological order using the identifier created in ~~Section 3.1.2~~ **Section 4.1.2 Step 1**, the record type defined in **Section 4.1.2 Step 2**, and ~~two~~ **three** additional MDS items in the following order: a. *Unique resident identifier*. b. *Start date of most recent Medicare stay (A2400B)(descending)*. c. *MDS Target date (descending)*. For a discharge assessment (A0310F = [10, 11]) or a Death in Facility Tracking Record (A0310F = [12]), the Target Date is the Discharge Date (A2000). For an entry or re-entry record (A0310F = [01]), the Target Date is the Entry Date (A1600). For any other assessment type (A0310F = [99]), the Target Date is the Assessment Reference Date (ARD, A2300). d. *Record type (descending)*. e. *Assessment Internal ID (descending)*. The assessment internal ID is the internal identification number assigned to each assessment record in the MDS.[9] [12]	Clarified the assessment sort order: • Added the word "*(descending)*" where applicable to clarify that the sort order is in reverse chronological order. • Added MDS item "*Start date of most recent Medicare stay (A2400B) (descending)*" in between "*Unique resident identifier*" and "*MDS target date*" to improve the matching of Medicare stay start dates between PPS 5-Day Assessments with Discharge Assessments or Death in Facility records. • Added the variable "*Record type (descending)*" between "*MDS Target date*" and "*Assessment Internal ID*" to maintain the natural order of healthcare events and reduce edge cases with unexpected order caused by submission and processing delays. For example, this refinement will ensure that PPS Discharge Assessments have a higher sort order in cases where a PPS 5-Day Assessment and a PPS Discharge Assessment share the same target date.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
21.	4	4.1.3	9	1	1. Use the Quality Measure Target Period defined above to determine the search window start date and search window end date[10] in the first iteration. The search window in the first iteration will be the same for all resident IDs in the data and is equal to the Quality Measure Target Period. For the first iteration, use the first day in the Quality Measure Target Period as the search window start date, and use the last day of the Quality Measure Target Period as the search window end date. Instructions for defining the search window in subsequent iterations are provided below in ~~Section 3.1.3~~ **Section 4.1.3** Step 3. Example: If the Quality Measure Target Period is January 1, 2019 – December 31, 2019, the search window for the first iteration is January 1, 2019 through December 31, 2019, or January 1, 2020 for PPS Discharge Assessments combined with OBRA Discharge Assessments. Footnote: [10] ~~The search window is a date range (e.g., the search window is January 1, 2019 – December 31, 2019). An MDS assessment is in the search window if its Target Date falls within the specified date range. If there is a PPS Discharge Assessment (A0310H = [1]) that is combined with an OBRA Discharge Assessment and the End date of most recent Medicare stay (A2400C) on this PPS Discharge Assessment (A0310H = [1]) is the last day of this search window, the Target Date of this assessment will be on or one day after the search window end date (e.g., on December 31, 2019 or on January 1, 2020). However, this PPS Discharge Assessment (A0310H = [1]) should be included in the set of assessments for this iteration~~	Moved the description of how to handle a combined PPS Discharge Assessment with an OBRA Discharge Assessment to the section which *Defines the Quality Measure Target Period*. Further clarification of how to handle combined PPS Discharge and OBRA Discharge Assessments was provided in the *Example*.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
22.	4	4.1.3	10	2	2. Within the search window, look for the PPS Discharge Assessment[14] (A0310H = [1]) or PPS 5-Day Assessment (A0310B = [01]) with the most recent Target Date.[15] Note: The following items from the MDS 3.0 will be used to define the SNF Stay Start Date and SNF Stay End Date for each SNF stay in **Steps 2.1** and **2.2** below: • Start date of most recent Medicare stay (A2400B) • End date of most recent Medicare stay (A2400C) • Discharge Date (A2000) Each of these items is coded as an 8-digit date (i.e., MM-DD-YYYY). To be considered "complete," all 8 digits must be filled with a numeric value. ~~If there is a PPS Discharge Assessment (A0310H = [1]) that is combined with an OBRA Discharge Assessment and the End date of most recent Medicare stay (A2400C) on this PPS Discharge Assessment (A0310H = [1]) is the last day of this search window, the Target Date of this assessment will be on or one day after the search window end date. This PPS Discharge Assessment (A0310H = [1]) should be included in the set of assessments for this iteration.~~	Moved the description of how to handle a combined PPS Discharge Assessment with an OBRA Discharge Assessment to the section which *Defines the Quality Measure Target Period*.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
23.	4	4.1.3	10	2.1	2.1. If the most recent ~~assessment~~ of the two record types, with the higher sorting order, is a PPS Discharge Assessment (A0310H = [1]): • Use the Start date of most recent Medicare stay (A2400B) on this assessment as the SNF Stay Start Date for this SNF stay. • Use the End date of most recent Medicare stay (A2400C) on this assessment as the SNF Stay End Date for this SNF stay. • The SNF Stay Time Window is defined as the date in A2400B to the date in A2400C on the identified PPS Discharge Assessment. • Sort all qualifying RFAs with the same unique resident identifier if the Target Dates of the assessments occur within the SNF Stay Time Window. • Within the SNF Stay Time Window, look for a matched PPS 5-Day Assessment (A0310B = [01]). To be matched with the identified PPS Discharge Assessment (A0310H = [1]), the following criteria must be met:	Clarified language.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
24.	4	4.1.3	11	2.1.1	2.1.1. If there is a matched PPS 5-Day Assessment (A0310B = [01]) within the SNF Stay Time Window, this stay is identified as a **Type 1 SNF Stay**. The admission assessment for this stay is the matched PPS 5-Day Assessment (A0310B = [01]) and the discharge assessment is the matched PPS Discharge Assessment (A0310H = [1]): • SNF Stay Start Date = A2400B on the PPS Discharge Assessment (A0310H = [1]) • SNF Stay End Date = A2400C on the PPS Discharge Assessment (A0310H = [1]) • ~~Note: If there is a PPS Discharge Assessment (A0310H = [1]) that is combined with an OBRA Discharge Assessment, the End date of most recent Medicare stay (A2400C) on this combination of assessments can occur on the day of or one day before the Discharge Date (A2000); because the Target Date on a Discharge Assessment is the Discharge Date (A2000), the Target Date on this combination of assessments may be one day after the End date of most recent Medicare stay (A2400C) and, thus, would not fall within the SNF Stay Time Window. However, this PPS Discharge Assessment (A0310H = [1]) should be included in the set of assessments for this iteration.~~	Moved the description of how to handle a combined PPS Discharge Assessment with an OBRA Discharge Assessment to the section which *Defines the Quality Measure Target Period*.
25.	4	4.1.3	11	2.1.2	2.1.2. If this **Type 1 SNF Stay** has a Death in Facility Tracking Record (A0310F = [12]) within the SNF Stay Time Window that indicates the resident had a Medicare-covered stay since the most recent entry (A2400A = [1]), this stay should be reclassified as a **Type 2 SNF Stay**: ~~See Step 2.2.1.2 for defining the SNF Stay Start Date and SNF Stay End Date for a **Type 2 SNF Stay**.~~ • 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])	Included information from Step 2.2.1.2 directly within Step 2.1.2 for clarification.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
26.	4	4.1.3	11-12	2.2	2.2. If the most recent ~~of the two record types~~ ~~assessment~~, with the higher sorting order, is a PPS 5-Day Assessment (A0310B = [01]): • Use the Start date of most recent Medicare stay (A2400B) on this assessment as the SNF Stay Start Date. • Look for a more recent Death in Facility Tracking Record (A0310F = [12] ~~assessment~~ in the search window, with a higher sorting order than the PPS 5-Day Assessment (A0310B = [01], that meets the following criteria: ○ *Unique resident identifier* is the same identifier as on the identified PPS 5-Day Assessment, ○ The resident had a Medicare-covered stay since the most recent entry (A2400A = [1]), and ○ The Start date of most recent Medicare stay (A2400B) is the same as on this PPS 5-Day Assessment. ○ ~~Has a completed value for End date of most recent Medicare stay (A2400C).~~	• Specified that the record type of the "more recent assessment in the search window" should be a Death in Facility Tracking Record (A0310F = [12]). This change clarifies that the only type of assessment that can mark the end of a SNF stay, other than a PPS Discharge Assessment, is a Death in the Facility Tracking Record. • Specified that the "more recent assessment" would have a higher sorting order than the previously identified PPS 5-Day Assessment. The purpose of this refinement is to specify the approach that readers implement when searching for a "more recent assessment" rather than allowing room for interpretation. Additionally, the update aligns the process for determining the "most recent assessment" (Steps 2.1 and 2.2) and "more recent assessment" (after Step 2.2.), both via sort order. • Removed the criteria "Has a completed value for End date of most recent Medicare stay (A2400C)" for consistency purposes. • Added the criteria that "The resident had a Medicare-covered stay since the most recent entry (A2400A = [1])" to the other two remaining criteria: (i) *Unique resident identifier* is the same identifier as on the identified PPS 5-Day Assessment and (ii) The Start date of most recent Medicare stay (A2400B) is the same as on this PPS 5-Day Assessment. These three criteria are consistent with the definition of a Type 2 SNF Stay.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
27.	4	4.1.3	12	2.2.1	2.2.1. If ~~the~~ a more recent ~~assessment identified is a~~ Death in Facility Tracking Record (A0310F = [12]) meeting the criteria is identified, then compare the End date of most recent Medicare stay (A2400C) and the Discharge Date (A2000) on this Death in Facility Tracking Record (A0310F = [12]). 2.2.1.1. If the End date of most recent Medicare stay (A2400C) is before the Discharge Date (A2000), the stay is not currently included in any quality measures in the SNF QRP. 2.2.1.2. If the End date of ~~Most Recent Medicare Stay~~ most recent Medicare stay (A2400C) is on or after the Discharge Date (A2000) or is missing, the stay is identified as a **Type 2 SNF Stay**. • 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.~~ Note: Because the Medicare Part A benefit resumes after an interruption, the SNF Stay Start Date is equal to A2400B on the PPS 5-Day Assessment (A0310B = [01]) and the SNF Stay End Date is equal to A2000 on the Death and Facility Tracking Record (A0310F = [12]) for stays with an interruption (A0310G1 = [1]) and stays without an interruption (A0310G1 = [0]). ~~2.2.1.3. 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.~~ • ~~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])~~	• Removed "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" from the definition of the SNF Stay End Date in Step 2.2.1.2. This description did not accurately portray scenarios where A2400A = [0] but A2400B and A2400C mistakenly have values. In turn, the more appropriate placement of this criteria would be in Step 2.2.1, where the End date of the most recent Medicare stay (A2400C) is compared to the Discharge Date (A2000) on the Death in Facility Tracking Record. • Combined Steps 2.2.1.2 and 2.2.1.3 to reduce repetition of bullet points that define SNF Stay Start Date and SNF Stay End Date.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
28.	4	4.1.3	12	2.2.2	2.2.2. If a more recent Death in Facility Tracking Record (A0310F = [12]) ~~assessment with (1) the same Start date of most recent Medicare stay (A2400B) as on the identified PPS 5-Day Assessment~~ meeting the criteria ~~and (2) a completed value for End date of most recent Medicare stay (A2400C)~~ is **not** found ~~in the search window~~, then the ~~current~~ stay is not currently included in any quality measures in the SNF QRP. ~~2.2.3. If a more recent assessment with a different Start date of most recent Medicare stay (A2400B) is found,[16] then stop searching for assessments in this iteration. The current stay is not currently included in any quality measures in the SNF QRP.~~	• Updated Step 2.2.2 to specify that that the "more recent assessment" not found is a Death in Facility Tracking Record (A0310F = [12]). • Removed Step 2.2.3 as it became redundant of Step 2.2.2.
29.	5	5.1	18	1.c.i.	i. For example, the data submission deadline for Quarter 1 (January 1 through March 31) data collection would normally be 11:59 p.m. ET, August 15, which is the 15th day of the month ~~5~~ 4.5 months after the end of the data collection period. However, in FY 2021, August 15th falls on a Sunday; therefore, the deadline for this data submission is extended until the next business day which would be 11:59 p.m. ET on August 16, 2021.	Corrected the time period for data submission deadlines.
30.	7	Multiple	Multiple	Multiple	3. **Create ~~resident~~ stay-level covariates.** If the covariate criteria are met, then assign the covariate a value of [1] for the stay. Otherwise, assign the covariate a value of [0].	Updated all instances of "resident-level" to "stay-level" in Chapter 7 for consistency purposes and for alignment across PAC QRP QM Manuals.
31.	7	7.5	33	2	2. **Identify excluded stays**, as defined in ***~~Table 7-5~~ Table 8-5*** and ***~~Table 7-6~~ Table 8-6***, and **determine the included records**, or the total number of Medicare Part A SNF Stays that did not meet the exclusion criteria.	Clarified language for identifying stays that may be included in the measure calculations of the discharge functional outcome measures.
32.	8	Table 8-1 through 8-8	Multiple	N/A	See an example in Appendix.	Removed "(Type 1 SNF Stays and Type 2 SNF Stays)" from each measure description of the assessment-based measures, as several assessment-based measures excluded Type 2 SNF stays.

Manual Version 4.0 is current as of October 1, 2022

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
33.	8	Table 8-5 through 8-8	Multiple	2.a.	See an example in Appendix.	Updated the exclusion statements among all functional outcome measures to more accurately reflect the measure construction steps (i.e., how the exclusion is being implemented in the SNF codebase and how the medical conditions for the exclusion are identified).
34.	Appendix A	A.1	61	Table A-3	See Appendix.	Removed ICD-10-CM Code G97.82 after reviewing updates to each etiologic diagnosis/comorbid condition.
35.	Appendix A	A.1	Multiple	Table A-4	See Appendix.	Removed "and Other Medical Conditions" from the "Medically Complex Conditions" risk adjustment covariates of the functional outcome measures. The "Other Medical Condition" primary medical conditions category (item I0020) was removed from the MDS in 2019.
36.	Appendix A	A.1	Multiple	Table A-4	See Appendix.	Made minor modifications to the description of *MDS Item(s) and Calculations* for the "Age Group" and "Brief Interview for Mental Status (BIMS) score" and "Communication Impairment" covariates for the all functional outcome measures.
37.	Appendix A	A.1	Multiple	Table A-4	See Appendix.	Removed all proprietary HCCs from the risk adjustment covariates of the functional outcome measures.
38.	Appendix A	A.1	81	Table A-4	^d Although Complete Tetraplegia is originally part of this HCC, it has been excluded from this comorbidity in our model because it is an exclusion criterion for the SNF Change in Self-Care Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Quality Measures. Residents with Incomplete or Unspecified Tetraplegia would be included in this category.	Updated *footnote d* to include all four functional outcome measures.
39.	Appendix A	A.3	83	2-6	2. Follow the guidance for the version or versions of the MDS applicable to the assessment dates (based on discharge date) required for your calculation found in Chapter 5, Section 5.3: Measure Calculations During the Transition from MDS 3.0 V1.16.0 to MDS 3.0 V1.16.1.	Removed mention of the MDS 3.0 V1.16.0 to V1.16.1 as it is outdated; this removal impacts the numbering of steps in this section of the manual.

Manual Version 4.0 is current as of October 1, 2022

Appendix

This appendix provides excerpts from the SNF QRP Measure Calculations and Reporting User's Manual, Version 4.0 to contextualize the information that has been substantially changed since Version 3.0.1 of the manual. Some changes cover multiple pages and sections of the manual; therefore, examples of a substantive change are included in the Appendix.

Appendix Table of Contents

Change Table ISO	SNF QRP Measure Calculations and Reporting User's Manual V4.0 Reference	Description of Change
32	Table 8-1 through 8-8	Removed "(Type 1 SNF Stays and Type 2 SNF Stays)" from each measure description of the assessment-based measures, as several assessment-based measures exclude Type 2 SNF stays. An excerpt from Table 8-5 is included in the Appendix as an example.
33	Table 8-5 through 8-8	Updated the exclusion statements among all functional outcome measures to more accurately reflect the measure construction steps (i.e., how the exclusion is being implemented in the SNF codebase and how the medical conditions for the exclusion are identified). An excerpt from Table 8-7 is included in the Appendix as an example.
34	Table A-3	Removed ICD-10-CM Code G97.82 after reviewing updates to each etiologic diagnosis/comorbid condition.
35	Table A-4	Removed "and Other Medical Conditions" from the "Medically Complex Conditions" risk adjustment covariates of the functional outcome measures. The "Other Medical Condition" primary medical conditions category (item I0020) was removed from the MDS in 2019.
36	Table A-4	Made minor modifications to the description of *MDS Item(s) and Calculations* for the "Age Group" and "Brief Interview for Mental Status (BIMS) score" and "Communication Impairment" covariates for the all functional outcome measures.
37	Table A-4	Removed all proprietary HCCs from the risk adjustment covariates of the functional outcome measures.

Manual Version 4.0 is current as of October 1, 2022

Table 8-1
SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: ~~S024.03~~ S024.04)[a]

Measure Description
This measure estimates the percentage of Medicare Part A SNF Stays (~~Type 1 SNF Stays~~ and ~~Type 2 SNF Stays~~) that meet or exceed an expected discharge self-care score.

Measure Specifications[b]

If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.

Self-Care items and Rating scale:
The Self-Care assessment items used for discharge Self-Care score calculations are:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0130E3. Shower/bathe self
- GG0130F3. Upper body dressing
- GG0130G3. Lower body dressing
- GG0130H3. Putting on/taking off footwear

Valid codes and code definitions for the coding of the discharge Self-Care items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Resident refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - Not assessed/no information

To obtain the discharge self-care score, use the following procedure:

- If code is between 01 and 06, then use code as the score.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score.
- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the score.

Sum the scores of the discharge self-care items to create a discharge self-care score for each Medicare Part A SNF stay record. Scores can range from 7 to 42, with a higher score indicating greater independence.

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[a] This measure is NQF-endorsed for use in the IRF setting (https://www.qualityforum.org/QPS/2635) and finalized for reporting by SNFs under the SNF QRP (*Federal Register* 82 (4 August 2017): 36530-36636).
[b] The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Manual Version 4.0 is current as of October 1, 2022

Table 8-7

SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: ~~S022.03~~ S022.04)[a]

Measure Specifications[b]

1. The Medicare Part A SNF Stay was an incomplete stay: Residents with incomplete stays (*incomplete = [1]*) are identified based on the following criteria using the specified data elements:
   a. Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) 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)].
   OR
   b. Discharge to acute hospital, psychiatric hospital, long-term care hospital indicated by A2100 = [03, 04, 09]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) 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)].
   OR
   c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days)
   OR
   d. 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]).

2. The resident is independent with all self-care activities at the time of admission (i.e., on the 5-Day PPS assessment):
   a. Items used to identify these resident records are as follows: Eating (Item GG0130A1), Oral hygiene (Item GG0130B1), Toileting hygiene (Item GG0130C1), Shower/Bathe self (Item GG0130E1), Upper body dressing (Item GG0130F1), Lower body dressing (Item GG0130G1), Putting on/taking off footwear (Item GG0130H1).
   b. All seven self-care items must = [6] on the 5-day PPS assessment for this exclusion to apply

3. The resident has the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
   a. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see **Appendix A**, *Table A-3*).
   b. ~~The medical conditions are identified by: B0100 (Comatose) = 1 and ICD-10 codes (see **Appendix A**, *Table A-3* and *Table A-4*).~~

4. The resident is younger than age 18:
   a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.
   b. Age is calculated in years based on the truncated difference between admission date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number

5. The resident is discharged to hospice or received hospice while a resident:
   a. A2100 (Discharge status) = [07] or O0100K2 (Hospice while a Resident) = [1].

6. The resident did not receive physical or occupational therapy services (i.e., on the 5-Day PPS assessment):
   a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])

[a] This measure is NQF-endorsed for use in the IRF setting (https://www.qualityforum.org/QPS/2633) and an application of this quality measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

[b] The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Manual Version 4.0 is current as of October 1, 2022

Table A-1
Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days
(I8000A through I8000J) – ICD-10-CM Codes

Primary Medical Condition Category (Item I0020B and I8000A through I8000J)	ICD-10-CM Codes			
Severe brain damage	G93.9, ~~G97.82~~			
Complete tetraplegia	G82.51, G82.53, S14.111A, S14.111D, S14.111S, S14.112A, S14.112D, S14.112S,	S14.113A, S14.113D, S14.113S, S14.114A, S14.114D, S14.114S, S14.115A, S14.115D,	S14.115S, S14.116A, S14.116D, S14.116S, S14.117A, S14.117D, S14.117S,	S14.118A, S14.118D, S14.118S, S14.119A, S14.119D, S14.119S
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1, G93.5, G93.6			

Table A-2
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Model Intercept	—	—	✓	✓	✓	✓
Age Group	<=54 years	Truncate(Item A1600 – Item A0900) = age; If age <=~~55~~ 54 years = 1; else = 0	✓	✓	✓	✓
Age Group	55-64 years	Truncate(Item A1600 – Item A0900) = age; If age 55-64 years = 1; else = 0	✓	✓	✓	✓
Age Group (reference category)	65-74 years (reference)	Truncate(Item A1600 – Item A0900) = age; If age 65-74 years = 1; else = 0	n/a	n/a	n/a	n/a
Age Group	75-84 years	Truncate(Item A1600 – Item A0900) = age; If age 75-84 years = 1; else = 0	✓	✓	✓	✓
Age ~~group~~ Group	85-90 years	Truncate(Item A1600 – Item A0900) = age; If age 85-90 years = 1; else = 0	✓	✓	✓	✓
Age Group	>90 years	Truncate(Item A1600 – Item A0900) = age; If age >90 years = 1; else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Admission Self-Care - continuous form		Note: use recoded item values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.[b] Admission Self-Care Score = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)	✓	n/a	✓	n/a
Admission Self-Care - squared form		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); Self-Care Scores can range from 7 to 42.[b] Admission Self-Care Score Squared = (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1) * (GG0130A1 + GG0130B1 + GG0130C1 + GG0130E1 + GG0130F1 + GG0130G1 + GG0130H1)	✓	n/a	✓	n/a
Admission Mobility - continuous score		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); Mobility Scores can range from 15 to 90.[b] Admission Mobility Score = (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170I1 + GG0170J1 + GG0170K1 + GG0170L1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1)	n/a	✓	n/a	✓

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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Admission Mobility - squared form		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); Mobility Scores can range from 15 to 90.[b] Admission Mobility Squared = (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170I1 + GG0170J1 + GG0170K1 + GG0170L1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1) * (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170I1 + GG0170J1 + GG0170K1 + GG0170L1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1)	n/a	✓	n/a	✓
Primary Medical Condition Category (reference category)	Hip and Knee Replacements (reference category)[c]	= 1 if Item I0020 = [09]; else = 0[c]	n/a	n/a	n/a	n/a
Primary Medical Condition Category	Stroke	= 1 if Item I0020 = [01]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	= 1 if Item I0020 = [02 or 03]; else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Primary Medical Condition Category	Non-Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [04]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Traumatic Spinal Cord Dysfunction	= 1 if Item I0020 = [05]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Progressive Neurological Conditions	= 1 if Item I0020 = [06]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Other Neurological Conditions	= 1 if Item I0020 = [07]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Fractures and Other Multiple Trauma	= 1 if Item I0020 = [10]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Amputation	= 1 if Item I0020 = [08]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Other Orthopedic Conditions	= 1 if Item I0020 = [11]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Debility, Cardiorespiratory Conditions	= 1 if Item I0020 = [12]; else = 0	✓	✓	✓	✓
Primary Medical Condition Category	Medically Complex Conditions ~~and Other Medical Condition~~	= 1 if Item I0020 = [13]; else = 0	✓	✓	✓	✓

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission self-care score and primary medical condition category	Hip and Knee Replacements (reference category)	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Hip and Knee Replacements (see above)	n/a	n/a	n/a	n/a
Interaction of admission self-care score and primary medical condition category	Stroke	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Stroke (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Non-Traumatic and Traumatic Brain Dysfunction (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Non-Traumatic Spinal Cord Dysfunction	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Non-Traumatic Spinal Cord Dysfunction (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Traumatic Spinal Cord Dysfunction	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Traumatic Spinal Cord Dysfunction (see above)	✓	n/a	✓	n/a

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission self-care score and primary medical condition category	Progressive Neurological Conditions	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Progressive Neurological Conditions (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Other Neurological Conditions	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Other Neurological Conditions (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Fractures and Other Multiple Trauma	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Fractures and Other Multiple Trauma (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Amputation	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Amputation (see above)	✓	n/a	✓	n/a

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission self-care score and primary medical condition category	Other Orthopedic Conditions	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Other Orthopedic Conditions (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Debility, Cardiorespiratory Conditions	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Debility, Cardiorespiratory Conditions (see above)	✓	n/a	✓	n/a
Interaction of admission self-care score and primary medical condition category	Medically Complex Conditions	Admission self-care: continuous form (see above) multiplied by Primary medical condition category: Medically Complex Conditions (see above)	✓	n/a	✓	n/a
Interaction of admission mobility score and primary medical condition category	Hip and Knee Replacements (reference category)	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Hip and Knee Replacements (see above)	n/a	n/a	n/a	n/a

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission mobility score and primary medical condition category	Stroke	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Stroke (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Non-Traumatic Brain Dysfunction and Traumatic Brain Dysfunction	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Non-Traumatic and Traumatic Brain Dysfunction (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Non-Traumatic Spinal Cord Dysfunction	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Non-Traumatic Spinal Cord Dysfunction (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Traumatic Spinal Cord Dysfunction	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Traumatic Spinal Cord Dysfunction (see above)	n/a	✓	n/a	✓

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission mobility score and primary medical condition category	Progressive Neurological Conditions	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Progressive Neurological Conditions (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Other Neurological Conditions	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Other Neurological Conditions (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Fractures and Other Multiple Trauma	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Fractures and Other Multiple Trauma (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Amputation	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Amputation (see above)	n/a	✓	n/a	✓

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Interaction of admission mobility score and primary medical condition category	Other Orthopedic Conditions	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Other Orthopedic Conditions (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Debility, Cardiorespiratory Conditions	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Debility, Cardiorespiratory Conditions (see above)	n/a	✓	n/a	✓
Interaction of admission mobility score and primary medical condition category	Medically Complex Conditions ~~and Other Medical Conditions~~	Admission mobility: continuous form (see above) multiplied by Primary medical condition category: Medically Complex Conditions~~/Other Medical Conditions~~ (see above)	n/a	✓	n/a	✓
Prior surgery	Yes	=1 if J2000 = 1; else = 0	✓	✓	✓	✓
Prior functioning: self-care	Dependent	=1 if GG0100A = 1; else = 0	✓	n/a	✓	n/a
Prior functioning: self-care	Some help	=1 if GG0100A = 2; else = 0	✓	n/a	✓	n/a

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Prior functioning: indoor mobility (ambulation)	Dependent, Some help	=1 if GG0100B =1 or GG0100B = 2; else = 0	✓	n/a	✓	n/a
Prior functioning: indoor mobility (ambulation)	Dependent	=1 if GG0100B =1; else = 0	n/a	✓	n/a	✓
Prior functioning: indoor mobility (ambulation)	Some help	=1 if GG0100B = 2; else = 0	n/a	✓	n/a	✓
Prior functioning: stairs	Dependent	=1 if GG0100C = 1; else = 0	n/a	✓	n/a	✓
Prior functioning: stairs	Some help	=1 if GG0100C = 2; else = 0	n/a	✓	n/a	✓
Prior functioning: functional cognition	Dependent	=1 if GG0100D = 1; else = 0	n/a	✓	n/a	✓
Prior Mobility Device Use	Walker	=1 if GG0110D = 1; else = 0	✓	✓	✓	✓
Prior Mobility Device Use	Manual Wheelchair or Motorized Wheelchair and/or Scooter	=1 if GG0110A = 1 or GG0110B = 1; else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Prior Mobility Device Use	Mechanical Lift	=1 if GG0110C =1; else = 0	✓	✓	✓	✓
Prior Mobility Device Use	Orthotics/ Prosthetics	=1 if GG0110E = 1; else = 0	✓	✓	✓	✓
Stage 2 Pressure Ulcer - Admission	Present	=1 if Admission M0300B1 $\geq$ 1; else = 0	✓	✓	✓	✓
Stage 3, 4 or Unstageable Pressure Ulcer/Injury - Admission	Present	=1 if Admission M0300C1 $\geq$ 1 or Admission M0300D1 $\geq$ 1 or Admission M0300E1 $\geq$ 1 or Admission M0300F1 $\geq$ 1 or Admission M0300G1 $\geq$ 1; else = 0	✓	✓	✓	✓
Cognitive Function: Brief Interview for Mental Status score - Admission	Moderately Impaired	=1 if Admission C0500 = 8, 9, 10, 11, or 12 or ([C0900A = 1 and C0900B = 1] or [C0900B = 1 and C0900C = 1] or [C0900A = 1 and C0900C = 1]) or [C0900A = 1 and C0900D = 1] or [C0900B = 1 and C0900D = 1] or [C0900C = 1 and C0900D = 1]); else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Cognitive Function: Brief Interview for Mental Status score - Admission	Severely Impaired	=1 if Admission C0500= ≤ 7 or (C0900Z = 1 or ([C0900A=1 and C0900B = 0, and C0900C = 0, and C0900D = 0] or [C0900B=1 and C0900A = 0, and C0900C = 0, and C0900D = 0] or [C0900C=1 and C0900A = 0, and C0900B = 0, and C0900D = 0] or [C0900D=1 and C0900A = 0, and C0900B = 0, and C0900C = 0]); else = 0	✓	✓	✓	✓
Communication Impairment - Admission	Moderate to Severe	=1 if Admission B0800 = 3 or B0800 = 2 or B0700 = 3 or B0700 = 2; else = 0	✓	✓	✓	✓
Communication Impairment - Admission	Mild	=1 if (Admission B0700 = 1 and B0800 = 1); OR (B0700 = 0 and B0800 = 1) OR (B0700 = 1 and B0800 = 0); else = 0	n/a	✓	n/a	✓
Urinary Continence - Admission	Occasionally incontinent, Frequently incontinent, or Always incontinent	=1 if Admission H0300 = 1 or H0300 = 2 or H0300 = 3; else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Bowel Continence - Admission	Occasionally incontinent, frequently incontinent, or Always incontinent	=1 if Admission H0400 = 1 or H0400 = 2 or H0400 = 3; else = 0	✓	✓	✓	✓
History of Falls - Admission	History of one or more falls in the 6 months prior to admission, including a fracture related to a fall in the 6 months prior to admission	= 1 if Admission J1700A = 1 or J1700B = 1 or J1700C = 1; else = 0	n/a	✓	n/a	✓
Total Parenteral/IV Feeding or Tube Feeding - Admission	While a resident	=1 if Admission K0510B2 = 1 or K0510A2 = 1; else = 0	✓	✓	✓	✓
Comorbidity HCC Group 1	~~Major Infections:~~ Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (HCC2)~~, Other Infectious Diseases (HCC7)~~	=1 if Admission I2100 (Septicemia) = 1 or ~~if Admission O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious diseases) =1 or~~ =1 if Admission I8and 000 (Additional active diagnoses) or I0020B (Primary medical condition category) = see Crosswalk ICD-10 codes to HCC2~~, HCC7~~; else = 0	✓	n/a	✓	n/a

Manual Version 4.0 is current as of October 1, 2022

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 2~~	~~Other Infectious Diseases (HCC7)~~	~~=1 if [Admission I2100 (Septicemia) or O0100M2 (Special treatment, procedures, and programs: Isolation or quarantine for active infectious diseases)] =1; or~~ ~~=1 if [Admission I8000 (Additional active diagnoses) or Item I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC7; else = 0~~	~~n/a~~	~~✓~~	~~n/a~~	~~✓~~
~~Comorbidity HCC Group 3~~	~~Central Nervous System Infections: Bacterial, Fungal, and Parasitic Central Nervous System Infections (HCC3), Viral and Late Effects Central Nervous System Infections (HCC4)~~	~~=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC3, HCC4; else=0~~	~~n/a~~	~~✓~~	~~n/a~~	~~✓~~
Comorbidity ~~HCC Group 4~~ HCC Group 2	Metastatic Cancer and Acute Leukemia (HCC8)	=1 if Admission I0100 (Cancer with or without metastasis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC8; or; else = 0	✓	✓	✓	✓

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Comorbidity ~~HCC Group 5~~ HCC Group 3	Lymphoma and Other Cancers (HCC10)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC10; else = 0	n/a	✓	n/a	✓
Comorbidity ~~HCC Group 6~~ HCC Group 4	~~Other Major Cancers:~~ Colorectal, Bladder, and Other Cancers (HCC11)~~,~~ ~~Other Respiratory and Heart Neoplasms (HCC13), Other Digestive and Urinary Neoplasms (HCC14), Other Neoplasms (HCC15)~~	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC11~~,~~ ~~HCC 13, HCC14, HCC15~~; else = 0	n/a	✓	n/a	✓
Comorbidity ~~HCC Group 7~~ HCC Group 5	Diabetes: Diabetes with Chronic Complications (HCC18), Diabetes without Complication (HCC19)	=1 if Admission Item I2900 (Diabetes Mellitus) =1 or =1 [if Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC18, HCC19; else = 0	✓	n/a	✓	n/a

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
Comorbidity ~~HCC Group 8~~ HCC Group 6	Other Significant Endocrine and Metabolic Disorders (HCC23)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC23; else = 0	✓	n/a	✓	n/a
~~Comorbidity HCC Group 9~~	~~Delirium and Encephalopathy (HCC50)~~	~~=1 if Admission [(C1310A = 1) or (C1310B = 2 or C1310C = 2 or C1310D = 2)] and (C1310B = 1 or 2) and either [(C1310C =1 or 2) or (C1310D = 1 or 2)]; or~~ ~~=1 if [Admission I8000 (Additional active diagnoses) or Item I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC50; else = 0~~	~~✓~~	~~n/a~~	~~✓~~	~~n/a~~
~~Comorbidity HCC Group 10~~ Comorbidity HCC Group 7	Dementia: Dementia With Complications (HCC51), Dementia Without Complications (HCC52)	=1 if Admission I4800 (Non-Alzheimer's Dementia) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC51, HCC52; else = 0	✓	✓	✓	✓

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 11~~ Comorbidity HCC Group 8	Mental Health Disorders: Schizophrenia (HCC57), Major Depressive, Bipolar, and Paranoid Disorders (HCC58), Reactive and Unspecified Psychosis (HCC59), Personality Disorders (HCC60)	=1 if [Admission I6000 (Schizophrenia) or I5800 (Depression) or I5900 (Bipolar) or I5950 (Psychotic-other than schizophrenia)] =1; or =1 If [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC57, HCC58, HCC59, HCC60; else = 0	n/a	✓	n/a	✓
~~Comorbidity HCC Group 12~~ Comorbidity HCC Group 9	Tetraplegia (excluding complete tetraplegia) (HCC70) and paraplegia (HCC71)	=1 if [Admission I5000 (Paraplegia) or I5100 (quadriplegia)] = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC70, HCC71; =0 if Admission I0020 = 04 (Non-traumatic spinal cord dysfunction) or 05 (Traumatic spinal cord dysfunction); else = 0[d]	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 13~~ Comorbidity HCC Group 10	Multiple Sclerosis (HCC77)	=1 if Admission I5200 (Multiple Sclerosis) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC77; =0 if Admission I0020 = 06 (Progressive Neurological Conditions); else = 0	✓	✓	✓	✓
~~Comorbidity HCC Group 14~~ Comorbidity HCC Group 11	Parkinson's and Huntington's Diseases (HCC78)	=1 if [Admission I5250 (Huntington's Disease) or I5300 (Parkinson's)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC78; =0 if Admission I0020 =06 (Progressive Neurological Conditions); else = 0	✓	n/a	✓	n/a
~~Comorbidity HCC Group 15~~ Comorbidity HCC Group 12	Angina Pectoris (HCC88)	=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC88; =0 if Admission I0020 = 12 Debility, Cardiorespiratory Conditions); else = 0	✓	n/a	✓	n/a

Manual Version 4.0 is current as of October 1, 2022

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 16~~	~~Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease (HCC89)~~	~~=1 if Admission I0400 (Coronary Artery Disease) =1; or~~ ~~=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC89;~~ ~~=0 if Admission I0020 =12 Debility, Cardiorespiratory Conditions;~~ ~~else = 0~~	~~✓~~	~~✓~~	~~✓~~	~~✓~~
~~Comorbidity HCC Group 17~~ Comorbidity HCC Group 13	~~Hemiplegia/Other Late Effects of CVA:~~ Hemiplegia/ Hemiparesis (HCC103)~~, Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)~~	=1 if [Admission I4900 (Hemiplegia or Hemiparesis) ~~or I4500 (Cerebrovascular Accident, TIA, or Stroke) or I4300 (Aphasia)] =1~~; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC103~~, HCC105~~; ~~=0 if Admission I0020 = 01 (Stoke) or 02 (Non-Traumatic Brain Dysfunction) or 03 (Traumatic Brain Dysfunction);~~ else = 0	✓	✓	✓	✓

Manual Version 4.0 is current as of October 1, 2022

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 18~~ Comorbidity HCC Group 14	Aspiration, Bacterial, and Other Pneumonias: Aspiration and Specified Bacterial Pneumonias (HCC114), Pneumococcal Pneumonia, Empyema, Lung Abscess (HCC115)	=1 if Admission I2000 (Pneumonia)=1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC114, HCC115; =0 if Admission I0020 =12 (Debility, Cardiorespiratory Conditions); else = 0	n/a	✓	n/a	✓
~~Comorbidity HCC Group 19~~	~~Legally Blind (HCC119)~~	~~=1 if Admission B1000 (Vision) = 2, Moderately impaired; 3, Highly impaired; 4, Severely impaired; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC119; else = 0~~	~~n/a~~	~~✓~~	~~n/a~~	~~✓~~
~~Comorbidity HCC Group 20~~ Comorbidity HCC Group 15	Dialysis Status (HCC134), Chronic Kidney Disease, Stage 5 (HCC136)	=1 O0100J1 or O0100J2 – (Special treatment, procedures, and programs: Dialysis)] =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC134, HCC136; else = 0	✓	✓	✓	✓

Table A-4 (continued)
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)

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 21~~ Comorbidity HCC Group 16	Chronic Kidney Disease - Stages 1-4, Unspecified: Chronic Kidney Disease, Severe (Stage 4) (HCC137), Chronic Kidney Disease, Moderate (Stage 3) (HCC138), Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified) (HCC139)	=1 if Admission I1500 (Renal Insufficiency, renal failure, or ESRD) = 1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC137, HCC138, HCC139; else = 0	n/a	✓	n/a	✓
~~Comorbidity HCC Group 22~~	~~Urinary Obstruction and Retention (HCC142)~~	~~=1 If Admission H0100D (Intermittent catheterization) =1; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC142; else = 0~~	~~✓~~	~~n/a~~	~~✓~~	~~n/a~~

Manual Version 4.0 is current as of October 1, 2022

Risk Adjustor	Risk Adjustor Category	MDS Item(s) and Calculations[a]	Change in Self-Care Score (NQF #2633)	Change in Mobility Score (NQF #2634)	Discharge Self-Care Score (NQF #2635)	Discharge Mobility Score (NQF #2636)
~~Comorbidity HCC Group 23~~	~~Major Fracture, Except of Skull, Vertebrae, or Hip (HCC171)~~	~~=1 if Admission I3900 (Hip Fracture) =1; or~~ ~~=1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)]= see Crosswalk ICD-10 codes to HCC171;~~ ~~=0 if Admission I0020 = 09 (Hip and Knee replacement) or 10 (Fractures and Other Multiple Trauma) or 11 (Other Orthopedic Conditions);~~ ~~else = 0~~	~~n/a~~	✓	~~n/a~~	✓
~~Comorbidity HCC Group 24~~ Comorbidity HCC Group 17	Amputations: Traumatic Amputations and Complications (HCC173), Amputation Status, Lower Limb/ Amputation Complications (HCC189)~~,~~ ~~Amputation Status, Upper Limb (HCC190)~~	=1 if [Admission G0600D (Limb prosthesis) = 1 or O0500I (Training and skill practice in Amputation) ≥1]; or =1 if [Admission I8000 (Additional active diagnoses) or I0020B (Primary medical condition category)] = see Crosswalk ICD-10 codes to HCC173, HCC189~~, HCC190~~; =0 if Primary Medical Condition Category I0020 = 08 (Amputation); else = 0	✓	✓	✓	✓

HCC = Hierarchical Condition Category

Note: 'n/a' in a measure's coefficient column indicates a 0 value, and the risk adjuster can be left out of the regression model; The logic for calculating most risk adjusters is summarized as "*new variable* = [1] if *old item* = [X]; else = [0]". Thus, any instances of missing, a caret, or a dash should be coded as 0 for that risk adjuster item and the Medicare Part A SNF Stay would not be dropped.

[a] Calculation steps are run in the order in which they are presented (i.e., top to bottom within each risk-adjustor category) so that exceptions to the coding logic are accurately applied.

[b] When calculating the admission self-care and mobility score risk adjusters, first recode each function item so that a code of 07, 09, 10, or 88 is recoded to 01. Use this code as the score. If the mobility item is dash (-), skipped (^), or missing, recode to 01 and use this code as the score. If code is between 01 and 06, then use code as the score. The self-care – continuous covariate will have a range of scores from 7 to 42, and the mobility – continuous covariate will have a range of 15 to 90 after recoding.

[c] The 14 Primary Diagnosis Groups (Item I0020) should account for all Medicare Part A SNF Stay records. If a record is not included in one of the 14 groups due to missing information, please default to coding = [14] Other Medical Conditions so all records are included in one of the 14 groups. Please note that these groups are mutually exclusive.

[d] Although Complete Tetraplegia is originally part of this HCC, it has been excluded from this comorbidity in our model because it is an exclusion criterion for the SNF Change in Self-Care Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Quality Measures. Residents with Incomplete or Unspecified Tetraplegia would be included in this category

Manual Version 4.0 is current as of October 1, 2022